Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

B Check if applicable Chemotor organization The Associates of the University of Toronto, Inc. Displayer identification number Nachdess chains as A The Associates of the University of Toronto, Inc. 13-04-1207 13-04-1	A	For the	2013 cale	endar year, or tax year begi	inning	, 2	2013, a	nd ending			, 20	
Address change Name change International Content International Conten	В					of the University of	Toror	nto, Inc.		D Employe	er identification nu	ımber
Name change frontial return Chromators at the company of the control of the charitable is set that a control of the charitable is set that the charitable is set that the charitable is set that the charitable is set to the charitable is set that is set to the charitable is set to the charitable is set that is set to the charitable is set to the charitable is set that is set to the charitable is set that is set to the charitable is set that is set to the charitable is set to the charitable is set to the charitable is set t		Address	1270000							13-6142	2038	
Initial return Terminated City or the visite or provingine, country, and ZIP or foreign postal code Gross receipts \$ 775,783 Anemodor ferturn Amendod return Amen				Number and street (or P.O. b	ox if mail is not	delivered to street address	ss)	Room/suite		E Telephon	e number	
Terminated City or town, state or province, country, and ZiP or foreign postal code New York, NY 10024 G Gross receipts \$ 775,783 Application pending F Name and address of principal officer. Paul Cadario, c/o University of Torronto, 21 King's College Circle, Toronto, 0N MSS 3J3 High is the a government or subodrates included? Yes No No No No No No No N	\Box		=	58 West 84th Street				2F		917.608	8.2750	
Amended return New York, NY 10024 0 Gnoss receipts \$ 775,783	\Box				e, country, and	ZIP or foreign postal code	е					
Application pending Farmar and address of principal officer. Paul Cadario, vol. University of Toronto, 21 King's College Circle, Toronto, ON MSS 3J3 If Nov. attach a list. (see instructions) If Nov. attach a list. (see instructions	$\overline{\Box}$									G Gross re	ceipts \$	775,783
Tax-exempl status: Sorticitis: Sorticitis	$\overline{\Box}$				al officer: Paul	Cadario, c/o Univ	ersity	of	H(a) Is this a gr	oup return for s	subordinates? Yes	
Tax excempt status:		Applicat	ion ponding									
Websites ► http://give.utoronto.ca/howtogive/	1	Tax-exe	mpt status:					527				
Part Summary 1	J								H(c) Group	exemption	number ▶	
Summary Briefly describe the organization's mission or most significant activities: The Organization's mission is to accept donations from individuals, corporations, estates, trusts and foundations resident in the United States for the benefit of the charitable, scientific, educational, literary and religious activities of the University of Toronto.	_					Other ▶	L Yea	ar of formation	n: 1947	M State	of legal domicile:	NY
Briefly describe the organization's mission or most significant activities: The Organization's mission is to accept donations from individuals, corporations, estates, trusts and foundations resident in the United States for the benefit of the charitable, scientific, educational, literary and religious activities of the University of Toronto. Check this box ▶	P											
donations from individuals, corporations, estates, trusts and foundations resident in the United States for the benefit of the charitable, scientific, educational, literary and religious activities of the University of Toronto. 2 Check this box b— if the organization discontinued it so perations or disposed of more than 25% of its net assests. 3 Number of voting members of the governing body (Part VI, line 1a)					mission or	most significant acti	ivities:	The Or	ganization	's missio	n is to accept	
Denefit of the charitable, scientific, educational, literary and religious activities of the University of Toronto. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	ø											
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	auc		benefit o	of the charitable, scienti	fic. educatio	onal, literary and r	eligiou	ıs activiti	es of the U	niversity	of Toronto.	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ern	2	Check th	his box ▶ ☐ if the organiz	ation discon	tinued its operation	s or dis	sposed of	more than	25% of	its net assets.	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ò	3								_		6
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ø	4								4		6
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ies	5		-						5		0
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Ξ	6								6		6
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Act	7a								7a		
8 Contributions and grants (Part VIII, line 1h). 819,458 775,224 9 Program service revenue (Part VIII, line 2g) 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 382 559 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 819,840 775,783 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4) 0 0 0 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25) 1,911 18 Total expenses. Subtract line 18 from line 12 437,953 (119,766) 19 Revenue less expenses. Subtract line 18 from line 12 437,953 (119,766) 19 Total assets (Part X, line 16) 651,240 531,474 19 Total liabilities (Part X, line 26) 0 0 0 20 Net assets or fund balances. Subtract line 21 from line 20 651,240 531,474 10 Signature Block 20 Total assets or fund balances. Subtract line 21 from line 20 651,240 531,474 10 Signature Block 21 Gary Kaufman, Treasurer 22 Total complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 23 Print/Type preparer's name 24 Print/Type preparer's name 25 Print/Type preparer's name 26 Preparer 27 Proportin name and title 28 Print/Type preparer's name 29 Print/Type preparer's name 29 Print/Type preparer's name 20 Pri										7b		0
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 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), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expensess (Part IX, column (A), line 25) 19 Revenue less expenses (Part IX, column (A), line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Other expenses (Part IX, column (A), line 12 from line 20 10 Net assets or fund balances. Subtract line 18 from line 20 10 G51,240 11 Total liabilities (Part X, line 26) 10 Other evenue—and lines 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) 10 Signature of officer 10 Signature of offi		Prior								ear	Current Ye	ear
11 Other revenue (Part VIII, column (A), lines 5, 63, 80, 95, 105, and 116) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 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), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 31 Net assets or fund balances. Subtract line 21 from line 20 32 Description of Current Year End of Year 21 Total liabilities of perjuy, 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. 22 Prant II Signature of officer 33 Jan 14 Signature of officer 34 June 19, 2014 35 June 19, 2014 36 June 19, 2014 37 June 19, 2014 38 June 19, 2014 39 June 19, 2014 39 June 19, 2014 30 June 19, 2014 31 June 19, 2014 31 June 19, 2014	nue	8	Contribu	utions and grants (Part VIII	I, line 1h) .					819,458		775,224
11 Other revenue (Part VIII, column (A), lines 5, 63, 80, 95, 105, and 116) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 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), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 31 Net assets or fund balances. Subtract line 21 from line 20 32 Description of Current Year End of Year 21 Total liabilities of perjuy, 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. 22 Prant II Signature of officer 33 Jan 14 Signature of officer 34 June 19, 2014 35 June 19, 2014 36 June 19, 2014 37 June 19, 2014 38 June 19, 2014 39 June 19, 2014 39 June 19, 2014 30 June 19, 2014 31 June 19, 2014 31 June 19, 2014		9	Program	n service revenue (Part VII	I, line 2g)					0		0
11 Other revenue (Part VIII, column (A), lines 5, 63, 80, 95, 105, and 116) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 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), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 31 Net assets or fund balances. Subtract line 21 from line 20 32 Description of Current Year End of Year 21 Total liabilities of perjuy, 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. 22 Prant II Signature of officer 33 Jan 14 Signature of officer 34 June 19, 2014 35 June 19, 2014 36 June 19, 2014 37 June 19, 2014 38 June 19, 2014 39 June 19, 2014 39 June 19, 2014 30 June 19, 2014 31 June 19, 2014 31 June 19, 2014	eve	10	Investme	ent income (Part VIII, colu	ımn (A), lines	s 3, 4, and 7d)				382		559
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 367,474 880,815 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 0 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (D), line 25) 1,911	ď	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							0		0	
14 Benefits paid to or for members (Part IX, column (A), line 4)		12	Total rev	enue-add lines 8 through	h 11 (must e	qual Part VIII, columr	n (A), lir	ne 12)		819,840	775,783	
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) \(\) 17 Other expenses (Part IX, column (D), line 25) \(\) 18 Total expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 19 Revenue less expenses. Subtract line 18 from line 12 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 20 331,474 Part II 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. Paid Preparer Paid Preparer Type or print name and title Print/Type preparer's name Frank J. Meyers, CPA Firm's name Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer Date Check if PTIN Self-employed P00845744 Firm's name Meyers & Capomaggi, LLC Firm's EIN 27-2167074 Firm's name Meyers & Capomaggi, LLC Firm's EIN 27-2167074 Firm's address 317 Godwin Ave., Midland Park, NJ 07432 Phone no. 201.444.2688	84	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						367,474		880,815	
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits	paid to or for members (F	Part IX, colu	mn (A), line 4)				0		0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Subtract line 18 from line 12	S	15	Salaries,	, other compensation, emp	loyee benefit	ts (Part IX, column (A)	, lines	5–10)		0		0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Subtract line 18 from line 12	nse	16a	Professi	ional fundraising fees (Par	rt IX, column	n (A), line 11e)				0		0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Subtract line 18 from line 12	ğ	b		•				1,911				
19 Revenue less expenses. Subtract line 18 from line 12 437,953 (119,766) Beginning of Current Year End of Year	Ŵ	17	Other ex	xpenses (Part IX, column i	(A), lines 11a	a-11d, 11f-24e) .						
Beginning of Current Year End of Year		18	Total ex	penses. Add lines 13-17	(must equal	Part IX, column (A),	line 25	5)				
20 Total assets (Part X, line 16)			Revenue	e less expenses. Subtract	t line 18 from	n line 12						
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 Here June 19, 2014	ò	Ses						В	eginning of Co		End of Ye	
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 Here June 19, 2014	sets	E 20		(531,474
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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 Here Signature of officer			A DATE OF THE PARTY		tract line 21	from line 20				651,240		531,474
True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign												
Sign Here Signature of officer Date											my knowledge and	d belief, it is
Sign Here		ue, correc	L AND COM	Man WAL	nor than omoor,	, to badda off all little little		ion proparo			2014	
Here Gary Kaufman, Treasurer Type or print name and title Paid Preparer Frank J. Meyers, CPA Firm's name ▶ Meyers & Capomaggi, LLC Firm's address ▶ 317 Godwin Ave., Midland Park, NJ 07432 Polate Check ☐ if polate 06/19/14 Check ☐ if polate 06/19/14 Firm's EIN ▶ 27-2167074 Phone no. 201.444.2688	C:	an	Sig	anature of officer							, 2014	
Type or print name and title Paid Preparer Preparer's name Preparer Print/Type preparer's name Preparer Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature O6/19/14 Point/Type preparer's name Preparer's signature O6/19/14 Point/Type preparer's name Print/Type preparer's name P			,							110		
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Paid Preparer Use Only Frank J. Meyers, CPA Firm's name ► Meyers & Capomaggi, LLC Firm's address ► 317 Godwin Ave., Midland Park, NJ 07432 Phone no. 201.444.2688	_			1 12	Prena	rer's signature		Da	te		PTIN	
Use Only Firm's name ► Meyers & Capomaggi, LLC Firm's address ► 317 Godwin Ave., Midland Park, NJ 07432 Firm's address ► 317 Godwin Ave., Midland Park, NJ 07432 Phone no. 201.444.2688			Euro) /// M					if [744
Firm's address ► 317 Godwin Ave., Midland Park, NJ 07432 Phone no. 201.444.2688			C1		omaga: II	my fluger		-0				/
	U	se On										
	M	av the I	Firm's	address > 31 / Godwin A	parer showr	nabove? (see instru	ctions)					s No

Part	Statement of Pro	ogram Service Accompli	ishments	III	
			or note to any line in this Pai	rt III	· · · <u> </u>
1	Briefly describe the orga	anization's mission:	C courses within the	United States for the benefit of the	University
				United States for the benefit of the	
	of Toronto, Ontario, C				
2	Did the organization und	dertake any significant pro	gram services during the year	ar which were not listed on the	
2	prior Form 990 or 990-F	7?			es X No
		new services on Schedule			_
3	Did the organization of	new services on scriedule	e significant changes in ho	ow it conducts, any program	
3	convices?	ease conducting, or man	ac significant changes in the		es X No
	If "Yes," describe these	changes on Schedule O.	amplichments for each of its	three largest program services, as r	measured by
4	Describe the organization	(a)(3) and 501(a)(4) organiz	ations are required to report	the amount of grants and allocation	ns to others.
	the total expenses and	revenue, if any, for each p	rogram service reported.	and anneant or grants and anneant	
	the total expenses, and	revenue, il uny, for each p	rogram comes reported.		
4-	(Cada: \	200000 \$ 992 727 is	actuding grants of \$	880,815) (Revenue \$ 77	5.224)
4a	(Code:) (Ext	perises \$ 882,727 "	tions received by gift deed	legacy, and bequest from individu	ials.
	The Organization coll	ected funds and contribu	ident in the United States 7	The Organization made grants to t	he
	corporations, estate, ti	rusts and foundations res	ident in the United States.	Go educational literary and relig	ious
				fic, educational, literary, and relig	
4b	(Codo: \((Ev)	nenses \$	ncluding grants of \$) (Revenue \$)
40					
4c	(Code:) (Ex	rpenses \$	including grants of \$) (Revenue \$)
	/				
4d		es (Describe in Schedule O	.)	*	
	(Expenses \$	including grants of	\$) (Revenue	\$)	
4e	Total program service	expenses >	882,727		000

Part I	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	ē.	
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		_X_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		•	
_	complete Schedule D, Part III	8	X	
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.		47.51	
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		X
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		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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)? If "Yes," complete Schedule D, Part X	11f		X
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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
4-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	Λ
14 a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	A	
	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	X	
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	X	
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? If "Yes," complete Schedule F, Parts III and IV	16		X
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		v
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	Checklist of Required Schedules (continued)		Vac	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
b c	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		X
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," <i>complete Schedule L, Part I</i>	24d 25a		X
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		X
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		X
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		X
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part I	33		X
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	X	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	

art '				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	X	
_	reportable garming (garmoning) withings to prize withinster.	1c	Λ	
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 0			
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	00		
	account)?	4a		X
h	If "Yes," enter the name of the foreign country: ▶			
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4	
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3.445		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	in 1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
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			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	i e como	1	
а	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: Initiation fees and capital contributions included on Part VIII. line 12	77		
а	militation roce and eapital continuations included		1	
b	Gloss recorpts, moraded erri erri eee, ruit riii, iiie 12, rei peare eee			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
Ь	against amounts due or received from them.)	141.		
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		AV DATE SHOWS
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	9.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
b	The state of the second state of the second state of the second state of the state of the state of the second state of the sec			
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	The state of the s	14b		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ough /b below, in Schedule O. Si	and to	or a Inucti	"No"
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6	*		
	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.	1b 6			
b	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business r				
2	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to		_	.,	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		x
0	Did the organization contemporaneously document the meetings held or written actions un		70	F-11	Λ
8	the year by the following:	aorianon aaning			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co	ode.) Yes	
	The state of the s		10a	165	No X
10a	Did the organization have local chapters, branches, or affiliates?	f such chanters	IVa		A
b	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the		40-	•	
	describe in Schedule O how this was done		12c	X	X
13	Did the organization have a written whistleblower policy?		14		X
14 15	Did the process for determining compensation of the following persons include a review a				A
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a			10-	. 6	V
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the			
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► New York				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Sectio	n 501	(c)(3)	s only
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain in So		torest	neli-	
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of in	lerest	POlic	y, and
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	е	
20	organization: Cary Kaufman 58 West 84th Street, #2F. New York, NY 10024				

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 nor	any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n	ot ch	Posi neck ss per d a d	ition more rson	than o	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(4) Paul Cadonia	3									
(1) Paul Cadario President and Director	3	X		X				0	0	0
(2) Kenneth Taylor	3	^		Λ				0	Ü	
Vice-President and Director	J	X		X				0	0	0
(3) Tad Brown	3	7.		1.						
Secretary and Director	†	X		X				0	0	0
(4) Gary Kaufman	3									
Treasurer and Director		X		X				0	0	0
(5) Lorraine Bell	3									
Director		X						0	0	0
(6) Ernest Goggio	3									
Director		X						0	0	0
(7)										
(8)										N 6
(9)										
(10)										
(11)										
(12)										
(13)		-								
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (co	ntinuec	1)	
	(A) Name and title	(B) Average hours per	box,	unles	eck s pe	rson	e than o	an	(D) Reportable compensation	(E) Reportable compensation from	om	(F) Estima	ated
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		othe compen from organiz and re organiz	er isation the zation lated
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)				T									
(25)													
1b c	Sub-total				•			>			0		
<u>d</u> 2	Total (add lines 1b and 1c)	t not limite					abov	e) v	vho received m		0,000 0	of	
	reportable compensation from the organ						200						Yes No
3	Did the organization list any former o employee on line 1a? <i>If "Yes," complete</i>	Schedule J	l for s	uch	inc	livia	lual					3	X
4	For any individual listed on line 1a, is the organization and related organizations	greater th	porta an \$	150	,00	0?	If "Ye	es, "	complete Sc	pensation from hedule J for	n the such		
5	individual	or accrue c		ensa	atior	n fro	m an	y uı				5	X
Section	on B. Independent Contractors	1. 11 700,			-	,,,,,						J	A
1	Complete this table for your five highest compensation from the organization. Re year.												n's tax
	(A) Name and business ad	Idress							(B) Description of	services	С	(C) compensa	ation
(none	2)												
								+					
		, , ,		,				1	U 1:1			*********************	
2	Total number of independent contract							o t	those listed al	pove) who			

Part	VIII	Statement of Revenue Check if Schedule O contains	n reenenee or note to	a any line in this	Dart VIII		
		Check if Schedule O contains	a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	1a 1b				
s, G	С	Fundraising events	1c				
Gift	d	Related organizations	1d				
ns,	е	Government grants (contributions)	1e				
er s	f	All other contributions, gifts, grants, and similar amounts not included above	44 775 334				
를 돌	_	Noncash contributions included in lines 1a					
a o	g	Total. Add lines 1a–1f		775,224			
	h	Total. Add lines 1a-11	Business Code	773,224			
len.	2a			The second secon			
Be∕	b						
Program Service Revenue	С						
Serv	d						
E	е						
ogre	f	All other program service revenu	ue.				
<u> </u>	g	Total. Add lines 2a-2f	▶	0		<u> </u>	
	3	Investment income (including				120	550
		arra ourier curring		559			559
	4	Income from investment of tax-exe					
	5	Royalties	ii) Personal			100 TO 200 TO 100 TO 10	EXECUTE A SECUL
			(ii) i ordonal				
	6a	Gross rents Less: rental expenses					
	b	Rental income or (loss)	0 0				
	d	Net rental income or (loss)		0		V V voje v V Trakenia sama vask	ta a sa
	7a	Gross amount from sales of (i) Securit	ties (ii) Other		Nation Vision		
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)	0				
	d	Net gain or (loss)	<u> </u>	0			
enne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1 See Part IV, line 18					
Ę.	b	Less: direct expenses					
	С	Net income or (loss) from fundra		0			
	9a	Gross income from gaming activ					
		See Part IV, line 19					
	b	Less: direct expenses					
	10-	Net income or (loss) from gamin		0			
	10a	Gross sales of inventory, returns and allowances	· a				
	b	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		0	was a distribution		5
	- 6	Miscellaneous Revenue	Business Code				
	11a		233355 2345				——————————————————————————————————————
	b						
	C						
	d	All other revenue					
	e			0			
	12	Total revenue. See instruction		775,783			559

Part IX	Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must com	inlete all columns Al	l other organizations	s must complete col	lumn (A)
ecuo	Check if Schedule O contains a respons				
	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	880,815	880,815		
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)		ė		
7 8	Other salaries and wages	4		,	u
9 10 11 a	Other employee benefits	1,180	393	393	394
b c d e f g	Legal	9,000	370	9,000	
12 13 14 15 16 17	Advertising and promotion	3,734	1,245	1,245	1,244
19 20 21 22 23 24	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)	820	274	273	273
b c d e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e 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 SOP 98-2 (ASC 958-720)	895,549	882,727	10,911	1,911

Form	990 (20	013)			Page 11
P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	257,378	2	481,836
	3	Pledges and grants receivable, net	168,650	3	1,115
	4	Accounts receivable, net		4	
Assets	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		6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	, mismo, m.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	2	12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	225,212	15	48,523
	16	Total assets. Add lines 1 through 15 (must equal line 34)	651,240	16	531,474
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	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	0	26	
	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	V	20	
Se		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	650,240	27	530,47
Ba	28	Temporarily restricted net assets	3,22	28	
Net Assets or Fund Balances	29	Permanently restricted net assets	1,000	29	1,00
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net	33	Total net assets or fund balances	651,240	33	531,47
_			/=/ - / -		

Total liabilities and net assets/fund balances

531,474

531,474

651,240 33 651,240 34

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)		77:	5,783		
2	Total expenses (must equal Part IX, column (A), line 25)			895,549		
3	Revenue less expenses. Subtract line 2 from line 1			(119,766)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		65	1,240		
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))		53	1,474		
Part				_		
	Check if Schedule O contains a response or note to any line in this Part XII			Ш		
			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," explain in					
_	Schedule O.	2a		X		
2a	, , ,					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	Oh.	v			
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	2b	X	100		
	separate basis, consolidated basis, or both:					
	X Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1 25 8				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			i i i i i i i i i i i i i i i i i i i		
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c	X			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			X		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b				
		For	n 990	(2013)		