Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending 20 C Name of organization D Employer identification number В Check if applicable: Address change Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return Application pending | F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ **H(c)** Group exemption number ▶ Form of organization: | Corporation | Trust Association L Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 19 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

Part		rogram Service Acco ıle O contains a respol	-	in this Bort III			
1	Briefly describe the org		nse or note to any line	6		<u></u>	· · <u> L </u>
2		ndertake any significan EZ?			were not listed on	the	
3		e new services on Schecease conducting, or		nges in how it co	onducts, any progr		
4	Describe the organizate expenses. Section 50	e changes on Schedule tion's program service I(c)(3) and 501(c)(4) org d revenue, if any, for ea	accomplishments for equire	to report the ame		ces, as mea	
4a	(Code:) (Ex						
4b	(Code:) (Ex	penses \$	including grants of	\$) (Revenue \$)
10	(Code:) (Ex	vnonoo ¢	including grapts of		\/Dayanya f		
4c	(Code) (Ex	.penses Ф	including grants of	Ф) (nevenue ֆ)
4d	Other program service (Expenses \$	s (Describe in Schedule including grants		(Revenue \$)		
4e	Total program service		- - /	(,		



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			- Ta
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
O1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		

	00 (2013)		F	age 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
۵	organization, have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	2.4 5. gameaton reserve any payments for masor tarming services during the tax years	u		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

☐ Upon request

State the name, physical address, and telephone number of the person who possesses the books and records of the

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

Other (explain in Schedule O)

Own website

organization:

19

20

Another's website

financial statements available to the public during the tax year.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
	(C)									
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title						than o		Reportable	Reportable	Estimated
Name and Title	Average hours per					is both		compensation	compensation from	amount of
	week (list any					or/trust		from	related	other
	hours for	Ind or o	lns	읔	<u>6</u>	em	For	the	organizations	compensation
	related	ivic	₹	Officer	<u>0</u>	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual ecto	₽		퓰	st c	~	(W-2/1099-MISC)		organization
	below dotted	r tr	<u>a</u>		Key employee					and related
	line)	Individual trustee or director	Institutional trustee		ď	pen				organizations
		Ф	tee			Highest compensated employee		25	26	27
						ed				
(1)										
(2)										
(3)										
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(13)	-									
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (cor	ntinued)	
					•	C) ition						
	(A) Name and title	(B)	`		neck	more	than o		(D)	(E) Reportable		(F) stimated
	Name and title	Average hours per					is both or/trust		Reportable compensation	compensation fro		mount of
		week (list any hours for				_		ŕ	from the	related organizations	cor	other npensation
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC	C) 1	rom the
		organizations below dotted	lual	tion	,	nplc	st co yee	1	(W-2/1099-MISC)			ganization nd related
		line)	trust	tro		yee	mpe					anizations
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(24)												
3												
(25)												
1b	Sub-total						-	>				
C	Total from continuation sheets to Part			•	•		•	•				
d	Total (add lines 1b and 1c)							<u> </u>		th 01 00	000 - f	
	Total number of individuals (including but reportable compensation from the organi		i to tr	iose	IIST	ea a	above	e) W	no received m	ore than \$100,	000 01	
-	Toportable compensation from the eigen	Zation										Yes No
3	Did the organization list any former of											
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	vidu	ıal				. 3	
4	For any individual listed on line 1a, is the											
	organization and related organizations	-		50,	000	? /:	f "Ye	s, "	complete Sch	edule J for s	uch	
	individual						•				. 4	
5	Did any person listed on line 1a receive of for services rendered to the organization											
Coatio	_	: 11 163, 6	ompi	CIC	JUI	leut	ile o i	OI S	such person		. 5	
1	on B. Independent Contractors Complete this table for your five highest of	companeat	ed inc	dana	and	ont	contr	acti	ore that receive	nd more than \$	100 000	of
•	compensation from the organization. Repyear.											
	(A)			28	1				(B)			C)
	Name and business add	ress		Ľ					Description of s	ervices	Compe	nsation
2	Total number of independent contractor	rs (includir	na hi	ıt n	ot I	imit	ed to	L th	ose listed abo	ove) who		
_	received more than \$100,000 of compens	•	_							,		



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Part	: VIII	Statement of Revenue				
		Check if Schedule O contains a response or r	ote to any line in this	Part VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a				
ara our	b	Membership dues 1b				
s, C Am	С	Fundraising events 1c				
Giff la	d	Related organizations 1d				
JS, imi	е	Government grants (contributions) 1e				
rtio er S	f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f				
ont od (g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f	•			
Program Service Revenue		Business	Jode			
eve	2a					
ě	b					
Ξ̈́	C					
Š	d					
Jran	e f	All other program service revenue .				
Ď.	g	Total. Add lines 2a–2f	•			
	3	Investment income (including dividends, inte				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceed				
	5	Royalties	•			
		(i) Real (ii) Person	nal			
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	•			
	7a	Gross amount from sales of assets other than inventory (ii) Securities (iii) Other	er			
	b	Less: cost or other basis and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	>			
enne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a				
the						
ō		Less: direct expenses b Net income or (loss) from fundraising events .	•			
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses b				
		Net income or (loss) from gaming activities Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business (
	11-		Joue			
	11a b					
	C					
	d	All other revenue				

e Total. Add lines 11a-11d . . . **Total revenue.** See instructions.

12



Form 99	0 (2013)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any li	ne in this Part IX .		🗌
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
a b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following ŠOP 98-2 (ASC 958-720)				



Form 990 (2013) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
ets	_			6	
Assets	7	Notes and loans receivable, net		7 8	
•	8 9	Inventories for sale or use		9	
	10a	Land, buildings, and equipment: cost or		9	
	IVa	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Liabilities	00	·		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
		Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	-	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	

3	2

Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			а	_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?)	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on	a		
	•				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	, o roi o	h+		
С	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex			C	
	Schedule O.	Pialil	""		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
Ja	the Single Audit Act and OMB Circular A-133?		"' ₃		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th		a	+-
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
	, and a second s			_	0 (2012)

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization				3	33		Employer id	dentificatio	n number		
Pai	t I Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.		
	organization is not A church, con A school desc	a private founda vention of churc ribed in section	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	or lines 1 churches ch Sched	through 1 s describe ule E.)	1, checked in sec	only one	e box.) (b)(1)(A)(i				
4	A medical rese	earch organizatione, city, and stat	on operated in conjune:	ction with	n a hospit	al descri	bed in se	ection 17				
5		on operated for)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	iversity ov	wned or	operated	I by a go	vernmen	tal unit c	lescrib	ed in
6 7	An organization	on that normally	nment or government receives a substantia ((A)(vi). (Complete Par	al part of					nit or fror	n the ge	neral p	oublic
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that to its exempt functent income and unreufter June 30, 1975. See	an 33¹/₃% :ions—su lated bus	6 of its su bject to d siness ta:	upport fro certain ex xable ind	xceptions come (les	s, and (2) ss sectio	no mor	e than 3	31/3%	of its
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefit described	t of, to d in sect	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S		
e	other than fou or section 509	indation manage (a)(2).	II c Type II that the organization ers and other than one a written determination	is not co e or more	ntrolled d e publicly	lirectly or support	r indirectl ed organ	izations o	or more described	disqualif I in secti	ied per on 509	rsons 9(a)(1)
g	organization, o	check this box 17, 2006, has t	he organization acce									
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported								Yes	No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in ion about the support	n (i) or (ii)	above? .					11g(ii)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col. (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the S.?	(vii) Amou	nt of mo upport	netary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

<u> </u>	in the organization rails to quality	under the te	ists listed beit	Jw, piease co	Jilipiele Fait	11.)	
	on A. Public Support		T				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support			T	1	Γ	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,						
_	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
	· ·						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13							
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first soon	d third fourth	or fifth tax w	or as a soction	D 501(a)(3)
17	organization, check this box and stop he	•					` ' ' '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8			3 column (f))		15	%
16	Public support percentage from 2012 Sch					16	
	on D. Computation of Investment In					1	70
17	Investment income percentage for 2013 (v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2012			-		18	
19a	33 ¹ / ₃ % support tests—2013. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2012. If the organiz	_	=	-		=	_
~	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di		_		· · · · · ·		_

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Organiz	zation type (check on	e):				
Filers o	f:	Section:				
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization			
		☐ 4947(a)(1) nor	exempt charitable trust not treated as a pr	ivate foundation		
		☐ 527 political o	rganization			
Form 99	90-PF	☐ 501(c)(3) exen	npt private foundation			
		☐ 4947(a)(1) nor	exempt charitable trust treated as a private	e foundation		
		☐ 501(c)(3) taxal	ole private foundation			
instructi	ions. I Rule For an organization	filing Form 990, 990	0-EZ, or 990-PF that received, during the y	, and the second		
Special	Rules					
	 Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See structions. Peneral Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. 					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary,					
property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½ % support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal			coses, but these contributions did ions that were received during the the parts unless the General Rule			

Name of organization

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(b) (c) me, address, and ZIP + 4 Total contributions	
(a) (b)	\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
	(b) Name, address, and ZIP + 4	(b) (c) Name, address, and ZIP + 4 Total contributions	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions.

instructions is at www.irs.gov/form990. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
Part	-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527 (organization.
1		the organization's direct and indire			gaa
2	•				S
3	•				
Part	-B Complete if the	e organization is exempt unde	er section 501/	~)(3)	
1	<u> </u>	excise tax incurred by the organiza			<u> </u>
2	•	excise tax incurred by the organization			,
3		ed a section 4955 tax, did it file For	•		Yes No
4a	_		-		Yes No
b	If "Yes," describe in Part				
		e organization is exempt unde	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz			() ()
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	•	vities			
3		expenditures. Add lines 1 and 2.			
	line 17b				
4	Did the filing organization	n file Form 1120-POL for this year?	?		Yes No
5		ses and employer identification nur			
		ents. For each organization listed, e			
		ontributions received that were projected			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(4)					
(1)					
(2)					
(3)					
(4)					
(5)					
(5)					
(6)					

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Pa		plete if the organization on 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A		he filing organization be	ongs to an af	filiated group (ar	nd list in Part IV	each affiliated gro	oup member's
		me, address, EIN, exper				•	
В	Check ► ☐ if t	he filing organization che			trol" provisions a	ipply.	
	(Th	Limits on Lobb e term "expenditures" mo)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying	expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total lobbying	expenditures to influence	a legislative bo	ody (direct lobbying	g)		
	c Total lobbying	g expenditures (add lines 1a	a and 1b) .				
	d Other exempt	purpose expenditures .					
		purpose expenditures (add					
	f Lobbying no columns.	ntaxable amount. Enter	the amount fr	om the following	g table in both		
	If the amount o	n line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,0	000	20% of the an	nount on line 1e.			
	Over \$500,000	out not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,00	0 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,00	0 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,0	00	\$1,000,000.				
	g Grassroots no	ontaxable amount (enter 25	% of line 1f)				
	h Subtract line	1g from line 1a. If zero or le	ss, enter -0-				
		1f from line 1c. If zero or les					
	,	amount other than zero tion 4911 tax for this year?		1h or line 1i, did	J		Yes No
	(So	me organizations that ma columns below. S	de a section 5 See the instru	ctions for lines 2a	not have to com through 2f on pa		•
		Lobbying	Expenditures	During 4-Year Av	veraging Period		
	•	ar (or fiscal year nning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2	a Lobbying non	taxable amount					
	b Lobbying ceil (150% of line	ng amount 2a, column (e))					
	c Total lobbying	g expenditures					
	d Grassroots no	ontaxable amount					
	e Grassroots ce (150% of line	eiling amount 2d, column (e))					
	f Grassroots lo	bbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	nount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1(5)	or se	ction		
rait	501(c)(6).	,,() , ()i 30	Cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			_		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year					
b	Carryover from last year					
С	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying				
5	and political expenditure next year?					
Pari		•	Э			
	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un lis	t). Pai	rt II-A I	ne 2:	and
	-B, line 1. Also, complete this part for any additional information.	up lio	.,, r a		110 2,	una
			(a) (b) Yes No Amount 5), or section 1 2 3 5), or section (b) Part III-A, line 3, is 1 of 2a 2b 2c 3 he ng 4 55			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	le D (Form 990) 2013									Page 2
Par	Organizations Maintaining Co	ollections of A	rt, His	torical 1	Freasures	, or O	ther Similar A	ssets (c	contin	ued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other	er reco	rds, ched	k any of th	ne follo	wing that are a s	significa	nt use	of it
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams			
b	Scholarly research		e							
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	's collections ar	ıd expl	ain how t	hey further	the or	ganization's exe	mpt pur	pose i	n Par
5	During the year, did the organization so assets to be sold to raise funds rather that								Yes [□ No
Par	IV Escrow and Custodial Arrang	jements.								
	Complete if the organization ar 990, Part X, line 21.						•		n For	m
1a	Is the organization an agent, trustee, cu							ot		
	included on Form 990, Part X?								Yes [☐ No
b	If "Yes," explain the arrangement in Part	XIII and complet	e the fo	ollowing t	able:					
							P	mount		
С	Beginning balance					10	;			
d	Additions during the year					10	1			
е	Distributions during the year					16	•			
f	Ending balance					11				
2a	Did the organization include an amount of								res [No
	If "Yes," explain the arrangement in Part									<u></u>
Par				лр.аа		p. 0 1. u				
	Complete if the organization ar	swered "Yes"	to For	m 990. F	Part IV. line	e 10.				
	·	(a) Current year		ior year	(c) Two year		(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	, ,	. ,	-	,,,,		,,,,	+ , ,		
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
_	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the		baland	ce (line 1g	g, column (a	a)) held	as:			
а	Board designated or quasi-endowment	>	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the peorganization by:	ossession of the	organ	zation th	at are held	and ac	lministered for t	ne	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii	i)	
b	If "Yes" to 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of						-			1
Par										
	Complete if the organization ar		to For	m 990. F	Part IV. line	e 11a. :	See Form 990.	Part X.	line 1	10.
	Description of property	(a) Cost or othe	er basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation		ook valu	
1.	Land	,		<u> </u>	•					
1a	Land									
b	Buildings									
C	LEGSELLOID HUDIOVELLIEUIS	i		1		1	l l			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013 Page 3

Part VII	Investments – Other Securities			P. 441 O. E.	
	Complete if the organization answ				
	(a) Description of security or category (including name of security)		(b) Book value		Method of valuation: end-of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)	1			
Part VIII	Investments—Program Related		000 Dest IV	lina 11a Caa Far	000 Davit V line 10
	Complete if the organization answ	wered Yes to For			
	(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> <u>(8)</u>					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" to For	m 990, Part IV,	line 11d. See For	m 990, Part X, line 15.
) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u></u>	>
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" to For	m 990, Part IV,	line 11e or 11f. S	ee Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	h) mount aminal Forms 000 Post V and /P\ line 05\ h				
	b) must equal Form 990, Part X, col. (B) line 25.)		-1-1-1	ations of the second state of	manta that were suite 11
2. Liability for	r uncertain tax positions. In Part XIII, provi	ue tne text of the footn	στe το the organiz	ation s tinancial state	ments that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line **2e** from line **1** 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	YES	NC
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
b	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		
d	Scholarships or other financial assistance?	5d		
е	Educational policies?	5e		
f	Use of facilities?	5f		-
g	Athletic programs?	5g		-
h	Other extracurricular activities?	5h		
	Does the experimental experies any financial aid as expirence from a governmental expense?	6a	1	1
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6b		-

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Pari	General Information Form 990, Part IV, line		es Outside t	the United States. Comp	blete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection		;
	grants or assistance?					☐ Yes ☐ No
2	For grantmakers. Describe		he organization	on's procedures for monit	toring the use of its grant	ts and other
	assistance outside the Unite	ed States.				37
3	Activities per Region. (The fo	llowing Part I	I, line 3 table o	can be duplicated if addition	nal space is needed.)	37
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(0)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (f) Manner of (g) Amount of (d) Purpose of (b) IRS code (e) Amount of (c) Region (h) Description valuation (book, FMV, appraisal, other) organization cash non-cash section and EIN grant cash grant of non-cash assistance disbursement assistance (if applicable) (1) (2) (3) (4) (5) (6) **(7)** (8) (9) (10) (11) (12)(13)(14) (15) (16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2013 Page **4**

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	□ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ No

Schedule F (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Par	Fundraising Activities. Form 990-EZ filers are n	•	•		vered "Yes" to I	Form 990, Part IV,	ine 17.		
1	Indicate whether the organizatio	•	•		owing activities. (Check all that apply.			
a	☐ Mail solicitations				on of non-goverr				
b	Internet and email solicitation	ne	f		on of governmen	_			
	Phone solicitations	13	· _		undraising event	•			
C			g L	J Special i	unuraising event	5			
d	In-person solicitations			to altert	do a 1 // a a lo a altra accad	C	4		
2 a	Did the organization have a writ or key employees listed in Form	990, Part VII) or	entity in co	onnection v	vith professional	fundraising services	Yes 🗌 No		
b	b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total				•					
3	List all states in which the orga registration or licensing.								

Part II

		than \$15,000 of fundraising gross receipts greater that		and gross income on	Form 990-EZ, lines 1 ar	nd 6b. List events with
		J	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
1			(event type)	(event type)	(total number)	col. (c))
evenue	1	Gross receipts				
ш	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
de de de Direct Expenses Revenue Direct Expenses de	5	Noncash prizes				
	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	dd lines 4 through 9 in c act line 10 from line 3, c	olumn (d) olumn (d)		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe	red "Yes" to Form 99	0, Part IV, line 19, or re	eported more
enne,			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
\overline{z}	4	Rent/facility costs				
	5	Other direct expenses .	0/		0/	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is	inter the state(s) in which the or s the organization licensed to on "No," explain:		in each of these states		🗌 Yes 🗌 No
		Vere any of the organization's g	_	•	ated during the tax year?	. 🗌 Yes 🗌 No

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

chedu	ile G (Form 990 or 990-EZ) 2013		P	age 3
11	Does the organization operate gaming activities with nonmembers?	□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Y	es 🗌	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es 🗆	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Y	es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provid additional information (see instructions).			

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
 ► Attach to Form 990.
 ► See separate instructions.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number

Par	t I Financial Assistanc	e and Certain	n Other Coi	mmunity Benefi	ts at Cost					
								Yes	No	
1a	Did the organization have a fin	ancial assistan	ce policy duri	ng the tax year? If	"No," skip to ques	stion 6a	1a			
b	If "Yes," was it a written policy	?				[1b			
2	If the organization had multiple	hospital facilit	ies, indicate v	which of the follow	ing best describes	application of				
	the financial assistance policy	to its various h	ospital facilitie	es during the tax y	ear.					
	☐ Applied uniformly to all hos	spital facilities		Applied uniformly	to most hospital f	acilities				
	☐ Generally tailored to individ	dual hospital fac	cilities							
3	Answer the following based or	n the financial a	ssistance elig	gibility criteria that	applied to the larg	gest number of				
	the organization's patients dur	n's patients during the tax year.								
а										
	free care? If "Yes," indicate wh	nich of the follo	wing was the	FPG family incom-	e limit for eligibility	for free care:	3a			
	□ 100% □ 150%	□ 200%	☐ Oth	ner %						
b	Did the organization use FPG					care? If "Yes,"				
	indicate which of the following	was the family	income limit	for eligibility for dis	scounted care: .		3b			
	□ 200% □ 250% □ 300% □ 350% □ 400% □ Other %									
С	If the organization used factors									
	criteria for determining eligibility for free or discounted care. Include in the description whether the									
	organization used an asset tes	st or other thres	shold, regardl	ess of income, as	a factor in determ	ining eligibility				
	for free or discounted care.									
4	Did the organization's financia									
	tax year provide for free or dis-			-		<u> </u>	4			
5a	Did the organization budget amounts					· -	5a			
b	If "Yes," did the organization's		•		•	<u></u>	5b			
С	If "Yes" to line 5b, as a resudiscounted care to a patient w						_			
0 -	•	•				<u> </u>	5c			
6a b	Did the organization prepare a If "Yes," did the organization n	-		-		-	6a 6b			
D			•			_	OD			
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.									
7	Financial Assistance and Certa	ain Other Comn	nunity Benefit	s at Cost						
	Financial Assistance and (a) Number of (b) Persons (c) Total community (d) Direct offsetting (e) Net community								ent	
Mean	s-Tested Government Programs	activities or programs (optional)	served (optional)	benefit expense	revenue	benefit expense		of tota expens		
а	Financial Assistance at cost	programme (opinoman)	(= = = = = = = = = = = = = = = = = = =							
_	(from Worksheet 1)									
b	Medicaid (from Worksheet 3, column a)									
С	Costs of other means-tested government programs (from									
	Worksheet 3, column b)									
d	Total Financial Assistance and									
	Means-Tested Government Programs									
	Other Benefits									
е	Community health improvement services and community benefit									
_	operations (from Worksheet 4)									
f	Health professions education (from Worksheet 5)									
	,									
g	Subsidized health services (from Worksheet 6)									
h	Research (from Worksheet 7)									
i	Cash and in-kind contributions									
•	for community benefit (from									
j	Worksheet 8)									
ј k	Total. Add lines 7d and 7j									

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Part	General Information	on Grants and	d Assistance					
1	Does the organization mainta	in records to sub	stantiate the amo	unt of the grants or	assistance, the	grantees' eligibility fo	or the grants or assistance	e, and
	the selection criteria used to							
2	Describe in Part IV the organi	ization's procedu	res for monitoring	the use of grant fu	nds in the United	States.		
Part I	Grants and Other As Part IV, line 21, for an							rered "Yes" to Form 990,
1 (a) N	lame and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	 Enter total number of section Enter total number of other o							. •

Schedule I (Form 990) (2013) Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 3 5 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Part	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
•	For newspape listed in Forms 2000 Port VIII. Continue A. line to did the expension new average and			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6-		
a	The organization?	6a 6b		
b	Any related organization?	OD		
	II TES TO IIITE OA OF OD, GESCHDE III FAIT III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?		l	1

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note. The sum of columns (b)(i)-(i	11) 101 0001		of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
	(i)							
1	(ii)		T					
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)		ļ				<u></u>	
8	(ii)							
	(i)							
9	(ii)							
	(i)							
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	(i)							
11	(ii)							
	(i)		ļ					
12	(ii)							
	(i)		 			 	ļ	ļ
13	(ii)							
	(i)		 				ļ	·
14	(ii)							
.=	(i)		 			 		
15	(ii)							
40	(i)		 			 		
16	(ii)							

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number Bond Issues** Part I (i) Pooled financing (h) On (b) Issuer EIN (c) CUSIP # (d) Date issued (g) Defeased (a) Issuer name (e) Issue price (f) Description of purpose behalf of issuer Yes No Yes No Yes No В C D Part II **Proceeds** C Α В D 3 5 7 9 10 11 12 13 Yes Nο Yes Yes Nο Nο Nο Were the bonds issued as part of a current refunding issue? 15 Were the bonds issued as part of an advance refunding issue? 16 Does the organization maintain adequate books and records to support the Part III **Private Business Use** В C D Was the organization a partner in a partnership, or a member of an LLC, Yes Nο Yes Nο Yes Nο No 2 Are there any lease arrangements that may result in private business use of

Part III Private Business Use (Continued) В C D Α Yes Nο Yes Nο Yes Nο Yes 3a Are there any management or service contracts that may result in private No **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property?........... d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % % Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization. another section 501(c)(3) organization, or a state or local government ▶ % % % Does the bond issue meet the private security or payment test? **8a** Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or % % % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage Α В C D Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes Nο Yes Nο Yes Nο Yes Nο If you checked "No rebate due" in line 2c, provide in Part VI the date the Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2013

Part	V Arbitrage (Continued)					_			
			A		В		C		D
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .								
b	Name of provider		•						
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period? .								
7	Has the organization established written procedures to monitor the								
	requirements of section 148?								
Part	V Procedures To Undertake Corrective Action			1					
			A		В		C		D
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation is not available								
	under applicable regulations?								
Part	VI Supplemental Information. Provide additional information for resp	onses to	auestions	on Schedu	le K (see i	instructions).		
					, , , , ,		,		

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

under section 2 3 Enter the amount of the am	4958. bunt of the and/or representation representation (tax, if any, on or From Inter organization	d by the organ	reimbuss. es" on F 990, Pa (d) Lo	n manaç ursed by	the organi 0-EZ, Part \	V, line	ied persons du	 90, Pa	art IV,	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		f the (i) Wi agreer Yes	
2) (3) (4) (5) (6) 2 Enter the amounder section 2 3 Enter the amounder section 2 Complete organizati (a) Name of interested per (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	4958. bunt of the and/or representation representation (tax, if any, on or From Interorganization corted an amo	rested Person answered "Ye ount on Form 9	nizatior reimbu ss. on F 990, Pa (d) Lo froi organ	Form 99 art X, line an to or the ization?	the organi 0-EZ, Part \(\) e 5, 6, or 22	V, line	38a or Form 99	90, Pa	art IV,	line 2	proved pard or nittee?	(i) Wi	ment?
3) 4) 5) 6) 2 Enter the amounder section 2 3 Enter the amounder section 2 3 Enter the amounder section 2 4) Complete organizati (a) Name of interested per 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) otal	4958. bunt of the and/or representation representation (tax, if any, on or From Interorganization corted an amo	rested Person answered "Ye ount on Form 9	reimbu is. es" on F 990, Pa (d) Lo fror organ	Form 99 art X, line an to or the ization?	the organi 0-EZ, Part \(\) e 5, 6, or 22	V, line	38a or Form 99	90, Pa	art IV,	line 2	proved pard or nittee?	(i) Wi	ment?
4) 5) 6) 2 Enter the amounder section 4 3 Enter the amounder section 4 3 Enter the amounder section 4 Complete organizati a) Name of interested per 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal	4958. bunt of the and/or representation representation (tax, if any, on or From Interorganization corted an amo	rested Person answered "Ye ount on Form 9	reimbu is. es" on F 990, Pa (d) Lo fror organ	Form 99 art X, line an to or the ization?	the organi 0-EZ, Part \(\) e 5, 6, or 22	V, line	38a or Form 99	90, Pa	art IV,	line 2	proved pard or nittee?	(i) Wi	ment?
art II Loans to Complete organizati A) Name of interested per (a) Name of interested per (b) Complete (c) Complete (c) Complete (d) Name of interested per (e) Name of interested per (f) Complete (g) Name of interested per (g) Complete (h) Complete (h) Name of interested per (h) Complete (h) Complete (h) Name of interested per (h) Complete (h) Name of interested per (h) Complete	4958. bunt of the and/or representation representation (tax, if any, on or From Interorganization corted an amo	rested Person answered "Ye ount on Form 9	reimbu is. es" on F 990, Pa (d) Lo fror organ	Form 99 art X, line an to or the ization?	the organi 0-EZ, Part \(\) e 5, 6, or 22	V, line	38a or Form 99	90, Pa	art IV,	line 2	proved pard or nittee?	(i) Wi	ment?
Enter the amounder section 4 Loans to Complete organization (a) Name of interested per (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	4958. bunt of the and/or representation representa	tax, if any, on or From Interorganization corted an amo	rested Person answered "Ye ount on Form 9	reimbu is. es" on F 990, Pa (d) Lo fror organ	Form 99 art X, line an to or the ization?	the organi 0-EZ, Part \(\) e 5, 6, or 22	V, line	38a or Form 99	90, Pa	art IV,	line 2	proved pard or nittee?	(i) Wi	ment?
under section 2 Enter the amount of the complete organization	4958. bunt of the and/or representation representa	tax, if any, on or From Interorganization corted an amo	rested Person answered "Ye ount on Form 9	reimbu is. es" on F 990, Pa (d) Lo fror organ	Form 99 art X, line an to or the ization?	the organi 0-EZ, Part \(\) e 5, 6, or 22	V, line	38a or Form 99	90, Pa	art IV,	line 2	proved pard or nittee?	(i) Wi	ment?
Loans to Complete organizati Name of interested per Name of interested per Grants or Complete (a) Name of interested per	o and/o te if the tion rep	or From Inter organization ported an amo	rested Person answered "Ye ount on Form 9	es" on F 990, Pa (d) Lo froi organ	Form 99 art X, line an to or the ization?	0-EZ, Part \ e 5, 6, or 22	V, line 2.	38a or Form 99	(g) In o	default?	(h) Ap	proved pard or nittee?	(i) Wi	ment?
Complete organizati Name of interested per Name of interested per Complete Grants or Complete (a) Name of interested per	e if the tion reperson (organization corted an amo (b) Relationship	answered "Ye ount on Form 9 (c) Purpose of	es" on F 990, Pa (d) Lo from organ	art X, line an to or m the ization?	e 5, 6, or 22 (e) Origin	2.		(g) In o	default?	(h) Ap	proved pard or nittee?	(i) Wi	ment?
organizati Name of interested per Name of interested per Name of interested per Name of interested per Complete (a) Name of interested per	tion rep	oorted an amo	ount on Form (c) Purpose of	(d) Lo froi organ	art X, line an to or m the ization?	e 5, 6, or 22 (e) Origin	2.		(g) In o	default?	(h) Ap	proved pard or nittee?	(i) Wi	ment?
))))))))))) cal Int III Grants or Complete (a) Name of interested p				froi	n the ization?			(f) Balance due			by bo	oard or nittee?	agreer	ment?
2) 3) 5) 6) 7) 8) 9) 9) tal				То	From				Yes	No	Yes	No	Yes	No
c) ctal complete (a) Name of interested p														
))))))) cal Irt III Grants or Complete (a) Name of interested p														ļ
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Grants or Complete (a) Name of interested p								\$						
Complete (a) Name of interested p							. •	Φ						
(a) Name of interested p			answered "Ye			0 Part IV li	ine 27	,						
		(b) Relations	ship between inter	rested (of assistance		d) Type of assistance	e	(e) Purpo	se of a	ssistan	ce
		ps.5511 C												
)														

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Part IV	Business Transactions Involve Complete if the organization at	ving Interested Persons. nswered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.	42	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
					Yes	No
(1)						
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10) Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Part	Types of Property							_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determi tribution a		ts_
1	Art—Works of art							_
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							_
6	Cars and other vehicles							_
7	Boats and planes							_
8	Intellectual property							_
9	Securities—Publicly traded							_
10	Securities—Fublicity traded Securities—Closely held stock .				+			_
11	Securities—Partnership, LLC,				+			_
• • •	or trust interests							
40	Securities—Miscellaneous							_
12								_
13	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation							_
14	contribution—Other							_
15	Real estate - Residential							_
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							_
20	Drugs and medical supplies							_
21	Taxidermy							_
22	Historical artifacts							_
23	Scientific specimens							_
24	Archeological artifacts							_
25	Other ► ()							_
26	Other ► (
27	Other ► ()							_
28	Other ► (_
29	Number of Forms 8283 received							_
	which the organization completed	Form 8283	s, Part IV, Donee Acknowle	dgement	29			
						Ye	s No	<u> </u>
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I, lines	1 - 28, that			
	it must hold for at least three year							
	used for exempt purposes for the	entire hold	ing period?			30a		
b	If "Yes," describe the arrangemen	t in Part II.						
31	Does the organization have a		tance policy that require	es the review of any no	on-standard			
	contributions?					31		43
32a	Does the organization hire or use							
	contributions?					32a		
h	If "Yes," describe in Part II.							
33	If the organization did not report a	n amount in	column (c) for a type of pro	pperty for which column (a)	is checked.			
-	describe in Part II.		()) []	. ,				

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of
	distributed or transaction expenses paid	distribution	asset(s) distributed or amount of transaction expenses	determining FMV for asset(s) distributed or transaction expenses			recipient(s) (if tax-exempt) or type of entity
2	Did or will any officer, director, tru						Yes N
a b	Become a director or trustee of a Become an employee of, or indep		•				. 2a . 2b

		•				•				Yes	No
2	Did or will any officer, director, trust	ee, or key emplo	oyee of the organization	on:							
а	Become a director or trustee of a su	ccessor or trans	sferee organization?						2a		
b	Become an employee of, or indeper	ndent contractor	for, a successor or tr	ansferee organization	?				2b		
С	Become a direct or indirect owner o	of a successor or	r transferee organizati	on?					2c		
d	Receive, or become entitled to, com	pensation or ot	her similar payments a	as a result of the orga	nization's significant o	disposition of assets	?		2d		
е	If the organization answered "Yes" t	to any of the que	estions in this line, pro	vide the name of the	person involved and e	explain in Part III .	<u> •</u>	<u> </u>			
Schedule									90 or 9	90-EZ)	(201

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Schedule R (Form 990) 2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part I

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer** identification number

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity **Exempt Code section** controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No

Cat. No. 50135Y

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets		h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	i) i12(b)(13) folled ity?
								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	s No
1	During the tax year, did the organization engage in any of the following transactions with one or n	more related organi	zations listed in Parts	II–IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			[1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)			[1c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)			_	1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)			_	1h	
i	Exchange of assets with related organization(s)			_	1i	
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	
,	Location of identification, equipments, or extrem december to related organization (e)				•	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organization(s).			_	11	
ı m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
n				_	10	
0	Sharing of paid employees with related organization(s)				10	
_	Deimburgement heid to valeted evacuitation(a) for evacuation				4	
p	Reimbursement paid to related organization(s) for expenses			_	1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
_					4	
S	Other transfer of cash or property to related organization(s)				1r	
					1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp			'	1 thresi	iolas.
	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining	amount i	nvolved
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
			L			