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Return of Organization Exempt From Income Tax

2013

OMB No. 1545-0047

Department of the Treasury Internal Rovenue 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.

Open to Public Inspection

A	For th	e 2013 calen	dar	year, or tax	year begi	nning Jul	_ 1	, 2	013, and	ending	Jun	30		2014	PARTICLE 1, 1, 1, 1
В	Check if	applicable	С	Name of organi	zalion The	e Tutor:	ial Cen	ter				D Emplo	yer identi	fication Num	ber
		tidress change	•	Doing Business								03-	0233	583	
	∏ _{Na}	rne change		Number and str	eet (or P.O. po	x if mail is not d	elivered to stre	el address)		Room/si	ute est	E Te:ep			•
		tial return	20	8 Pleas	ant Sti	reet						/80	2) 4	47-011	3
	\vdash	mmated		City or town, sta			P or foreign po	stal code		J		- 100	<i>2</i> , <i>1</i>	1, 011	
	H	nended return	1			•	•		VT 05	201		G c		ė 1 040	0.5.1
	H			nningto Name and addr		officer	·····	······································	VI 05	201	H(a) le thre	a group return		\$1,042	Yes X No
	□ ~	plication pending					· · · · · · · · · · · · · · · · · · ·	D3.17.D0	1777 0.5						Yes No
-	Taw	exempt status		in J. Glad 501(c)(3)	501(c) ((insert no.)	PAWLET		1527	II 'No,'	subordinales allach a list, (see instr	ictions)	7,00
<u>+</u>				301(c)(3)	anifet ((htpet/ (str.)	4947(a)(1) Or	527			. •		
-		<u></u>			T= . T	Т	11		T			exemption nu		·····	
K		of organization		Corporation	Trust	Association	Other •	· · · · · · · · · · · · · · · · · · ·	L Year o	f formatio	197	1 M:	State of le	gal domicile	VT
-		Summar Briefly describ		o organizati	on's missis	n or most si	anificant ac	distant	m -1						
	ŀ	Brieny descrit	Je III	e organizati	on s missic	m or most si	gnincant at	aviues.	Educ	ation	iai Se	rvices			
Governance															
Ē															
ě	,	Check this bo		Lifthe (ornanizatio	n discontinu	ed its oner	ations or disp	sosed of	more th	an 25% (of its not a			
	3	Number of vo											3 I		10
~8	4	Number of inc	depe	ndent voting	members	of the gover	rning body	Part VI, line	1b) · .				4		10
Activities &	5	Total number	of ir	idividuals er	nployed in	calendar ye	ar 2013 (Pa						5	***	5 6
Ę.	6	Total number Total unrelate	of v	olunteers (e	stimate if n	ecessary) .	,,,,	י אוואל יי	-,				6		5
ĕ	7a	Total unrelate	d bu	isiness reve	nue from F	art VIII, colu	imm(C), lih	eg12/1719	•45 • 3	•.• : •	• • • • •		7a		0.
	Ь	Net unrelated	bus	iness taxabl	le income f	rom Form 99	90-T, line 3			· · · ·			7b		
						·" اأ		" " " " " " " " " " " " " " " " " " "			F	rior Year			ent Year
9		Contributions									ļ	331,3	_		457,227.
Ē		Program serv Investment in		-							 	447,5		····	558,132.
Revenue	i	Other revenue		•			•			• • • •	-	25,1			24,071.
		Total revenue										811,5	21.	-	3,421.
		Grants and si									 -	011,	,00.	<u> </u>	042,851.
	Į	Benefits paid		•	•						-			····	
	Į.	Salanes, othe					•				 	577,6	30	····	726 707
88		Professional f									 	3///	,30.		726 ,7 87.
Expenses	l.			-	•		•	• • • • •				Sec 7 202	A.C.		A CONTRACTOR OF THE PARTY OF TH
ă	1	Total fundrais	_				•			0.	Sull'and				
		Other expens									<u> </u>	210,3	82.		229,151.
	t .	Total expense			•	•	•				ļ	788,0			955,938.
- o #	19	Revenue less	exp	enses Subt	ract line 18	from line 12	2		· · · ·	· · · ·	<u> </u>	23,5			86,913.
1		T	~	V " 40\							Beginnii	ng of Curre			of Year
nt Angeta nd Belan	20 21	Total assets (ļ	693,0	_		787,229.
žž		Total liabilities									ļ	39,0	09.		46,239.
		Net assets or			Subtract lin	e 21 from lin	e 20	· · · · · ·	• • • •	• • • •	<u> </u>	654,0	77.		740,990.
Pa		Signatur	e B	lock										······································	
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		RS discuss this			<u></u>				• • • •				• • •	· X Yes	
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Form 990 (2013) The Tutorial Center Part IV | Checklist of Required Schedules

			165	140
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		2		Х
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	*	2.	
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
- 1	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	11 b		х
•	c 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	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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		х
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	х	
!	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
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		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
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		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No 21 Х 22 X 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 23 Х X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d X 25a 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 Х 25b 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 Х 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 Х 27 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete* Х 28b 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 31 32 Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 Х 35a 35b Х 36 37 Х

BAA

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

m 990 (2013) The Tutorial Center 03-023358	3		age !
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
a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	, , <u>, , , , , , , , , , , , , , , , , </u>	#	550
· · · · · · · · · · · · · · · · · · ·	- - - -		8.1
· · · · · · · · · · · · · · · · · · ·	1 1		***
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within backup withholding rules for reportable payments to vendors and reportable gaming	1.0		
1 1			3
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
		V	ļ
			.30373
		<u> </u>	1, 200
	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
a 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)?	4 a		X
b If 'Yes,' enter the name of the foreign country	100	# · ·	V
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		3 .	, III,
- · ·		_338	X
			x
			_ <u>^</u>
c if Yes, to line 5a or 5b, did the organization file Form 8885-17	5 C		
a 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 charitable contributions?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 b		
Organizations that may receive deductible contributions under section 170(c).	×	â :	2
a Did the assessment as assessment in average of 675 mode models are a contribution and models for accordance	1 1 2	N '	×.
a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services' provided to the payor?	7 a	**********	Х
·			
	7.5		-
C Did the organization sen, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?	7 c		x
	· · · · ·	* 23	7
	-	L.E.	X
	<u> </u>		X
	/ /		^
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	. .		
·	/ g		├
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7.		
TOTIII 1096-07	7 n	5.7 73	W
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	2.2		12%
			х
3 , 3 ,	l °		
	****	<u> </u>	
	9 a		Х
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
Section 501(c)(7) organizations. Enter			·
a Initiation fees and capital contributions included on Part VIII, line 12			≱ 2 di
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7.33		37.4.4
Section 501(c)(12) organizations. Enter	1	3/4/3	, "
1 1		₹.	7
		,	٠,
		1	1.
,	120		<u> </u>
			ļ
,	-1	ľ •*	2
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-3-2-	<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O		ž »	
b Enter the amount of reserves the organization is required to maintain by the states in	l ž	, .	🔻
			I "'
which the organization is licensed to issue qualified health plans	103		*
		\. \.	
which the organization is licensed to issue qualified health plans	14a	*."	X
	The contract of the contract o	Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	It My Statements Regarding Other IRS Fillings and Tax Compilance Check if Schedule O contains a response or note to any line in this Parl V The Check if Schedule O contains a response or note to any line in this Parl V The Check if Schedule O contains a response or note to any line in this Parl V The Check if Schedule O contains a response or note to any line in this Parl V The Check if Schedule O contains a response or note to any line in this Parl V The Check if Schedule O contains a response or note to any line in this Parl V The Check if Schedule O contains a response or note to any line in the Schedule O contains a response or the Check in the Chec

Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v, and	l för	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1 4	a Enter the number of voting members of the governing body at the end of the tax year			
1	b Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2		2	<u>** . *</u>	<u> </u>
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		x
4	Did the organization make any significant changes to its governing documents	-		^
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 8	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	À.	* *	
8	a The governing body?	8a	X	
ı	b Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10a		Х
ı	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?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
1	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		ı i	S
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	X	_
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?	2-13	r Serii	1,42 (SOC) 1,42 (SOC)
á	a The organization's CEO, Executive Director, or top management official	15a	X	.40.73
	b Other officers of key employees of the organization	15 b	X	
				V
16 8	a 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		X
ı	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	%	***
Sec	ction C. Disclosure	IOD		
17				
18		for pu	blic	
	Own website X Upon request Other (explain in Schedule O)			
19	the public during the tax year.			
20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BAA	JOHN J. GLADE II 208 PLEASANT STREET BENNINGTON VT 05201 (80	2) 4	47-0	0111

orm 990 (20	13) The	Tutorial	Center

03-0233583

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

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

- 1 a 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 r	nor any rela	ated o	rgan	ızatı	on c	ompe	nsate	ed any current officer, o	director, or trustee	
	(C)									
(A) Name and Title	(B) Average hours per week (list	one bo	x, unl	ess po d a dii	erson	more that is both r/trustee	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
.	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JOHN J : GLADE	35.00									
EXEC DIRECTOR		Х						71,240.	0.	29,284.
(2) DIANE MORRISSEY	0.00									
PRESIDENT				X				0.	0.	0.
(3) GUDRON HUTCHINS	0.00									
VICE PRÈSIDENT				Х				0.	0.	0.
_(4)_KATHERINE_TRAVER	0.00									
TREASURER				Х				0.	0.	0.
(5)_B.JWOODARD	_0.00							_	_	
SECRETARY			Ш	Х				0.	0.	0.
(6) SHARON SHEA-KENALLY	_0.00									•
DIRECTOR				Х				0.	0.	0.
(7) LUCILLE LEAMON	0.00									•
DIRECTOR	0 00			Х				0.	0.	0.
(8) LISA HARRINGTON-REDDING DIRECTOR	_0.00			х				0.	0.	0.
(9) ERIC CARON	0.00		-	^						
DIRECTOR				x				0.	0.	0.
(10) LON MCCLINTOCK	0.00		\vdash						•	•
DIRECTOR				х				0.	0.	0.
(11) JENNIFER UFNAR	0.00									
DIRECTOR	1			х				0.	0.	0.
(12)										
<u>(13)</u>										
<u>(14)</u>										·
	l	l	1			l				

	(B)	l	LII		oye C)	es,	and	a nignest con	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per week	box	, unle	heck ss pe nd a c	rson directo	than or	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	ormer	ine organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(15)		<u> </u>		_					<u> </u>	
(16)	 	 								
(17)										
(18)										
(19)										<u></u>
(20)										
(21)										
(22)		<u> </u>								
(23)		 								
(24)										
(25)									· · · · · · ·	
1 b Sub-total		• • •	٠.		٠.		•	71,240.	0.	29,284.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	71,240.	0.	29,284.
from the organization	10 111036	iistee	abc	,,,,	WIIC	1666	IVEC	inore man proo,c	oo or reportable cor	npensation
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc										Yes No
For any individual listed on line 1a, is the sum of report the organization and related organizations greater this such individual	ortable co an \$150,	ompe 000?	nsat If 'Y	ion . 'es'	and com	other <i>plete</i>	cor Sch	mpensation from nedule J for		#3 % # ** 7 ** 7 ** 7 ** 7 ** 7 ** 7 ** 7
 5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co 	mpensat	ion fr	om a	any	unre	lated	org	anization or individ	lual	. 4 X
Section B. Independent Contractors								·		., 0 12
Complete this table for your five highest compensate compensation from the organization. Report compensation.	d indepe sation fo	nden r the	t cor cale	ntrac nda	ctors r yea	that ar end	rece ding	eived more than \$1 with or within the	00,000 of organization's tax ye	ar
(A) Name and business addres	ss	_						Description o		(C) Compensation
			-							
Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not lim	nited	to th	ose	liste	ed abo	ove)) who received mor	re than	ş

Form	990	(2013) The Tuto:	rial Ce	ente	r						03-	-0233	583			Pag	e 9
Par	t VI	II Statement of Re	venue														_
		Check if Schedule O	contains a i	respor	nse or note to any lir	e in this F	Part VIII			<i>.</i> .					<u></u>		Ц
	F. sin		** ***				A) evenue		(B) Related exem function	d or pt on	b	(C) Inrelated usiness revenue			nder s	nue from ta ections	
T	1 0	Federated campaigns .		1 a		%	4	- 130	reven	iue ***/		Kr ý	//× · · ·	,	512-	514	
		Membership dues	-	1 b		% &2) 2	3		3		, (3		2		\$
중		Fundraising events		1 c	 ,	~~		# ·-	N #4 /	·×** .	mys *	× 3. %			A.	~X.	
R S		Related organizations	- t	1 d		*	*		ś						Ma.	.480	
ੂ≅ੂ		Government grants (contributi	- H	1 e	442,525.	*	3,	*	1	¥		A 24	i 1	ľ	*	Mar.	1
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, gismilar amounts not included a	rants, and	1f	14,702.	<u>,</u>		Ť	¢ 6				`		æ	*	,,
풀의	g	Noncash contributions include	ed in lines 1a	11 \$			· ·	<u>.</u>		, 4		· .		27	*		ד
3 ਵ	h	Total. Add lines 1a-1f .				45	7,227									*	
3					Business Code		<u> </u>				187	<u> </u>	· · ·	200	<u> </u>	<u> </u>	<u> A</u>
2	2 a	Fees for Sevice	es		611710	55	<u>8,132</u>	•	558	<u>,132.</u>			0.				0.
뜻	t	°						-						-			
Ž	C		. – – – –								<u> </u>			\vdash			
25	0	' 															
W.	f	All other program service						_			ļ			┢			—
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f		L		5.5	8,132	. 3		~`~				\vdash			_
	3	Investment income (incluother similar amounts) . Income-from investment	uding divide	ends,	interest and		4,071			,071.			0.			(0.
	5	Royalties		-	·			+		•							
	•		(ı) Re		(II) Personal		ξ ~	· ·	**	•	1000	* *			₩.	*	20 904
	6 a	Gross rents				/ <u>A</u>		Ş		A.			W .		¥.	Mere.	. 8
	t	Less rental expenses				*44 1		3		3			,		·	₹ .	- #
		Rental income or (loss)							<u>k: 48</u> 9	<u> </u>		<u> Ar è</u>	<u> A.</u> .	<u> </u>		<u> </u>	, .
	d	Net rental income or (los														2.130	<u> </u>
	7 a	Gross amount from sales of assets other than inventory	(ı) Secur	ities	(II) Other					riti		en et e	*				
		Less cost or other basis and sales expenses							i. Ye sa De			* · · · · · · · · · · · · · · · · · · ·			18	*** ****	
		Gain or (loss) · · · · · · · · · · · · · · · · · ·				<u>~</u>				" <i>4.9</i> "	 			ļ			
OTHER REVENUE		Gross income from fund (not including: \$				- % : ×1	****		* \$8		7					ÿ	
E.E.		of contributions reported	on line 1c)		· 71 /3	. 🛚 '			ž							3
2		See Part IV, line 18			a		٠	ýs.	余	*	j,	ĸ		g	25.	.38	
E	t	Less direct expenses .			ь				49°	ţ ·	_			5	<i>#</i>	-4 M	- 10
3	C	Net income or (loss) from	m fundraisi	ng eve	en <u>ts ▶</u>		······							ļ			
		Gross income from gam See Part IV, line 19			а		<i>i</i> ,	,		4		ž			~		
		Less direct expenses .			b			_		······································	<u> </u>			.			
		Net income or (loss) from			es ⊳						ļ			_			
		a Gross sales of inventory and allowances			a		₹ĝ	* 3	*		é				À	,	**
		Less cost of goods soldNet income or (loss) fror			bl						 			ļ			
	<u> </u>	Miscellaneous Reven		nivent	Business Code	<u> </u>		+-			<u> </u>						
	11 8	Misc Income			900099		3,421	-	· ·	.421.	<u> </u>		0.	1			0 -

d All other revenue . . . e Total. Add lines 11a-11d . .

12 Total revenue. See instructions

585,624.

0.

Part IX | Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, 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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,524.	90,471.	10,053.	0.
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	Other salaries and wages	533,334.	521,815.	11,519.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	32,153.	31,028.	1,125.	0.
10	Payroll taxes	60,776.	52,696.	8,080.	0.
11	Fees for services (non-employees)				
а	Management				
t	Legal				
c	Accounting				
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17		·	~" \ \ \ \ \ \ \ \	
	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	20,364.	14,675.	5,689.	0.
13	Office expenses				
14	Information technology				·
15	Royalties				
16	Occupancy	59,385.	54,542.	4,843.	0.
17	Travel	18,592.	17,605.	987.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			_	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,897.	6,354.	4,543.	0.
23	Insurance	9,473.	9,395.	78.	0.
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)	» <u>~</u>	1 - 1 - 2 3 3 %		*
	Postage & Printing	5,410.	2,222.	3,188.	0.
	Supplies & Books	39,039.	32,329.	6,710.	
	Telephone	12,396.	10,197.	2,199.	0.
	Professional_Fees	30,614.	20,217.	10,397.	0.
	All other expenses	22,981.	13,025.	9,956.	0.
25	Total functional expenses. Add lines 1 through 24e	955,938.	876,571.	79,367.	0.
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).				

		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	570,124.	2	609,395.
	3	Pledges and grants receivable, net	0.	3	0.
Ì	4	Accounts receivable, net	82,845.	4	88,478.
	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	Property N	*	
A	_	Notes and loans receivable, net		6	
ASSETS	7			7	
Ě	8	Inventories for sale or use		8	
ś	9	Prepaid expenses and deferred charges	2,185.	9	2,185.
	10a	Land, buildings, and equipment cost or other basis	* * *		,
		Complete Part VI of Schedule D 10a 235,986.			in the same in the same of the
	b	Less accumulated depreciation	29,780.	10 c	79,879.
	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	7,852.	15	6,992.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	693,086.	16	787,229.
寸	17	Accounts payable and accrued expenses	39,009.	17	46,239.
	18	Grants payable	3370031	18	.072931
	19	Deferred revenue		19	
.	20	Tax-exempt bond liabilities		20	
Ĭ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
A B I L I T	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	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
S	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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	39,009.	26	46,239.
ZET		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets	645,611.	27	555,642.
ASSETS	28	Temporarily restricted net assets	8,466.	28	185,348.
	29	Permanently restricted net assets		29	
P F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	. , *		\$
FUZD	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds		32	
B41420mの	33	Total net assets or fund balances	654,077.	33	740,990.
Ę	34	Total liabilities and net assets/fund balances	693,086.	34	787,229.
<u> </u>	J4	. Osa nacimico ana noi accionana catanoca	093,000.	_ 	101,229.

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Form 990 (2013)

orn	n 990 (20	13)	The	Tut	oria	al C	ente	r									03	-023	3583	٠	Pa	ıge 12
Pai	rt XI F	leco	ncilia	ition	of No	et A	ssets														,	
	C	heck	if Sche	dule C) conta	ains a	a respor	nse or n	ote t	o any line	ın th	ııs Part XI.							<u>.</u>			. []
1	Total re	venue	(must	equal	Part V	/III, co	olumn (A), line	12)									1			42,8	
2	Total ex	pense	s (mus	st equa	al Part	IX, c	olumn (A), line	25)									2			55,9	
3	Revenu	e less	expen	ses S	ubtrac	t line	2 from	line 1 .										3			86,9	13.
4	Net ass	ets or '	fund b	alance	s at bo	eginn	ing of y	ear (mu	ıst ed	qual Part	X, line	e 33, colur	nn (A	٠))				4		6	54,0	77.
5	Net unre	alizec	d gains	(losse	es) on	inves	tments											5				
6	Donated	d servi	ces an	d use	of facı	lities												6				
7	Investm	ent ex	pense	s												<i>.</i>		7				
8	Prior pe	riod ac	djustm	ents .														8				
9	Other cl	nanges	s ın ne	t asset	ts or fu	and b	alances	(explai	ın ın	Schedule	O) .					<i>.</i>		9				
10	Net ass	ets or	fund b	alance	s at er	nd of	year C	ombine	line	s 3 throug	h 9 (must equa	l Part	t X, line 3	33,							
											• • •	<u></u>	• •		• •	• • •		10	<u> </u>		40,9	90.
Pai	rt XII F	·ınan	cial	state	men	ts a	nd Re	portir	ng													
	C	heck	if Sche	dule C) conta	aıns a	a respor	nse or n	ote t	o any line	ın th	ııs Part XII										. П
																					Yes	No
1	Account	ing mo	ethod :	used to	prepa	are th	ne Form	990	Γ	Cash	<u> </u>	Accrual		Other							1. (3	0,38
	If the or	naniza	ition ch	nanne/	d ite m	othoc	l of acc	ountina	from		oor o	r checked	'Otho	r'avolar	_					. 55>	, - Å.	,
	in Sche	Jule O)	angec	, 113 III	CITIOC	i oi acc	ounting	11011	ia piloi yi	cai U	CHECKEU	Othe	п, ехріаі	111), (7.0
2 8	a Were th	e orga	ınızatıd	n's fin	ancial	state	ments	compile	d or	reviewed	by ar	n independ	lent a	accountar	nt?.					2a		Х
	If 'Yes,' separat							r the fin	ancı	al stateme	ents f	for the yea	r wer	e compile	ed o	r revie	wed on	a		*		
	∏ s	eparate	e bası	3	Псс	nsol	dated b	asis		Both co	nsolic	dated and	sepai	rate basis	s							
	ட h Were th	e orga	nızatıc	on's fin	ancial.	state	ments.	audited	bv a	_		accountar	•							2 b	х	
•	· -	_							•	•		for the year										,
	basis, c	onsolic	dated I	oasis,	o <u>r b</u> oth	1	***************************************		141101			ioi illo you	*****	o addition	2 011	а зорі	arate				1.4.5	3
	S	eparat	te bası	s	Co	onsoli	dated b	oasis	Γ	Both co	nsoli	dated and	sepa	rate basi	s						30.3	
	c If 'Yes' t	o line	2a or 2	2b, do∈	es the	orgar	nızatıon	have a	com	_ imittee tha	at ass	sumes resp	onsil	bility for o	over	siaht d	f the au	dıt.				
	review,	or com	npilatio	n of its	s finan	ciăl s	tateme	nts and	sele	ction of ar	n ınde	ependent a	ccou	intant? .		·				2 c	Х	
	If the or	ganıza dule O	ition ch	nanged	1 eithe	r its c	oversigh	nt proce	SS OI	selection	proc	cess during	the 1	tax year,	exp	olaın				Ğ,		¥
3 8												an audit o			t for	th in th	ne Single	•				,,
						_												• • •		3 a		X
ı	-		_			•						organizatio			_		•					
	or audit	s, expl	ain wh	y in So	nedul	ie O a	and des	cribe ar	ny ste	eps taken	to ur	ndergo suc	h auc	dits						3 b		

Form **990** (2013)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public inspection

Name of the organization Employer identification number The Tutorial Center 03-0233583 Part: | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vI). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III - Non-functionally integrated Type II d Type I С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g(i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (ili) Provide the following information about the supported organization(s) h (II) EIN (vii) Amount of monetary (iv) is the (v) Did you notify (vi) Is the (i) Name of supported (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) organization in olumn (I) listed in e organization in olumn (i) of your support? organization in column (i) organized in the organization support your governing Yes No Yes Yes No No (A) (B) (C) (D) (E) 77 A

37.4

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	_					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	457,771.	324,325.	364,890.	331,355.	457,227.	1,935,568.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	457,771.	324,325.	364,890.	331,355.	457,227.	1,935,568.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				,38 1		
6	Public support. Subtract line 5 from line 4						1,935,568.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning ln) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	457,771.	324,325.	364,890.	331,355.	457,227.	1,935,568.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,633.	27,529.	438.	25,102.	24,071.	79,773.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			~ ************************************			2,015,341.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 2013		•				96.04%
15	Public support percentage from 20	12 Schedule A, Pa	art II, line 14	• • • • • • • • • •		15	96.68 %
16 a	33-1/3% support test — 2013. If the and stop here. The organization of						
b	33-1/3% support test — 2012. If the and stop here. The organization of	ne organization did qualifies as a public	I not check a box of cly supported organ	n line 13 or 16a, a nization	ind line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part IV how	_
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-o	eets the 'facts-and- circumstances' tes	circumstances' tes t The organization	t, check this box a qualifies as a pub	ind stop here . Exp licly supported org	lain in Part IV how anization	the ▶
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1 			
					0.1	adula A (Farm 000	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	tion A. Public Support							
	dar year (or fiscal yr beginning in) Sifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b			·				
8	Public support (Subtract line 7c from line 6)	4.23	34) W	4.0				
<u>Sec</u>	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
11	Add lines 10a and 10b					<u> </u>		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					·		
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 organization, check this box and s	s for the organization	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3))	▶ 🏻
Sec	tion C. Computation of Pu	blic Support F	Percentage					
15	Public support percentage for 201	3 (line 8, column (f) divided by line 1	3, column (f))			15	8
16	Public support percentage from 20	012 Schedule A, Pa	art III, line 15				16	- %
Sec	tion D. Computation of Inv	estment Inco	me Percentag	е				
17	Investment income percentage for	2013 (line 10c, co	lumn (f) divided b	y line 13, column (f))		17	8
18	Investment income percentage from	om 2012 Schedule	A, Part III, line 17				18	ક
19 a	33-1/3% support tests - 2013. If	f the organization d	lid not check the b	ox on line 14. and	line 15 is more that	n 33-1/3%. a	nd line	17
	is not more than 33-1/3%, check t	his box and stop h	i ere . The organiza	tion qualifies as a	publicly supported	organization		▶ []
	33-1/3% support tests — 2012. If fine 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganızatıon qualifie	es as a publicly sup	ported organ	iization	▶ [_]
	Private foundation. If the organiz	ation did not check	(a box on line 14,	19a, or 19b, checl	k this box and see i	nstructions.		▶

Schedule A	(Form 990 or 990-EZ) 2013	The Tutorial	Center	03-0233583 Page	4
Part IV	Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Provide the e 12. Also complete	explanations required by Part II, line 10 this part for any additional information.	; Part II, line 17a	
-					-
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization The Tutorial Center 03-0233583 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) . . . Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring

<u> </u>	ter Conservation Easements.	
	Complete if the organization answered 'Yes' to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	all that apply)
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization hold a qualified conserv	vation contribution in the form of a concentation engagement on the

Impermissible private benefit?

- last day of the tax year Held at the End of the Tax Year 2 a a Total number of conservation easements
- 2 b c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

	Tutorial				33583 '		Page
Part III Organizations Mainta	ining Colle	ctions of Art, Hist	orical Treasures, c	or Other Similar As	sets (c	ontinu	red)
Using the organization's acquisition items (check all that apply)	n, accession, a	nd other records, check	any of the following that	t are a significant use of	its collect	tion	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other	- · ·				
c Preservation for future general	tions						
4 Provide a description of the organi		ions and explain how the	ev further the organization	on's exempt purpose in			
Part XIII 5 During the year, did the organization			-				
to be sold to raise funds rather tha	n to be maıntaı	ned as part of the organ	nization's collection?			- 1	No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangem mount on Fo	nents. Complete if to orm 990, Part X, lin	the organization and e 21.	swered 'Yes' to Forr	n 990, I	⊃art IV	·,
1 a Is the organization an agent, trusted on Form 990, Part X?				ssets not included	. Yes	. [No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the following to	able				
					Amoun	t	
c Beginning balance							
d Additions during the year				[1d]			
e Distributions during the year							
f Ending balance				1f			
2 a Did the organization include an arr	ount on Form	990, Part X, line 21? .			. Yes	,	No
b If 'Yes,' explain the arrangement in	Part XIII Che	ck here if the explantion	has been provided in Pa	art XIII		[
Part V Endowment Funds. C	omplete if the	he organization and	swered 'Yes' to Forn	n 990, Part IV, line	10.		
	(a) Current y	/ear (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e)	Four years	s back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships					_		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current v	ear end balance (line 1	g. column (a)) held as	•	- :		
a Board designated or quasi-endowi		·	, ,				
b Permanent endowment ►							
c Temporarily restricted endowment	<u> </u>	8					
The percentages in lines 2a, 2b, a							
3 a Are there endowment funds not in		•	t are held and administe	red for the			1
organization by					<u> </u>	Yes	No
(i) unrelated organizations					3a(i)	<u> </u>	-
(II) related organizations							1
b If 'Yes' to 3a(II), are the related org		•			· . 3b		
4 Describe in Part XIII the intended i		· · · · · · · · · · · · · · · · · · ·	funds				
Part VI Land, Buildings, and Complete if the organization			990 Part IV line 11	a See Form 990 F	Part X li	ine 10	
			· · · · · · · · · · · · · · · · · · ·	-			
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a)	Book va	uue
1 a Land							
b Buildings							

c Leasehold improvements

d Equipment

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

. ► 79,879. Schedule **D** (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valu	ation Cos	t or end-o	f-year mar	ket value
1) Financial derivatives								
2) Closely-held equity interests				•				
B) Other			-					
<u> </u>	, , _							
<u> </u>								
		1						
 G)								
					•			
(I)		1						
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		- 180°	3.1	*	*	,,		
Part VIII Investments - Program Related.					_			
Complete if the organization answered '								
(a) Description of investment type	(b) Book value	(c) Me	ethod of v	/aluati	on Cost	or end-	of-year n	narket value
(1)		ļ						
(2)								
(3)								
(4)								
(5)				_				
(6)				_				
(7)								
(8)								
(9)								
(10)					· (3)			
	scription	art IV, II	ne 11a	. See	Form	990, F		ne 15. Book value
(1)								
(3)								
(4)								_
(5)								
(6)								
(7)								
(8)								
(9)			-					
(10)								
otal. (Column (b) must equal Form 990, Part X, column (B),	line 15)					►		
· · · · · · · · · · · · · · · · · · ·								
Part X Other Liabilities.								
Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1		See Forr	n 990,	Part X,	line 25	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability			See Forr	n 990,	Part X,	line 25		2
Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line 1		See Forr	n 990,	Part X,	line 25	*	· ·
Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2)	orm 990, Part IV, line 1		See Forr	n 990,	Part X,	line 25	*	· · · · · · · · · · · · · · · · · · ·
Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3)	orm 990, Part IV, line 1		See Forr	n 990,	Part X,	line 25	*	ê.
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 1		See Forn	n 990,	Part X,	line 25		* ,
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 1		See Forr	m 990,	Part X,	line 25	*	2 .
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 1		See Forr	n 990,	Part X,	line 25	*	÷ .
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 1		See Forr	m 990 <u>,</u>	Part X,	line 25	*	÷ .
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 1		See Form	m 990,	Part X,	line 25		÷ .
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 1		See Form	m 990,	Part X,	line 25		÷ .
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 1		See Form	m 990,	Part X,	line 25		*
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 1 (b) Book value	1e or 11f.	See Form	m 990,	Part X,	line 25	4 99	÷
Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line 1 (b) Book value	1e or 11f.		у».	*			* * Certain

Complete if the organization answered Yes to Form 990, Part IV, line 12a.		<u> </u>	83 rage
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 b 2 b 2 c		leturn.	•
2 a Net unrealized gains on meet that not on Form 990, Part VIII, line 12 a Net unrealized gains on meetiments b Doneted services and use of lacitides c Recoveres of prory year grants c Ce d Other (Describe in Part XIII) e Add lines 2 at through 2d 3 1, 042, 851. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 17b. 4 Amounts included on Form 990, Part VIII, line 17b. 4 Amounts included on Form 990, Part VIII, line 17b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 955, 938. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of tachiles. 2 b Pror year adjustments. 2 b Cother losses 2 c Cother losses 2 c Cother losses 3 c Cother losses 4 c Cother losses 4 c Cother losses 5 c Cother losses 6 c Other (Describe in Part XIII) 6 c Add lines 2 at through 2d 7 c Add lines 4 and 4b 7 c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 16) 8 9 9 5 5, 9 38. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 25, and 9, Part II, lines 15 and 4, Part IV, lines 15 and 2b, Part V, lines 26 and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information into 4, Part X, line 2, Part X, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information into 4, Part X, line 2, Part X, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.			
a Net unrealized gains on investments	· · · · · · · · · · · · · · · · · · ·	. 1	1,042,851.
b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2e 3 Subtract Ince 2e from line 1 3 1,042,851. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a linvestment expenses not noticuded on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII) c Add lines 4a and 4b for Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 1,042,851. Part XIII' Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 1 955,938. 2 Amounts included on line 1 but not on Form 990, Part IV, line 2 a Donated services and use of facilities. 2 b Prior year adjustments. 2 b Cother (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 955,938. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a linvestment expenses not included on Form 990, Part IV, line 7b. b Other (Describe in Part XIII) 5 C Add lines 4 and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 7b. C Add lines 4 and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 7b. C Add lines 4 and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 16) Provide the descriptions required for Part III, lines 2d and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part III, lines 2d and 4b. Also complete this part to provide any additional information line 4. Part X, line 2, Part X, line 3, Part X, line 3, Part X,			
c Recoveries of prior year grants d O'ther (Describe in Part XIII) 2 ad 3 Subtract line 2e from line 1 3 1,042,851. 4 A mounts included on Form 990, Part VIII, line 7b. 4 B D O'ther (Describe in Part XIII) 5 O'ther (Describe in Part XIII) 6 O'ther (Describe in Part XIII) 7 C Add lines 4a and 4b 7 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 7 E Total expenses and losses per audited financial statements. 8 C Amounts included on line 1 but not on Form 990, Part I, line 12. 9 E Total expenses and losses per audited financial statements. 1 1 Total expenses and losses per audited financial statements. 1 2 Part XIII 9 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 955,938. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25 a Donated services and use of facilities. 2 b Prior year adjustments. 2 c D Chler (Describe in Part XIII) 2 c Add lines 2 at through 2d 2 c C S Subtract line 2e from line 1 3 955,938. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b. 4 A B Subtract line 2e from line 1 4 A Prior IV in the 2 Subtract line 2e from line 1 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 955,938. Part XIII Supplemental II Information. Provide the descriptions required for Part II, lines 2d and 4b Also complete this part to provide any additional information line 4, Part X, line 2, Part XI, line 2 d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	a Net unrealized gains on investments		
d Other (Describe in Part XIII) 2 e Add lines 2a through 2d 2 3 Subtract line 2e from line 1 3 1,042,851. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a linvestment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII) 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 1,042,851. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . 1 955,938. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25 a Denated services and use of facilities . 2 b Prior year adjustments . 2b 2c 4 Other (Describe in Part XIII) 2 2d 2c 4 Other (Describe in Part XIII) 2 2d 2e 4 Amounts included on Form 990, Part IV, line 7b . 4a 4 Amounts included on Form 990, Part IV, line 7b . 4a 4 Amounts included on Form 990, Part IV, line 7b . 4a 4a 4b 4c 5 Total expenses not included on Form 990, Part VII, line 7b . 4a 4a 4b 4c 5 Total expenses had lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 5 955,938. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, lines 2 d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	b Donated services and use of facilities		
e Add lines 2a through 2d	c Recoveries of prior year grants		
3 Subtract line 2e from line 1	d Other (Describe in Part XIII)		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fairt XIII' Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 b Prior year adjustments. 2 c d Other (Describe in Part XIII) 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 3 955,938. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. 4 B 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Fairt XIII Supplemental Information. Fairt XIII Incesses 1 Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) Fairt XIII Supplemental Information.	e Add lines 2a through 2d	. 2e	
a investment expenses not included on Form 990, Part VIII, line 7b. 4a	3 Subtract line 2e from line 1	. 3	1,042,851.
b Other (Describe in Part XIII)	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b 5 Total revenue dal lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 1,042,851. Part XIII Supplemental Information. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on ine 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 b prior year adjustments c Other losses d Other (Describe in Part XIII) 2 e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 955,938. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVI, line 7b. 4 Other (Describe in Part XIII) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 2, Part X, line 2, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	a Investment expenses not included on Form 990, Part VIII, line 7b 4a	.1	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 1,042,851. Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 1 955,938. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 a b Prior year adjustments. 2 ab prior year adjustments. 2 c d) Other (Describe in Part XIII) 2 e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b. 4 C Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 16) 5 955,938. Part XIII Supplemental Information. Provide the descriptions required for Part III, lines 25 and 4b Also complete this part to provide any additional information.	b Other (Describe in Part XIII)		
Părt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements.	c Add lines 4a and 4b	. 4c	
Părt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements.	5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	1,042,851.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities. 2 b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 955, 938. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 955, 938. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 25, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information			<u> </u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b Also complete this part to provide any additional information			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b Also complete this part to provide any additional information	1 Total expenses and losses per audited financial statements	1	955,938.
b Prior year adjustments			
b Prior year adjustments	a Donated services and use of facilities		
c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.		- 4.	
d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 955,938. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 955,938. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		-	
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information			
3 Subtract line 2e from line 1	<u> </u>	2e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b	· · · · · · · · · · · · · · · · · · ·	-	055 038
a Investment expenses not included on Form 990, Part VIII, line 7b		1 3	933,930.
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information			
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	c Add lines 4a and 4b	4 c	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	955,938.
	Part XIII Supplemental Information.		
Schedule D (Form 990) 2013	Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part to part		ntion
CONCOUNT OF CONTRACT OF CONTRA	BAA	Schedule	D (Form 990) 2013

Schedule D	Form 990) 2013	The Tutorial	Center			03-0233583	Page 5
Part XIII	Supplemental	Information (co.	ntınued)		•		
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, Ilne 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, Ilne 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2013

Open to Public inspection

Department of the Treasury Internal Revenue Service

The Tutorial Center

Employer identification number

03-0233583

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

4	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected?
1		person and organization		Yes	No
(1)			-		
(2)					
(3)					
(4)					
(5)					
(6) 2 Er	nter the amount of tax incurred by the	ne organization managers or disqualified persons	s during the year under		

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organi	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?	(h) App by boa commi	rd or	(I) Wri agreen	itten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1)						-						
(2)												
(3)												
(4)												
(5)												
(6)												
(7)							I					
(8)												
(9)												
(10)												
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Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			_		
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

(1) Web Design Central Director Spouse 19,449. Web Design Contract (2) (3) (4) (5) (6) (7) (8) (9) (10) Part: V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).	(e) Sharing organization revenue: Yes				(b) Relationship between interested person and the organization	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information						
(3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information		Contract	Web Design Contract	19,449.	Director Spouse	(1) Web Design Central
(4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information						
(5) (6) (7) (8) (9) (10) Part V Supplemental Information	_		<u> </u>			
(6) (7) (8) (9) (10) Part V Supplemental Information	-+		 			
(7) (8) (9) (10) Part V Supplemental Information				<u> </u>		
(8) (9) (10) Part V Supplemental Information			<u> </u>			
(9) (10) Part V Supplemental Information			 		<u> </u>	
Part V Supplemental Information						
Provide additional information provide additional information for responses to questions on Schedule L (see instructions).						
Provide additional information for responses to questions on Schedule L (see instructions).]	art V Supplemental Information
			S).	dule L (see instruction	responses to questions on Sched	Provide additional information for
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or 990-EZ.

2013
Open to Public this pection

OMB No 1545-0047

Department of the Freasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its Instructions Is at www.irs.gov/form990.

Name of the organization Employer identification number 03-0233583 The Tutorial Center Pt VI, Line 8a __ Written Minutes are kept on file for all meetings Pt_VI, Line 10b _ Written Minutes are kept on file for all meetings Pt VI, Line 12c Director and Board review activity to monitor for conflict of interest activity Pt VI, Line 15a Compensation is reviewed annually and comparable with similar employees according to VT State Nonprofit survey Reports are distributed to the board, submitted to the towns and available in the office for public inspection Pt VI, Line 11b 990 is reviewed by management and board prior to filing