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, 9111	99	-	ì	of Organiz		-] 2013
			1	(c), 527, or 4947(a)(Open to Put
Depa	rtment of	the Treasury		enter Social Secur	-		_		=		Inspection
			dar year, or tax yes		<u>الاحارات المالة للحر</u>		and endi			3	.20 13
			C Name of organization		560+	746					ver Identification numb
	Address	change	Doing Business As	501(1)(5						33	1-1603C
	Name ct	ange		P.O box if mail is not		et address)	Room/s	ulte			ne number
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_		-	F Name and address of			·		140			subordinates? Yes
	-thhire	on benong	Thank and address of	participal officer					-		ss included? Tes
1	Тах-ехе	mpt status.	501(c)(3)	501(c) ()	◀ (Insert no.)	4947(a)(1) or	527				a kst. (see instructions)
J	Website	ابيا ٠٠		ch serv. or				н	(c) Group e	xemption	number ▶
			Corporation Trus	Association	Other >	L Ye	ar of forms	tion	2010	M State	of legal domicile 🗡
Pa	rt I	Summa									····
	1	Briefly des	scribe the organiza	ation's mission or	most signific	ant activities	:				
Š		5000	X II ACTION	excu me	30	(Ir 4					
Activities & Governance	2	Check the	s box ▶ ☐ if the o	roznization discon	itinued its on	erations or d	isoosad	of mo	re than 1	2504 06	ite not assets
300	3		of voting members				isposed			3	3
8	4		if independent voti	-		•	i, line 1b)		4	
tjes	5		ber of individuals							5	
TĘ.	6		ber of volunteers							6	3
٩			lated business rev		-					7a	
	tb	Net unrela	ated business taxa	ble income from F	orm 990-T, I	ine 34 . /.		·	Prior Yea	7b	Current Year
		Contribut	one and avante (D	art VIII line 1h)	1	1/21/1	U I		Prior Yea	<u></u>	
9	8 9		ions and grants (Pa service revenue (Pa		(1/04/1	7				2179.5
Revenue	10	-	nt Income (Part VIII		3. 4. and 7d			=			
œ	11		enue (Part VIII, col			•		,			
	12	Total reve	nue-add lines 8 th	rough 11 (must ec	jual Part VIII,	column (A), li	lne 12)				2277.5
	13		d similar amounts			•					
	14	•	aid to or for memb	•		•	- :				<u></u>
Expenses	15 16a		ther compensation nal fundraising fee		•		5-10)				
된			raising expenses (•	•	,		•			<u> </u>
2	17		enses (Part IX, col		•	le)	. !				22967
		-	enses. Add lines 1:			•	5) .				22 867
	19	Revenue I	ess expenses. Sul	otract line 18 from	line 12 .						-7.2
5 50							ļ	Beginn	ting of Curr	ent Year	End of Year
Belga	20		ets (Part X, line 16)				· ·				22 29.3
Net Asse Fund Bala	21 22		lities (Part X, line 2 s or fund balances	•	from line 20			<u> </u>			77.86.7
_	rt II		ure Block	. Cabilact line 21							T.
_				xamined this return, in	chiding accomp	anvino schedule	e and state	ments	and to the	best of	my knowledge and bell
			te. Declaration of prepa								,
			11. M								
Sig	n	Signa	ture of officer						Date	1.	olsdiy
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			or print name and title				1 ~				Learn .
Pai	-	1	e preparer's name	Prepare	er's signature) ^D	ate		Check	
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	e Onl	v Firm's na	me ▶						Firm's	EIN >	

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om 99	90 (2013)				Page 2
Part		ent of Program Service			
			esponse or note to any line in this P	art III	<u> U</u>
1		be the organization's mission	XECULUE SUMMAYY		
		71. (.) /[C.U. 1253 18	vectorie schooling	•	
	Dal the armon				
2			ficant program services during the ye		□Yes 🖾 No
		nbe these new services on			
3			g, or make significant changes in h	ow it conducts, any program	
	services? .				☐Yes ☐ No
		ribe these changes on Sch			
4			vice accomplishments for each of its		
			 4) organizations are required to reportion each program service reported. 	t the amount of grants and alloc	ations to others,
	are total expe	inces, and revende, if any, i	or each program service reportes.		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	•			, ,	•
			-		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	·····
•••	(0000.	/ (Expenses w	molecular grants of ¢	/ (,
	<u> </u>				
4C	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
4d		n services (Describe in Sch			
	(Expenses \$	including gr	ents of \$) (Revenue	\$)	
4e	Total program	LService expenses			

	0 (2013)		F	Page 3
Part	V Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118		-
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States? 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 former investments valued at \$100,000 or march 18 former investments.	14a		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 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.	14b		
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.	15		<u>/</u>
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)	16		_
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>·</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		5
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	0 (2013)			Page 4
Part	IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	7
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Old the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	36		6
38	Part VI	37		_
	197 Note. All Form 990 filers are required to complete Schedule O	38		_
		FOR	n 99 0	(2013

Form 99	0 (2013)		1	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
18	To the state of th			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
•	reportable gaming (gambling) winnings to prize winners?			 '
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	-	
	Statements, filed for the calendar year ending with or within the year covered by this return	ļ		1 1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		السيد. معر
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
	account)?	4a		
b	If "Yes," enter the name of the foreign country:	i l		
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	·	_
•	organization solicit any contributions that were not tax deductible as chartable contributions? .	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	00		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	7 - Juliani in checco at the made party as a commission and party for goods			}
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			/
	required to file Form 82827	7c		<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year			
ť	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			j
	organization, have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.]
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations, Enter:	li		
a	Initiation fees and capital contributions included on Part VIII, line 12	{		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations, Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		1
8	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.			1
þ	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans		Į	
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Form 99	0 (2013)	·		age 6
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u>L</u> _
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18	li		l
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			- 1
				- 1
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b Old any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
£	any other officer, director, trustee, or key employee?	2		
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	_	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		-
6	Did the organization have members or stockholders?	6		
7a	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?	7a		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
8	The governing body?	8a 8b		
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
****			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b				لِـــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
42	Did the organization have a written whistleblower policy?	13		_
13 14	Did the organization have a written document retention and destruction policy?	14		
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?			
a	The organization's CEO, Executive Director, or top management official	15a	/	
	Other officers or key employees of the organization	15b		_/
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
1 6 a		L]
	with a taxable entity during the year?	16a		_
b				l
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C==41	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure Ust the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5014	c)(3)e	Ontol
	available for public inspection. Indicate how you made these available. Check all that apply.	. 501(حرب	Jy/
	Own website Another's website Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	policy	, and
	financial statements available to the public during the tax year.	•	•	
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	1	
	organization: PROPER DANGERDH SO MEMORIL 90 (HE2780 VI OSLY7			

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Form 990 (201	3)										D 7
	Compensation of Officers, Dir	ectors Ti	nuste	AS.	Ke	νF	mple	VA	es Highest	Compensated	Page 7
	Independent Contractors	-		-		•	•	-		•	, - 5
	Check if Schedule O contains a re										<u> </u>
	Officers, Directors, Trustees, Key te this table for all persons required										a with an within the
organization		i to be list	.eu. n	rabo	,,,	JOIN	hause	1110	n for the cale	noar year enoin	g with or within the
•	of the organization's current office	ers. directo	rs. tn.	ıste	es (whe	ather i	nds	viduals or oroi	anizations), rega	rdless of amount of
compensat	ion. Enter -0- in columns (D), (E), and	(F) if no co	mper	nsatı	ION	was	paid.		_		
	of the organization's current key en										
	e organization's five current highes										
organization	ed reportable compensation (Box 5 n and any related organizations	or Form	VV-2 8	and/	ar i	BOX	7 01	го	m 1099-MISC	or more than	\$100,000 from the
	of the organization's former office	ers. kev er	volan	ees.	. ar	nd h	uahes	t c	ompensated e	mplovees who	received more than
	f reportable compensation from the o									p.oyoooo	Todali Co Trigio India
	l of the organization's former direct, more than \$10,000 of reportable co										tor or trustee of the
	ns in the following order individu										employees; highest
	ed employees; and former such pers									•	()
Check t	his box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
			1			C)					
	(A)	(B)	(do n			ition more	than o	лe	(D)	(E)	(F)
	Name and Title	hours per					is both or/truste		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any	·	-		,			from	related	other
		hours for related	4	퉏	Officer	Xey e	룡	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	CC E	ĝ	•	employee	98 C	. E	(W-2/1099-MISC)	,,	organization
		below dotted (ine)	Individual trustee or director	크		8	ğ				and related organizations
			8	Institutional trustee			Highest compensated employee				_
PE	nas opposit										
(1) DI	nectin of desertions										
(2)	THE MATTHEWS										
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	(A) Name and trile	(B) Average hours per week (list any	box, office	unles r and	Posi eck s per la d	rect	than dis both	ee) Reportable compensation		(E) Reportable compensation from related		am	(F) imated ount of other	
		hours for related organizations below dotted line)		nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizátion (W-2/1099-MK		tro orga and	nensation om the enzation related nuzation	n i
15)	<u> </u>													
16)						-								
17)			-					-						
18)					_						_			
19)														
20)					<u></u>					·	<u> </u>			
21)						-		-		· · · · · · · · · · · · · · · · · · ·)
22)					-			-			_			<u> </u>
23)								-				<u> </u>		
24)											-			
25)				Н		-					 -			
1b c d	Sub-total . Total from continuation sheets to Total (add lines 1b and 1c)		n A	لـــا			•	 ▶ ▶						
2	Total number of individuals (includin reportable compensation from the o		to th	ose	list	ed a			ho received m	ore than \$100	0,000 c	of		
3	Did the organization list any forme employee on line 1a? If "Yes," comp	er officer, direc						mp	oloyee, or high	est compen	sated	3	Yes	No
4	For any individual listed on line 1a, organization and related organization individual		an \$1	50,	000	? #						_		
5	Did any person listed on line 1a receifor services rendered to the organiza	live or accrue co	mpe	nsat	ion	fror				ation or indiv	vidual	<u> </u>		
ectio	on B. Independent Contractors	1001777 793, C	Unipi	010	SCII	900		0/ 3	our person	· · · · · ·	<u></u> -	5	<u> </u>	
1	Complete this table for your five high compensation from the organization year.													ax
	(A) Name and busines	ss address							(B) Description of s	ervices	Co	(C) ompens	ation	

Form 9	990 (201	3)					Page 9
Part	t VIII	Statement of Revenue		-		•	
		Check if Schedule O contains a res	sponse or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at the	1a	Federated campaigns 1a	22828	2			
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
S, E	C	Fundraising events 1c				i	
ig ig	d	Related organizations 1d					}
ž E	8	Government grants (contributions) 1e					}
tio S TS	1	All other contributions, gifts, grants,		1			
₫Ě	l	and similar amounts not included above 11	<u> </u>	l l		1	
Contra and C	9	Noncash contributions included in lines 1a-1f: \$		است		İ	
	h	Total. Add lines 1a-1f		2279.52			
Program Service Revenue	į .		Business Code				
Š	2 a						
e e	b						
Ž	C						
3	d				 		
<u> </u>	е			-			
ğ	' '	All other program service revenue.				<u> </u>	l
	3	Total. Add lines 2a-2f	>			,	
	3	Investment income (including dividend other similar amounts)	jenas, interest,	·			
							
	4	Income from investment of tax-exempt to	ona proceeas				ļ
	5	Royalties	(ii) Personal		·		
	6a	Gross rents	(-) (
1	b	Less rental expenses		l i			
	C	Rental income or (loss)]
	d	A1 A 4 12	<u> </u>				ļ
	7a	Gross amount from sales of ① Secunties	(ii) Other				
		assets other than inventory	 				}
	ь	Less. cost or other basis	 	1			
		and sales expenses .					
	c	Gain or (loss)	<u> </u>	}			
	d		▶				
		3					1
Other Revenue	8a	Gross income from fundraising					
Ž		events (not including \$					l i
æ		of contributions reported on line 1c).					
ē		See Part IV, line 18	1	1			i
5	ь	Less: direct expenses					
•		Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities	1				Ì
		See Part IV, line 19	·	1			
		Less: direct expenses t					
		Net income or (loss) from garning act	ivities >				
	10a	Gross sales of inventory, less					
		returns and allowances		į			
	1	Less cost of goods sold k					
	<u>c</u>	Net income or (loss) from sales of inv Miscellaneous Revenue	•			·	
	40-	MISCERATIOUS HOVETUO	Business Code				ļ.———-J
	11a		-				
	b						
	G	All other revenue			·		
	d	All other revenue					
	12	Total revenue. See instructions.		227.52			<u>-</u>
			· · · · · · ·	40			

	90 (2013)				Page 10
	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must coi				lumn (A).
	Check if Schedule O contains a respor				<i>.</i>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	480.85			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			_	
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
a b	Management				
c	Accounting				
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, fist line 11g expenses on Schedule 0.)	60.			
12	Advertising and promotion	77			
13 14	Office expenses	91.99"			·
15	Information technology				
16	Occupancy	1700 **			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15400			
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .				
23	Other expenses, Itemize expenses not covered				
24	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.)				
a b					
C					
d	İ				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2286.79			
26	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campalgn and fundraising solicitation. Check here if tollowing SOP 98-2 (ASC 958-720)		-		

2	irt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par		<u> , </u>	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	8013.57	1	2279.52
1	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
1	5	Loans and other receivables from current and former officers, directors,			
ı		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5_	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L.		6	
	7	Notes and loans receivable, net		7)
	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment, cost or		-	
1		other basis. Complete Part VI of Schedule D 10a			
1	ь	Less: accumulated depreciation 10b		10c	
١	11	Investments—publicly traded securities		11	
- 1	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
-	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
╝	16	Total assets. Add lines 1 through 15 (must equal line 34)	8013.59	16	2775.52
	17	Accounts payable and accrued expenses	E151.37	17	278677
ı	18	Grants payable		18	
-	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
1	22	Loans and other payables to current and former officers, directors,		1	
		trustees, key employees, highest compensated employees, and			
		disqualified persons Complete Part II of Schedule L		22	
'	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	······
1	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			
1		_	8151.37	25	22 96 .74
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	8131.31	20	CCA
3		complete lines 27 through 29, and lines 33 and 34.			
1	27	Unrestricted net assets		27	
1	28	Temporarily restricted net assets		28	
!	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
. 1	33	Total net assets or fund balances	~137.80	33	
1					

Form 9	90 (2013)			P	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		613	
2	Total expenses (must equal Part IX, column (A), line 25)	2	· R I	51.	39
3	Revenue less expenses. Subtract line 2 from line 1	3		137	. <u>√</u> &0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			~~ ~~	
	33, column (B))	10	- 1	376	<u>, </u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		[]
	If the organization changed its method of accounting from a pnor year or checked "Other," ex	plain i	n	ŀ	
_	Schedule O.		ļ		<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				/_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or		
	reviewed on a separate basis, consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis			-	
D	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were auditi separate basis, consolidated basis, or both:	ed on	a	1	
			- 1	ſ	
c	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
U	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex			┿	_
	Schedule O	piam	"	1	1
39	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	_	-	\vdash
va	the Single Audit Act and OMB Circular A-133?	iorur I	За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· · rao th		+	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3ь		
	, and a second s		50		10013

SCHEDULE A (Form 890 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 890 or Form 890-EZ.

Open to Public

Internal Reven	ue Service	► Information abo	ut Schedule A (F	orin 990	or 990-E2	and its is	struction	s is et ww	v.irs.gov/f	orm990.	Inspection	
	organization	Project		<u> </u>					37		on number 03548	
1	ization is no church, co school des hospital or medical res ospital's na in organizat ection 170(federal, sta in organizati escribed in community in organizati	for Public Cha it a private foundar nvention of church cribed in section a cooperative ho search organization, city, and state ion operated for b)(1)(A)(iv). (Commute, or local gover- ion that normally section 170(b)(1) trust described if ion that normally a activities related	rity Status (ation because thes, or associ 170(b)(1)(A)(ii spital service i on operated in e: the benefit of plete Part II.) mment or gove receives a su (A)(vI). (Comp in section 170 receives: (1) in d to its exemp	All organization of the conjunt a collection of the co	anization or lines 1 f churche ch Sched ation des action with age or uni tal unit de ai part of rt II.) a)(vi). (Cor an 331/s%	through to describe the support of t	11, check ed in section section tal descri- wned or n section ort from a urt II.) upport fro certain e	conly one rtion 170 170(b)(1)(bed in se operated 170(b)(1 a government orm contributed	rt.) See box.) (b)(1)(A)(ii). ction 17 by a go ()(A)(v). nental ur butions, a, and (2)	instruction (b)(1)(A) vernment init or from members no mon	ons.	
and 10 And And And And And And And And And And	equired by to regarizate organizate organizate organizate organizate or the organization, cince Augus ollowing per (iii) below of A family r	the organization a con organized and ion organized arone or more publick the box that is b Type this box, I certify undation manage 9(a)(2). zation received a check this box that 17, 2006, has the control of the cont	ifter June 30, 1 if operated exclude operated excludes supported describes the lift of that the organers and other the organization of the suppondescribed if the suppondescribed in th	1975. Solusively exclusively of organitype of Type III ization than on acceptation acceptation (i) about 1 (i) about 1 (ii) about 1 (iii) about 1 (iii) about 1 (iii) about 1 (iiii) acceptation (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ee section to test for the supporting its not content on from the property or general supporting the supporting its not content on from the supporting its not content on from the supporting its not content of supporting its not content of supporting its not content of supporting its not content of supporting its not content its notation in the supporting its notation in	on 509(a)(or public in benefit describe ing organization) the IRS gift or coor togettion?	2). (Com safety. Si t of, to ; d in sect zation an grated directly or support that it is ontribution her with	plete Pari ee sectio perform I lon 509(a d comple d '' r indirectl ed organ a Type on from a persons	till.) n 509(a)(the funct i)(1) or so te lines 1 Type III-1 y by one izations o I, Type ny of the	(4). tions of, section 50 1 te through Non-function or more described II, or Typ	or to carry out the 19(a)(2). See section gh 11h. Itionally integrated disqualified persons in section 509(a)(1) to III supporting	
n Pi		Ollowing informati		nization res 1-0 action	(tv) is the c		(v) Did y the organ	rou notify nization in of your port?	u notify zation in organization in col. f your (i) organized in the			
		 		 	Yes	No	Yes	No	Yes	No		
(A)				<u> </u>	ļ	 				ļ		
(B)												
(C)												
(D)				-								
(E)												
lotal .	·											

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

Cal. No. 11285F

Schedule A (Form 990 or 990-EZ) 2013

Sched	ule A (Form 990 or 990-EZ) 2013	j					Page 2
Par	(Complete only if you checked t	he box on li	ne 5, 7, or 8 of	Part I or if th	e organizatio	n failed to gus)
800	Part III. If the organization fails t	o qualify un	der the tests lis	sted below, p	lease comple	ete Part III.)	
	tion A. Public Support ndar year (or fiscal year beginning in)	1	71000		1	· · · · · · · · · · · · · · · · · · ·	
1		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		3970"	2140"	861359	77.99.52	16423-11
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		397	2 110 "	<u> इस्ट्र</u> म	274.8	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						,
4	Total. Add lines 1 through 3		3970	2146	301359	2291.12	16 423.11
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)						
6	Public support. Subtract line 5 from line 4.		29700	2140.	801357	2299.12	
	ion B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		3770	Z140°	501351	221914	16.42311
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		3271	7	¥43-51	243	
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		3970	2148	801327	2294	16,473"
12	Gross receipts from related activities, etc.		•		· • • • [12	
13	First five years. If the Form 990 is for the						
Coot	organization, check this box and stop he		<u> </u>		· · · · · ·	· · · · ·	· · • 🕅
14	on C. Computation of Public Suppor Public support percentage for 2013 (line 6			1 column (fl)	— т	14	
15	Public support percentage from 2012 Sch			· · · · ·		15	<u>%</u>
16a	331/a% support test—2013. If the organiz						
	box and stop here. The organization qual	ifies as a put	dicly supported	organization			. > _
b	331/a% support test - 2012. If the organicheck this box and stop here. The organi	ization did n	ot check a box	on line 13 or	16a, and line	15 is 331/a% o	r more.
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts acts-and-circ	-and-circumstan umstances* test	ices" test, che The organiza	ck this box and ition qualifies a	d stop here. E x is a publicly suc	nlain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization are supported organization.	112. If the org	anization did no e "facts-and-cire s-and-circumsta	t check a box cumstances" t	on line 13, 16a test, check this	a, 16b, or 17a, a s box and stop	nd line here. publicly
18	Private foundation. If the organization dicinstructions	l noticheck a	box on line 13.	16a, 16b, 17a,	or 17b, check	this how and se	<u> </u>
						dide A /En- con e	

	ula A (Form 990 or 990-EZ) 2013						Pege
Part		ations Desc	ribed in Sec	tion 509(a)(2)			
	(Complete only if you checked t						der Part II.
	If the organization fails to qualify	under the t	ests listed be	low, please co	omplete Part	<u>ll.)</u>	·
	ion A. Public Support	1					
	ndar 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	1		1	}		
_	received. (Do not include any "unusual grants.")		<u> </u>		<u></u>	<u> </u>	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1 1			ŀ		
	furnished in any activity that is related to the	1 1		ľ	1	ĺ	i
	organization's tax-exempt purpose .		<u> </u>	<u> </u>			
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
	organization's benefit and either paid	} }		J ,)	j
	to or expended on its behalf					i	
5	The value of services or facilities		1	Ţ — — — —			
	furnished by a governmental unit to the		1	į į		į	ł
	organization without charge		1	1		1	ļ
6	Total. Add lines 1 through 5	 	1				
-	Amounts included on lines 1, 2, and 3		 	 			
	received from disqualified persons .						
6	Amounts included on lines 2 and 3		1	 		·	
U	received from other than disqualified	<u> </u>	Ì				
	persons that exceed the greater of \$5,000		ĺ	1 1			
	or 1% of the amount on line 13 for the year		i				
_	The state of the s						
8	Add lines 7a and 7b		 -				
O	line 6)		{	1			'
C46	on B. Total Support		l	<u> </u>		l	
		(-1/0000	T 2010	(-) 0014 T	(0.0040	(10040	€
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		 				
10a			1	!			
	payments received on securities loans, rents,	1	}				
	royalties and income from similar sources .	!					
Ь	*** ***********************************	1				ţ	
	section 511 taxes) from businesses	1	ìii	:	ľ	I	
	acquired after June 30, 1975					l	
C	Add lines 10a and 10b		Ĺ				
11	Net income from unrelated business			ļ		1	
	activities not included in line 10b, whether	1		1	ĺ	ĺ	
	or not the business is regularly carried on	_ [
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets	1 .	ļ J	J	j	j	
	(Explain in Part IV)				1	_ <u>.</u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1 1		i	l	i	
14	First five years. If the Form 990 is for the	organization	's first, second	, third, fourth,	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop her						
ectio	on C. Computation of Public Support						
15	Public support percentage for 2013 (line 8	column fil di	vided by line 13	3, column (fi)		15	%
	Public support percentage from 2012 Sch					16	//
	on D. Computation of Investment Inc					<u> </u>	
	Investment Income percentage for 2013 (ii			line 13 colum	D (f))	17	- N
							%
	Investment income percentage from 2012					18	%
1 9 a	331n% support tests-2013. If the organiz	ation did not	CHECK THE DOX	on ine 14, and	IN 23 CF BRILL	ne than 33'A%	
	17 is not more than 331x3%, check this box a						
Ь	331/a/% support tests - 2012. If the organiza	ition did not ch	neck a box on ii	ne 14 or line 19	a, and line 16	is more than 33	3'a%, and
	line 18 is not more than 331/2%, check this b	ox ano etop n e	are. The ordang	cauon qualmes e	is a publicly su	pported organia	zation 🕨 🔲
20	Private foundation. If the organization did	noticheck a i	oox on line 14,	198, or 196, ch	ieck this dox e	ind see instruc	tions 🕨 🔲

explanations required by Part II, line 10; Part II, line 17a or 17b; and rany additional information. (See instructions).	m 990 or 990-E2) 2013 Supplemental Information. Provide the	art IV
any additional anontration. (See insuductions).	Part III, line 12. Also complete this part it	
	·	
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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.

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

OMB No 1545-0047

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT SERV INC.

Employer identification number

SPCTION C DISCLOSURE

19. Governing documents and financial statements of Organizations are available upon request to Director of Operation,

15. a.

Concurus between 3 officers