**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 A For the 2013 calendar year, or tax year beginning and ending

В	Check if applicabl	C Name of organization		D Employer identific	cation number				
Г	Addre chang	JOB TRAINING NOW							
F	Name chang			11-9	911111				
Z	Initial return	Š .	Room/suite	E Telephone number					
Ē	Termir		9900 212-555-555						
Ē	—lated ☐Amend ☐return			G Gross receipts \$	11,526,226.				
Ē	Applic			H(a) Is this a group re					
	pendir			for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) 0	r 527	` '	list. (see instructions)				
		te: > JTN.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NY				
	art I	Summary		•	·				
Δ.	1	Briefly describe the organization's mission or most significant activities: PROVI	DE JO	B TRAINING	AND				
Governance		BUSINESS SKILLS TO ASSIST INDIVIDUALS IN	OBTAI	NING JOBS A	ND BECOMING				
rna	2	Check this box if the organization discontinued its operations or dispos	than 25% of its net as	ssets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		з	12				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12				
es 9		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			189				
ζţ		Total number of volunteers (estimate if necessary)			10				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,573,958.	5,162,320.				
eun	9	Program service revenue (Part VIII, line 2g)		2,793,341.	6,258,236.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,180.	1,564.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,261.	84,393.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,411,740.	11,506,513.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.				
		Benefits paid to or for members (Part IX, column (A), line 4)			0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			7,758,562.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.				
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25)  190,76			2 165 460				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,165,460.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,411,740.	582,491.				
_ <u>c</u>		Revenue less expenses. Subtract line 18 from line 12							
Net Assets or Fund Balances	20	Total accests (Dart V. line 16)	Ве	ginning of Current Year 2,059,854.	End of Year 2,758,085.				
4SS( Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		266,456.	382,196.				
let.	22	Net assets or fund balances. Subtract line 21 from line 20		1,793,398.	2,375,889.				
	art II	Signature Block		177373300	2/3/3/0030				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is				
		et, and complete. Declaration of preparer (other than officer) is based on all information of whi			, ,				
Sig	ın	Signature of officer		Date					
Hei		ALFRED JACOB, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d		0	6/24/14 if self-employe	ed				
Pre	parer	Firm's name SKODY SCOT & CO, CPAS, PC		Firm's EIN	13-3597814				
Use	Only	Firm's address 520 EIGHTH AVE, SUITE 2200							
		NEW YORK, NY 10018		Phone no.21	2 967-1100				
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO HELP INDIVIDUALS BECOME MORE SELF-RELIANT AND PRODUCTIVE MEMBERS OF
	SOCIETY THROUGH EDUCATION AND ASSISTANCE IN FINDING AND MAINTAINING
	EMPLOYMENT.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 8,367,191. including grants of \$ ) (Revenue \$ 5,462,463.)  COPORATE ON-SITE TRAINING - CORPORATE SPONSORED EMPLOYMENT TRAINING TO
	BE PERFORMED AT VARIOUS CORPORATE SITES. TRAINING WILL CONSIST OF
	SUPERVISED TRAINING IN THE VARIOUS OPERATIONAL AREAS INCLUDING
	ACCOUNTING, MANUFACTURING, DISTRIBUTION, INVENTORY MANAGEMENT, HUMAN
	RESOURCES, CUSTOMER SUPPORT, IT AND FACILITIES MANAGEMENT.
4b	(Code: ) (Expenses \$ 1,938,087. including grants of \$ ) (Revenue \$ 1,807,884.)
	JOB EDUCATION AND SIMULATED ON-THE-JOB TRAINING - TRAINING IN COMPUTER
	APPLICATIONS, BUSINESS WRITING, BASIC BOOKKEEPING, OFFICE ETIQUETTE,
	PRESENTATION SKILLS, TIME MANAGEMENT AND VARIOUS JOB FUNCTIONS.
4c	(Code:) (Expenses \$
_	
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 10,305,278.
	10 tal program our 100 oxportion = - 1 1

332002 10-29-13

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
3	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			
Ŭ	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	14a		- 22
b	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	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,"			7.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

# 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		Х
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		Х
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		Х
D	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Second   S		Check if Schedule O contains a response or note to any line in this Part V		<u></u>		Ш
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable					Yes	No
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) withings to prize withorises?  2a Effect the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If the same of line 2a, did the organization file all required federal employment tax returns?  3a If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c If the same of lines 1 is a file of lines 2a, provide an explanation in Schedule O  3b If the same of lines 1 is a file of lines 2a, provide an explanation in Schedule O  3b If the same of lines 1 is a file of lines 2a, provide an explanation in Schedule O  3b If the same of lines 2a, provide an explanation in Schedule O  3c If the same is the same of lines 2a, provide an explanation in Schedule O  3c If the same of lines 2a, provide an explanation in Schedule O  3c If the same of lines 2a, provide an explanation in Schedule O  3c If the same of lines 2a, provide an explanation in Schedule O  3c If the same of lines 2a, provide 2a, preparity of a prohibited tax shelter transaction?  5c If the same organization shell the organization that it was or is a party to a prohibited tax shelter transaction?  5c If the same organization shell the organization in the form 88861?  5c If the same organization shell that organization in the same organization shell than organization shell that were not tax deductible as charitable contributions under section 170(c).  5c If the organization shell than organization shell than organization shell the organization shell the orga	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 15			
gamelingly winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendary pear ending with or within the year covered by this return  3 It least one is reported on line 2a, did the organization lite all required federal employment tax returns?  3 It least one is reported on line 2a, did the organization lite all required federal employment tax returns?  3 It was a sum of lines 1 and and 2 is greater than 250, you may be required to e-file (see instructions)  3 It if "ves," as it filed a form 990-for for this year If "No," to file 30, your owned an explanation in Schedule 0  4 It was 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 If "ves," either the nume of the foreign country. See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5 If "ves," either the part of a prohibited tax shelter transaction at any time during the tax year?  5 If "ves," either the part of a prohibited tax shelter transaction at any time during the tax year?  5 If "ves," either the same of the derignization life form 8867.  5 If "ves," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles charitable contributions?  5 If "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6 If "ves," did the organization have annual gross of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If yes, a little organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  7 If yes, indicate the number of Forms	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
The calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?		1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$7,000 or more during the year?  3b If the organization have unrelated business gross income of \$7,000 or more during the year?  3a At any time during the celandary year, did the organization have an inferest 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 accountly?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions?  5c If Yes, 'to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c).  5d If If Yes, 'did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a 189			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if 1'Yes, "has tilled a Form 990-1' for this year? if "No," to line 3,0, provide an explanation in Schedule 0  4d 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 accounts.  5b if 1'Yes," effect the name of the foreign country   P	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	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  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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?  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization that the vas or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X 5 C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b UF "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line 5a or 5b, did the organization in the form 82881?  6c If "Yes," to line 5a or 5b, did the organization include with every solicitation and party for goods and services provided to the payor?  6c If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor?  7a X X  7b If If "Yes," indicate the number of Forms 8282 filed during the year  1b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77 X  78 Did the organization feceived a contribution of qualified intellectual property, did the organization file Form 8898 as required?  7f If the organization received a contributi	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?"  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Ibl the organization stat may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 c?  7 Yes, "If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 c?  7 Yes, "If the organization maintaining donor advised funds an absolution so. Did the supporting organizations. Did the	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
b If "Yes," enter the name of the foreign country:     See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for the See of St. (in the organization that it was or is a party to a prohibited tax shelter transaction?   Sec	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ${\bf r}$	authority over, a			
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a Initiation fees and capital contributions included on Part VIII, line 12	b			9b		
b 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 against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			ا مدا			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			ן מטר			
b Gross income from other sources (Do not net amounts due or paid to other sources 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15c			ا مدا			
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			ı ia	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D		441.			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-			10-		
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a				12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			IZU			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b				120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a	а	-		ısa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	<b>L</b>					
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	D	· · · · · · · · · · · · · · · · · · ·	126			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			<u> </u>	142		X
				-		
	<u>, , , , , , , , , , , , , , , , , , , </u>	11 100, That it filed a 1 offit 120 to report these payments: 11 110, provide all explanation in our course	,		990	(2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	12			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		X
3					
	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	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	one or			
	more members of the governing body?		7a		X
b					
	persons other than the governing body?		7b		X
8					
а	The governing body?		8a	Х	
b			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	T T			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	the number of voting members of the governing body at the end of the tax year  are mainrial differences in voting lights among members of the governing loody, or if the governing legated broad authority to an executive committee or similar committee, explain in Schedule 0.  In enumber of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the number of voting members included in line 1a, above, who are independent  In the voting of the provision of the company or other person?  In organization delogate control over management duties customarily performed by or under the direct supervision eres, directors, or trustees, or key employee as a management company or other person?  In organization become aware during the year of a significant diversion of the organization's assets?  In organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?  In organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?  In organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?  In organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?  In organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?  In organization have the organization and achieves are Schedule 0.  In organization the provide the amount of the governing body?  In organization the provide the amount of the governing body the fire this provider.  In organizat				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	s, 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	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con-	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," d	escribe			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by in	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
			15a		
b			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v	vith a			
			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	n's			
			16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NY				
18		ion 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	• • •				
19		of interest policy, and	l finar	ncial	
	statements available to the public during the tax year.				
20	THE ORGANIZATION - 212-555-5555	ords of the organizat	ion: 🕨	_	
	520 EIGHTH AVENUE, NO. 9900, NEW YORK, NY 10018				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) FM-BM	1.00	<b>.</b> ,						0	0	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(2) SL-CH	2.00	$ _{\mathbf{x}}$		х				0.	0.	0.
CHAIRPERSON (3) MQ-BM	1.00	╇	<u> </u>	_			-	0.	0.	0.
BOARD MEMBER	1.00	$ _{\mathbf{x}}$						0.	0.	0.
(4) TD	1.00								_	
BOARD MEMBER		$\mathbf{x}$						0.	0.	0.
(5) AB-BM	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) VC-TR	1.00									
TREASURER		X		Х				0.	0.	0.
(7) MP-VC-SE	1.00									
VICE CHAIRPERSON/SECRETARY		X		Х				0.	0.	0.
(8) MS-BM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) AD-BM	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) PH-BM	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) LS-BM	1.00								_	_
BOARD MEMBER	1	X						0.	0.	0.
(12) MS-BM	1.00	۱								
BOARD MEMBER	40.00	Х						0.	0.	0.
(13) RP-ED	40.00	1						156 005		F 02F
EXECUTIVE DIRECTOR	40.00	_		Х				176,027.	0.	5,835.
(14) JT-HC	40.00	4				٦,		105 004		4 020
HIGHLY COMP-DEP. EXEC-OPERATIONS	1000	$\vdash$	<u> </u>		_	Х	_	105,094.	0.	4,938.
(15) MP-HC HIGHLY COMP-DEP. EXEC-PRGMS	40.00	$\frac{1}{2}$				x		104,089.	0.	4,718.
						<del> </del>			Ŭ•	-,,,,,,,
		_				_	_			
		$\mathbf{I}$								
		_	_	_		-		1		

Part VII Section A. Officers, Directors, Trus		pioy	rees			gne	ST C					<b>/</b> E\	
(A)	(B)			() Pos	-	1		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensation from related			nount ( other	JI
	(list any	tor						the	organization			pensa	tion
	hours for	or director				pg.		organization	(W-2/1099-MI			om the	
	related	tee or	ustee			ensati		(W-2/1099-MISC)			org	anizati	on
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee					and	d relate	ed
	below	ividua	itutio	Officer	employee	hest o	Former				orga	anizatio	วทร
	line)	pul	sul	)#J	Key	e Hig	윤						
		$\cdot$											
		1											
		_											
		1											
		-											
								205 210		_	1	- A	<u>~1</u>
1b Sub-total								385,210.		0.	Т	5,4	<u>0</u>
c Total from continuation sheets to Part V								385,210.		0.	1	5,4	_
d Total (add lines 1b and 1c)												J,4.	<u> </u>
2 Total number of individuals (including but r	not limited to tr	iose	IISTE	ed a	VOC	e) wr	no r	eceived more than \$100	υ,υυυ οτ reportab	oie			
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer.	director or tru	ıcto	o ko	or	mnla		٥٢	highest componented o	mplayoo on			100	110
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the si								har compansation from			3		
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	•				-			_			5		Х
Section B. Independent Contractors	ipioto Corrodar	00,	0, 00	2011	Porc								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for													
(A)								(B)		_	(C		
Name and business	address	N	INC	3			_	Description of s	ervices	C	compe	nsatio	1
							$\dashv$						
							- 1						
2 Total number of independent contractors (	including but n	not li	mite	d to	tho	se li	ster	d above) who received a	nore than				
Total number of independent contractors ( \$100,000 of compensation from the organ	•	not li	mite	d to		se lis	stec	d above) who received n	nore than				

11-9911111 Page **9** 

					oonse	or note to any lin	e in this Part VIII			
			Check if Schedule O cont			,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1	la					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
s, G			Fundraising events		lc					
ar /			Related organizations		ld					
s, ( mil			Government grants (contribut		le					
ion			All other contributions, gifts, gran	· -						
but			similar amounts not included abor		lf	5,162,320.				
jĘ		а	Noncash contributions included in lines							
Col		_	Total. Add lines 1a-1f				5,162,320.			
						Business Code	, ,			
ø	2	а	GOVERNMENT CONTRACTS			900099	6,238,203.	6,238,203.		
, Vic	_	h	REGISTRATION & OTHER F	EES		900099	20,033.	20,033.		
Sei		c	-				,	,		
an eve		d								
Program Service Revenue		e	-							
Pro			All other program service reve	enue						
			Total. Add lines 2a-2f				6,258,236.			
	3		Investment income (including				, ,			
			other similar amounts)				1,564.			1,564.
	4		Income from investment of tax				,			,
	5		Royalties	=	-	1				
			,	(i) Re		(ii) Personal				
	6	а	Gross rents			(1) 1 01001141				
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)			<b></b>				
	7		Gross amount from sales of	(i) Secu		(ii) Other				
	_	_	assets other than inventory	(,)		(ii) Suits				
		b	Less: cost or other basis							
		_	and sales expenses							
		С	Gain or (loss)							
			Net gain or (loss)			<b></b>				
ø	8		Gross income from fundraising							
	Ĭ	_	including \$	of						
eve			contributions reported on line							
Ä			Part IV, line 18	•	а	91,995.				
Other Revenu		b	Less: direct expenses			19,713.				
0			Net income or (loss) from fund			<b>•</b>	72,282.			72,282.
	9		Gross income from gaming ac	-						
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gam			<b></b>				
	10		Gross sales of inventory, less			,				
			and allowances		а					
		b	Less: cost of goods sold							
			Net income or (loss) from sale			<b></b>				
			Miscellaneous Revenu			Business Code				
	11	а	MISCELLANEOUS PROGRAM			900099	12,111.	12,111.		
		b								
		С								
			All other revenue							
			Total. Add lines 11a-11d			<b>•</b>	12,111.			
	12		Total revenue. See instructions.			<b>&gt;</b>	11,506,513.	6,270,347.	0.	73,846.
33200 10-29	9 -13									Form <b>990</b> (2013)

# Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				X
	Check if Schedule O contains a respor	(A) Total expenses	(B) Program service	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		сиропосс	general expenses	скропосс
•	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	210,821.	39,325.	138,121.	33,375
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	5,742,559.	5,597,466.	107,260.	37,833
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	809,399.	769,821.	35,536.	4,042
10	Payroll taxes	995,783.	972,427.	19,545.	3,811
11	Fees for services (non-employees):				
а					
b	Legal				
	Accounting	25,275.	25,275.		
	Lobbying				
е	- B ( ' ' ' ' (				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	1,970,366.	1,881,961.	9,431.	78,974. 295.
12	Advertising and promotion	14,064.	6,194.	7,575.	295
13	Office expenses	329,208.	294,379.	26,163.	8,666
14	Information technology	97,014.	56,654.	25,890.	14,470
15	Royalties				
16	Occupancy	401,307.	375,302.	22,317.	3,688
17	Travel	3,695.	877.	2,818.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,620.	13,620.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	74,960.	65,784.	9,176.	
23	Insurance	25,007.	11,257.	9,500.	4,250
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 0.)				
а		92,104.	92,104.		
b		46,537.	45,022.	1,515.	
С	REPAIRS & MAINTENANCE	29,566.	23,496.	6,070.	
d	SECURITY	28,834.	28,834.		
е	All other expenses	13,903.	5,480.	7,061.	1,362
25	<b>Total functional expenses</b> . Add lines 1 through 24e	10,924,022.	10,305,278.	427,978.	190,766
26	<b>Joint costs</b> . 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)	460,458.	144,676.	236,721.	79,061 of Form <b>990</b> (2013

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,228.	1	3,955.
	2	Savings and temporary cash investments			774,028.	2	1,188,262
	3	Pledges and grants receivable, net		496,315.	3	756,622	
	4	Accounts receivable, net			676.	4	8,029
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	, ,				
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sec					
m						6	
Assets	_	employees' beneficiary organizations (see instr).				7	
As	7	Notes and loans receivable, net					
	8	Inventories for sale or use			7,450.	8	8,739
	9				7,430•	9	0,133
	10a	Land, buildings, and equipment: cost or other		1 272 260			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,3/4,309.	771 660		776 001
		Less: accumulated depreciation	10b	393,340.	771,660.	10c	776,821
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	15 650		
	15	Other assets. See Part IV, line 11		7,497.	15	15,657	
	16	Total assets. Add lines 1 through 15 (must equ			2,059,854.	16	2,758,085
	17	Accounts payable and accrued expenses			266,456.	17	290,975
	18	Grants payable		18	24 224		
	19	Deferred revenue			19	91,221	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	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			266,456.	26	382,196
		Organizations that follow SFAS 117 (ASC 958	), chec	k here X and			
es		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			1,721,784.	27	1,846,114.
ala	28	Temporarily restricted net assets			71,614.	28	529,775.
Net Assets or Fund Balances	29			<u></u>		29	
Fun		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
χ	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			1,793,398.	33	2,375,889.
	34	Total liabilities and net assets/fund balances			2,059,854.	34	2,758,085.
	, UT	Total habilities and not assets/fully balafices			=,:::,:::	<u> </u>	Farm <b>990</b> (0010

Pa	rt 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)		11,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,92		
3	Revenue less expenses. Subtract line 2 from line 1	3	58	<u>2,4</u>	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,79	<u>3,3</u>	<u>98.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,37	<u>5,8</u>	<u>89.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sit	ngle Audit			
	Act and OMB Circular A-133?		За	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

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