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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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 ma	ay be made public.
Information about Form 990 and its instructions is at www	v.irs.gov/form990.

A	Ear the 2				20			
_		013 calendar year, or tax year beginning August 1, 2011 , 2013, and endir	ig July 3	1, 2012	, 20 er Identification number			
В	Check if a			D Employ				
브	Address c			20-4594416				
Ш	Name cha	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Telephoi	ne number			
	Initial retur				802-626-5870			
	Terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amended	etum Lyndonyille, Vt. 05851		G Gross re	ecelpts \$ \$2233.00			
	Application	pending F Name and address of principal officer: Maurice Noel	H(a) is this a g	roup return for	subordinates? Yes No			
	• •	89 Horseshoe lane			s included? Yes No			
	Tax-exemu		If "N	lo,* attach a	list. (see instructions)			
1	Website:		H(c) Group	exemption	number >			
<u>K</u>		panization: ☐ Corporation ☐ Trust			of legal domicile:			
_	art I	Summary		1 0.12.0	o. toga a attributo.			
		Briefly describe the organization's mission or most significant activities: Collect	ting Dues 8.	whenitting	a swards			
es.	' '	oneny describe the organization's mission of most significant activities.	ung bues a		awarus			
Activities & Governance								
Ë		No. of the base No. 18 Abs.	- 4 4	000/ -4	·			
Š	1	Check this box ▶☐ if the organization discontinued its operations or disposed	or more than	1 . 3				
Ğ		lumber of voting members of the governing body (Part VI, line 1a)		3	149			
₩	I.	lumber of independent voting members of the governing body (Part VI, line 1b)		4				
皇		otal number of individuals employed in calendar year 2013 (Part Villae 2a)		5				
₹		otal number of volunteers (estimate if necessary) $\dots \dots \mathcal{HJ4}$		6				
ĕ	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a				
	b N	let unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	7b				
		70 2014	Prior Y	ear	Current Year			
•	8 (Contributions and grants (Part VIII, line 1h)			\$2233.00			
Ę	9 F	Program service revenue (Part VIII, line 2g)	or					
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	7					
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	CENT		_			
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A) line 12)1	UFIVE	-	\$2233.00			
_	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	1		R 1 9 201	. 18	\$1639.00			
,	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· * 2 201	ان	\$500.00			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		- 121	\$300.00			
6	b 1	otal fundraising expenses (Part IX, column (D), line 25)	AFM T	1=1	 _			
X	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	M. Cardin					
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)						
	1	· · · · · · · · · · · · · · · · · · ·			\$2139.00			
		Revenue less expenses. Subtract line 18 from line 12	Beginning of Cu	mant Vanu	\$94.00 End of Year			
ts or		intel annata (Dart V. line 15)	-oguning of Ot	car	ENG OF 1881			
Net Assets (Fund Balanc	20 1	otal assets (Part X, line 16)						
A E	21 7	otal liabilities (Part X, line 26)						
		let assets or fund balances. Subtract line 21 from line 20	·					
	art II	Signature Block						
Ur	nder penaltu	es of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which prepare	ments, and to t	he best of r	ny knowledge and belief, it is			
	ie, con ect,	and complete, pectalation of preparer (office that officer) is based on an information of writer prepare	TIAS ATTY KITOW	······································				
٠.		Maure Flow		02/	08/2014			
Sig	,	Signature of officer	Da	te *	•			
He	ere	MAURICE NOEL						
	1	Type or print name and title						
Pa	nid	Print/Type preparer's name Preparer's signature D	ate	Check	rf PTIN			
-	eparer			self-emp				
	se Only	Firm's name	Firm	n's EIN ▶				
J	e Only	Firm's address ▶		ne no.				
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			Yes No			
_			No. 11282Y		Form 990 (2013)			
		· · · · · · · · · · · · · · · · · · ·						



	30 (2013			Page 2
Part	##	Statement of Program Service Accomplishments		_
		Check if Schedule O contains a response or note to any line in this Part III	· · ·	<u>. D</u>
1	Brięf	ly describe the organization's mission:		
2		the organization undertake any significant program services during the year which were not listed on the	_	_
	•		Yes	☑ No
_		es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program	_	
			Yes	✓ No
	If "Y	es," describe these changes on Schedule O.		
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as	s meas	ured by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to	others,
	the t	otal expenses, and revenue, if any, for each program service reported.		
4a	(Cod	le:) (Expenses \$ including grants of \$) (Revenue \$)
	•			
				
4b	(Cod	le:) (Expenses \$ including grants of \$) (Revenue \$		_)
				
4c	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$		_)
		······································		
				
Ant	<u></u>	or program populacy (Pagaribo in Sahaditla O)		
4d		er program services (Describe in Schedule O.)		
40		enses \$ including grants of \$) (Revenue \$)		
4e	Tota	Il program service expenses		

Form **990** (2013)

Part	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	✓	 _
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	1	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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		1
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		1
ď	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? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		1
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		✓
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)			✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		-
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
13	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	<u> </u>	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	1

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		1
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		1
	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		✓ ✓
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? If "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		1
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		1
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):			
a b∙	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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? 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	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	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		✓
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,			1
38	Part VI	37		
	10. Teter, an one out more and required to dempite democratic of the control of t		n 99 0	(2013)

Form 99	0 (2013)		F	Page 5
Part	V* Statements Regarding Other IRS Filings and Tax Compliance			
	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 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	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 0			_
þ	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		✓
þ	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: ▶			ŀ
	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		✓
ф	Did-any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		✓
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).			
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		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
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		1
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			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
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:			
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 0	'		
11	Section 501(c)(12) organizations. Enter:			
a	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.)			ĺ
	110			١,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	✓
. 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	 	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
C	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	1
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		_✓

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	struct							
Secti	Check if Schedule O contains a response or note to any line in this Part VI		•	· <u>!</u>						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 145	뵉								
	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.									
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<i>j</i>						
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 person?	3		1						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓						
6	Did the organization have members or stockholders?	6		✓						
7a	one or more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
_	the year by the following:	0-								
a b	The governing body?	8a 8b		1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	-						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	1						
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.) Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	110						
b	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.	1								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	_						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13								
14	Did the organization have a written document retention and destruction policy?	14		ļ						
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?		!							
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>							
þ	Other officers or key employees of the organization	15b								
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	İ	ļ							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure	1.00	<u> </u>							
17	List the states with which a copy of this Form 990 is required to be filed ▶ Vermont									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	only)						
19	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	y, and						
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶	of the	•							

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-nnn	990	120	01	

Page 7

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

Check if Schedule O	contains a res	ponse or	note to any	line in this Part VII	 					

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 employees."
- 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	atıc	n c	ompe	nsa	ated any curren	it officer, directo	r, or trustee.	
				((C)						_
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted	box, of fice Individual or direct	unles	s pe	rson irect	than on the state of the state	ee) Forme	Reportable	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related	
	line)	trustee	al trustee		уве	Highest compensated employee				organizations	
(1) Stev Shaw President	0			1							_
			-	-	<u> </u>		-	0	0		0
(2) Donald Taylor Vice President	<u>o</u>			1				1			_
(2) Maurice Most	5			•	-	_		0	0		0
Secretary/Treasurer		i		1				\$500.00	o		_
(4)				<u> </u>			ļ	\$500.00			0
(5)					-						_
(6)											
(7)											_
(8)											
(9)											
(10)											
(11)								•			_
(12)											_
(13)											
(14)											

Part	Section A. Officers, Directors, Trust	loos, Noy L		,000		C)	118110	<u> </u>		inployees ;	·	(64)		
	, (A)	(B)				ition			(D)	(E)			(F)	
	Name and title	Average					than o		Reportable	Reportat	ole		mated	
		hours per					or/trus		compensation	compensatio	n from		ount of	
		week (list any hours for	익물	<u> </u>	Q	줎	౸∓	77	from the	related organizati	1		ther ensatic	ND.
		related	d divid	# <u>#</u>	Officer	97	흥등	Former	organization	(W-2/1099-I		•	m the	"1
		organizations	g a	क ्]	Key employee	st co	*	(W-2/1099-MISC)				nization	
		below dotted line)	ੋੜ	iai et		oye	i in						related lization	
			Individual trustee or director	Institutional trustee		"	ens					O.gui	Lucion	
				8			Highest compensated employee							
(15)			-			 		<u> </u>						
1101														
(16)			 					\vdash	<u> </u>	<u> </u>				
7		·}	ł	ł		ł					-			
(17)			-	-		-		├						
77.7						ļ								
(4.0)	 			-		-		├		<u> </u>				
(18)														
(40)		ļ	-	-	-	-	<u> </u>	\vdash	 	 				
(19)		·}												
(20)		 		-		┢		┢	 	 	 -⊦			
(20)			1											
(24)				\vdash				├	 	ļ <u></u>		·····		
(21)														
(00)		<u> </u>			<u> </u>	-		-		<u> </u>				
(22)			-	l							-			
(22)		-	 	<u> </u>	-	├	-	├-	 					
(23)		}							Ì	•				
(0.4)		-				├		├						
(24)														
(OF)				ļ		-	<u> </u>	├		i				
(25)							}				!			
	Out total	L		L	l	L	<u> </u>	_						
1b	Sub-total		٠.	•	•		•							
C	Total from continuation sheets to Part	-		٠	•		•		\$500.00					
<u>d</u>	Total (add lines 1b and 1c)						•	<u> </u>	\$500.00	<u> </u>				
2	Total number of individuals (including but		i to th	ose	list:	ted :	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi	ization ► 0							·					
•	Did the consequence list and former of	·											Yes	No
3	Did the organization list any former of							emp	ployee, or nigh	est compe	nsated		-	
	employee on line 1a? If "Yes," complete										• •	3		1
4	For any individual listed on line 1a, is the	,	•			•			•			1 1		ļ
	organization and related organizations	_	an \$1	50,	OOU)? II	"Ye	s,"	complete Sch	edule J to	r such	**		
_			• •	٠.		٠. ٠	•			· · · ·	· · ·	4		✓
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	rii res, c	отрі	ere	SCI	ieat	ile J i	or s	euch person	· · · ·	<u> </u>	5		✓
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on to	or tr	ne c	alend	ar y	ear ending wit	h or within	the org	janizatio	on's ta	ax
	year.													
	(A)	lraaa							(B)		l .	(C)	-4	
	Name and business add	II USS							Description of s	ervices	<u> </u>	Compens	ation	
								<u> </u>		,	<u> </u>			
								L.	···					
_											L			
								l		· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor) th	ose listed abo	ove) who	ł			
	received more than \$100,000 of compens	sation from	the o	rgar	nizat	tion					ı			

Part	VIII	Charlett Cabadula Capatains a respec			D-4370		
	•	Check if Schedule O contains a response	onse or note to	any line in this (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	Federated campaigns 1a	0		revenue		512-514
	b	Membership dues 1b		(
	C	Fundraising events 1c	2233.00	1			
	d	Related organizations 1d	<u>0</u>				
	e	Government grants (contributions) 1e	0				
	f	All other contributions, gifts, grants,					
ž ž	•	and similar amounts not included above 1f	o				
를 ă	g	Noncash contributions included in lines 1a-1f. \$					
		Total. Add lines 1a-1f	▶	2233.00			
	''	Total: Add lines 12-11	Business Code	2233.00			
Ĕ	2a	-				;	
ě	b		-				
8	C						
Ž	d			· · · · · · · · · · · · · · · · · · ·			
Š	e						
퍨	f	All other program service revenue .	1		 		
Program Service Revenue	g	Total. Add lines 2a-2f	▶				
	3	Investment income (including divider					
	•	and other similar amounts)					
	4	Income from investment of tax-exempt bor	<u> </u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	5	Royalties			·		
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	•	-			-
	7a	Gross amount from sales of (i) Securities	(iı) Other				
		assets other than inventory	-,,,,				
	ь	Less: cost or other basis					
		and sales expenses .					
	c	Gain or (loss)					
	d	Net gain or (loss)	•				
		, , , _,			· · · · · · · · · · · · · · · · · · ·		
enne	8a	Gross income from fundraising events (not including \$					
ě		of contributions reported on line 1c).					
ř		See Part IV, line 18 a					
Other Reven	ь	Less: direct expenses b					
O	c	Net income or (loss) from fundraising e	vents . ▶				
	9a	Gross income from garning activities.					
	_	See Part IV, line 19 a		,			
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activi	ities 🕨				1
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inver	ntory 🕨		**		
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	▶ [l — =

	90 (2013)				Page IU
	IX Statement of Functional Expenses	····			
Section	n 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a respon				
	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	\$1639.00 \$500.00			
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				···· · · · · · · · · · · · · · · · · ·
C	Accounting				
d	Lobbying	1			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	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 23	Depreciation, depletion, and amortization 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					
b					
C					
đ					<u> </u>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	\$2139.00	· · · · · · · · · · · · · · · · · · ·		
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 SOP 98-2 (ASC 958-720)				

-	arch	Dalance Sneet			
		Check if Schedule O contains a response or note to any line in this P			
		•	(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		6	
ě	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		9	
	_	•	-		
	b		 	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			
	18	Grants payable	-	18 19	· • · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue			
	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			
jab		disqualified persons. Complete Part II of Schedule L		22	
	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		}	
		parties, and other liabilities not included on lines 17-24). Complete Part X		1 1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	·
Š		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	7		•
5		complete lines 27 through 29, and lines 33 and 34.		<u>-</u> -	
ā	27	Unrestricted net assets		27	
89	28	Temporarily restricted net assets		28	·
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		1	
ō		complete lines 30 through 34.	un a		
3‡8	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť.	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	

Page	1	2
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Form 99	0 (2013)				Pag	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
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	· ·	<u> </u>			
					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.					ا نــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· —	a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					1
	reviewed on a separate basis, consolidated basis, or both:		ŀ		İ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
Þ	Were the organization's financial statements audited by an independent accountant?			b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					1
	separate basis, consolidated basis, or both:					1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				<u></u> ~	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		. 1			
	of the audit, review, or compilation of its financial statements and selection of an independent account			<u>2</u> C		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	ın		ł	
	the Single Audit Act and OMB Circular A-133?			la		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?			_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.		b	25.5	
	·			Form	990	(2013)