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## Form

# Short Form Return of Organization Exempt From Income Tax

**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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

2013

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A For the 2013 calendar year, or tax year beginning</b>		<b>January 1</b>		<b>, 2013, and ending</b>		<b>December 31</b>		<b>, 2013</b>	
<b>B Check if applicable:</b>		<b>C Name of organization</b>				<b>D Employer identification number</b>			
<input type="checkbox"/> Address change		<b>Pamoja, Inc.</b>				<b>03-0364230</b>			
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)				Room/suite			
<input type="checkbox"/> Initial return		<b>1462 Green Mountain Turnpike</b>							
<input type="checkbox"/> Terminated		City or town, state or province, country, and ZIP or foreign postal code				<b>E Telephone number</b>			
<input type="checkbox"/> Amended return		<b>Chester, VT 05143</b>				<b>802-299-6974</b>			
<input type="checkbox"/> Application pending						<b>F Group Exemption Number</b> ▶			
<b>G Accounting Method:</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual    Other (specify) ▶ _____				<b>H Check</b> ▶ <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
<b>I Website:</b> ▶ _____									
<b>J Tax-exempt status (check only one) –</b>		<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>K Form of organization:</b>		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____							
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶</b>						<b>\$</b>			

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)</b>
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Check if the organization used Schedule O to respond to any question in this Part I ☒

[illegible]

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 106421

Form **990-EZ** (2013)

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SCANNED APR 07 2014

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	15994	22 18140
23	Land and buildings . . . . .	65	23 65
24	Other assets (describe in Schedule O) . . . . .	10350	24 10350
25	<b>Total assets</b> . . . . .	26409	25 28555
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	11764	26 11764
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	14645	27 16791

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

**What is the organization's primary exempt purpose?** Assist communities in solving social welfare problems

**Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.**

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

**28 Pamoja continued its 12 yr involvement with McKnight Foundation providing consulting services in support of it's East Africa women's opportunities program of grantmaking.**

(Grants \$ 25,887.00) If this amount includes foreign grants, check here . . . ☐

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . ☐

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**30**

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

**31 Other program services (describe in Schedule O)** . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . ► ☐

<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>23,741.00</b>
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**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ Jonathan Otto Telephone no. ▶ 802-299-6974 Located at ▶ 1462 Green Mountain Turnpike, Chester, VT ZIP + 4 ▶ 05143		
<b>b</b> 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

47 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 . . . . .

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000 . . . . . ▶

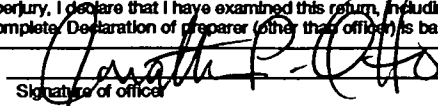
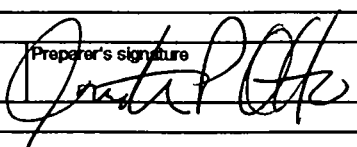
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date <u>MARCH 2014</u>			
	Jonathan Otto, Co-Director Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jonathan Otto	Preparer's signature 	Date <u>03/01/14</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no. ▶	
	Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Pamoja, Inc.

Employer identification number

03-0364230

**Part I 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.)

- 1 ☐ 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).**
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
- e ☐ 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).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above? 

11g(ii)		
---------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		
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- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	737084	778720	450454	61974	25887	2054119
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 <b>Total.</b> Add lines 1 through 3 . . . . .	737084	778720	450454	61974	25887	2054119
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) . . . . .						0
6 <b>Public support.</b> Subtract line 5 from line 4.						2054119

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	737084	778720	450454	61974	25887	2054119
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	49	53	25	1	0	128
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 <b>Total support.</b> Add lines 7 through 10						2054247
12 Gross receipts from related activities, etc. (see instructions) . . . . .						0
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.99 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	99.94 %
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



## Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**Pamoja, Inc.**

Employer identification number

**03-0364230**

**Part I**

**Line 16: Bank charges \$641.46**

**Part II**

**Line 24: Long Term Land Lease \$10,350.**

**Line 26: 2012 Payable of \$11,764 to Jonathan Otto**

**Part IV**

**Compensation is for consulting work paid as a 1099 and not compensation for work as a director of Pamoja**

## AGREEMENT

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between SARASOTA VILLAGE GARDENS CONDOMINIUM ASSOCIATION, INC., a Florida not-for-profit corporation (hereafter "SARASOTA VILLAGE GARDENS") and \_\_\_\_\_, an individual (hereinafter "Unit Owner").

WHEREAS, \_\_\_\_\_ is the owner of Unit \_\_\_\_\_ in Village Gardens, a Condominium, Sarasota, Sarasota County, Florida; and

WHEREAS, Unit Owner has requested permission from the Board of Directors of SARASOTA VILLAGE GARDENS to install a [patio/walkway]; and

WHEREAS, SARASOTA VILLAGE GARDENS has agreed to approve such request subject to the certain terms and conditions contained herein.

NOW, THEREFORE, in consideration of \$10.00 and other consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. SARASOTA VILLAGE GARDENS hereby gives its permission for Unit Owner to alter or add to the common element by installing a [patio/walkway], all of which shall be installed and constructed as approved by the Board of Directors of the Association in accordance with its adopted standard. In the event the Board of Directors determines, in a reasonable manner, that the installation and construction of the above item requires adjustment in order to keep the alteration or addition in harmony with the existing landscaping and structure, then Unit Owner shall promptly make such change.
2. Unit Owner agrees that all expenses related to the installation, maintenance, repair, replacement or removal as may be necessary on or to the alterations or additions shall be the Unit Owner's responsibility, including but not limited to the removal or replacement of irrigation sprinklers and lines. All maintenance, repair and replacement shall be promptly performed in a reasonable manner and without unnecessary disturbance to other unit owners. If the Unit Owner fails to properly maintain, repair and/or replace the alterations or additions in a prompt and reasonable manner, the Association may perform these duties, without being guilty of a trespass and all charges incurred by the Association shall be collected from the Unit Owner in the form of an assessment or by an action for damages, together with a ten percent (10%) administration fee, and if collection in the form of an assessment is necessary by placement of and foreclosure of a Condominium Claim of Lien. The prevailing party in any collection action or action for damages shall be entitled to recovery of its attorneys' fees and costs.
3. Unit Owner agrees that if removal of the alterations or additions is necessary, in SARASOTA VILLAGE GARDENS' sole but reasonable judgment, for any

reason, including, but not limited to, maintenance and repair of the condominium building or to provide services to the condominium and/or the residents thereof, Unit Owner shall be responsible for removal and replacement of the alterations or additions, at its sole cost and expense, such removal to be within the time provided below.

4. If SARASOTA VILLAGE GARDENS requires that the alterations or additions be removed, SARASOTA VILLAGE GARDENS shall give Unit Owner notice in writing and Unit Owner agrees to have the alterations or additions removed within thirty (30) days of the date of the notice except in the case of an emergency.
5. Any notices required to be sent hereunder shall be personally delivered or sent by U.S. Mail, and, if mailed notices shall be deemed given on the date deposited in the U.S. Mail, postage prepaid and addressed as follows:

If to VILLAGE GARDENS:

Sarasota Village Gardens Condominium  
Association, Inc.  
5098 Village Gardens Drive  
Sarasota, FL 34234

If to Unit Owner:

JONATHAN OTTO  
1462 GR MTN TPKE  
CHESTER VT 05143

Unit Owner agrees to provide SARASOTA VILLAGE GARDENS with written notice of any changes in its address within ten (10) days from the date of the change.

6. In consideration of the approval given herein, Unit Owner agrees to indemnify and hold SARASOTA VILLAGE GARDENS harmless from and against any and all damage to the common element, or any other loss, damage or claims arising out of the installation, maintenance or repair of the alterations or additions, including but not limited to loss or damage suffered to its property as a result of the act or omission of Unit Owner and/or a third party, except when the officers and directors of the Board of Directors of SARASOTA VILLAGE GARDENS have been adjudged guilty of acting with willful misconduct or gross negligence.
7. The alterations or additions installed pursuant to this Agreement shall not be permanent in nature and the Unit Owner agrees that this agreement shall not entitle any Unit Owner, guest or invitee to exclusive use of the common elements.
8. If any litigation occurs between the parties as a result of this agreement or any other document or act required by this agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and all court costs including

reasonable attorney's fees and court costs in any appellate proceedings.

9. The promises contained herein constitute covenants running with the land and shall rule perpetually unless terminated by written agreement by the parties and shall be binding upon all owners of this unit who become owners by acceptance of any deed, grant, devise or mortgage, all grantees, devisees or mortgagees, their heirs, personal representatives, successors and assigns, and all parties claiming by, through or under such persons, agree to be bound by the provisions of this Agreement. Both the burdens imposed and the benefits derived from this Agreement shall run with the unit, as herein defined.
10. In the event that any of the covenants, agreements, terms or provisions contained in this Agreement shall be invalid, illegal or unenforceable in any respect, the validity of the remaining covenants, agreements, terms or provisions contained herein shall be in no way affected, prejudiced or disturbed thereby.
11. Association and Unit Owner agree that all matters relating to this Agreement shall be governed by the laws of the state of Florida and that jurisdiction of any dispute shall lie in Sarasota County, Florida.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals on the day and year first above written.

WITNESSES:

SARASOTA VILLAGE GARDENS  
CONDOMINIUM ASSOCIATION, INC.

\_\_\_\_\_  
Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
As \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_, An Individual

\_\_\_\_\_  
Print Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2010, by \_\_\_\_\_ as \_\_\_\_\_ of Sarasota Village Gardens Condominium Association, Inc., a Florida corporation, on behalf of the corporation. He/She is personally known to me or has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC

sign \_\_\_\_\_  
print \_\_\_\_\_

State of Florida at Large (Seal)

My Commission expires:

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2010, by \_\_\_\_\_, an individual. He/She is personally known to me or has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC

sign \_\_\_\_\_  
print \_\_\_\_\_

State of Florida at Large (Seal)

My Commission expires: