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TIN: 95-4309251

OMB No. 1545-0047

Form 990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>.

**Open to Public** Inspection

A F	or the	e 2013 (	calendar year, or tax year begi	nning 01-01-2013 , 2013, an	d ending	12-31-2	2013				
B Che		pplicable:	C Name of organization		dentification number						
O Init	ne chan ial retur	rn	Doing Business As				95-430923	01			
O Am	minated ended r		Number and street (or P.O. box if r 45134 N SIERRA HIGHWAY	nail is not delivered to street address)	Room/suit	:e	E Telephone n				
O App	- Application perioding		City or town, state or province, cou LANCASTER, CA 93534	untry, and ZIP or foreign postal code	_		<u> </u>	(661) 940-5272 <b>G</b> Gross receipts \$ 1,527,585			
			E Name and address of princing	al officer:	1			_			
			F Name and address of princip STEVE BAKER 45134 N SIERRA HIGHWAY LANCASTER, CA 93534	al officer:		SI	s this a group retur ubordinates? re all subordinates	☐Yes ☑No			
I Tax	-exem	npt status			٦	ir	ıcluded?	☐ Yes ☐No			
	ebsit		: ✓ 501(c)(3) □ 501(c)( ) ◀	(insert no.) 4947(a)(1) or 4947(b)	527		"No," attach a list. roup exemption nu	` ,			
<b>K</b> Forn	n of or	ganization	n: Corporation Trust Ass	ociation Other		<b>L</b> Year	of formation:	M State of legal domicile:			
Pa	rt I	Sun	nmary								
			escribe the organization's mission	or most significant activities:							
œ			RIBUTE FOOD, CLOTHING, SHELTE		ELESS HO	MELESS					
ĕ	-										
<u>a</u>	_										
Governance		GI									
05	_		nis box 🕨 🗆 of voting members of the governi	ing hody (Part VI line 1a)				3 2			
			•	. , , , ,			•	<del></del>			
Activities &			of independent voting members of	3 3 , 1 ,	,			4 0			
Ē	5	Total nu	mber of individuals employed in c	alendar year 2015 (Part V, line 2a	)			5 0			
Ě	6	Total nu	mber of volunteers (estimate if ne	ecessary)				6			
ĕ	7a	Total un	related business revenue from Pai	t VIII, column (C), line 12				<b>7a</b> 0			
	ь	Net unre	elated business taxable income fro	m Form 990-T, line 34				7b			
							Prior Year	Current Year			
	8	Contribu	itions and grants (Part VIII, line 1	h)				1,527,580			
Revenue			service revenue (Part VIII, line 2		_			0			
20		-	ent income (Part VIII, column (A)		-			5			
æ			evenue (Part VIII, column (A), line		•			0			
			, , , , , , , , , , , , , , , , , , , ,		no 12)			1,527,585			
			venue—add lines 8 through 11 (m								
			and similar amounts paid (Part IX,	, ,,				20,210			
			paid to or for members (Part IX,	, ,,				0			
88			, other compensation, employee b	, , , , , , , , , , , , , , , , , , , ,	s 5–10)			790,088			
exp enses	16a	Professi	onal fundraising fees (Part IX, col	umn (A), line 11e)	•			0			
ğ	ь	Total fund	draising expenses (Part IX, column (D),	line 25) •91,527							
ш	17	Other ex	kpenses (Part IX, column (A), line	s 11a-11d, 11f-24e)	•			666,285			
	18	Total ex	penses. Add lines 13-17 (must eq	ual Part IX, column (A), line 25)				1,476,583			
	19	Revenue	e less expenses. Subtract line 18 f	rom line 12				51,002			
Net Assets or Fund Balances						Begin	ning of Current Year	End of Year			
3ak	20	Total ass	sets (Part X, line 16)				477,759	524,327			
Z Z	21	Total lial	bilities (Part X, line 26)				181,692	177,259			
žĒ	22	Net asse	ets or fund balances. Subtract line	296,067	347,068						
Par	tII	Siar	nature Block								
	edge	alties of and beli	perjury, I declare that I have exar ef, it is true, correct, and complet								
				Signature of officer			2014-05-14 Date				
Sign Here				STEVE BAKER EXECUTIVE DIREC	CTOR		-				
		1		Type or print name and title							
			Print/Type preparer's name BARBARA ZULUETA	Preparer's signature BARBARA ZULUETA		ate 114-05-14	Check if POO	N 829775			
Paid		-		I. III. III I EGEGETA	20		self-employed				
Pre		71	Firm's name FINTEGRITAX				Firm's EIN > 30-043	32432			
Use	On	ly	Firm's address 34138 COURTNEY TER	RRACE			Phone no. (661) 272	-0300			
			ACTON, CA 93510				` ′				
			ACTON, CA 93510								

,	the IRS discuss this return with the preparer shown above? (see instructions)		U No	
or I	Paperwork Reduction Act Notice, see the separate instructions.  Cat. No. 11282Y	F	orm <b>99</b>	<b>0</b> (2013)
	Page 2			
orm	990 (2013)			Page <b>2</b>
Par	t III Statement of Program Service Accomplishments			
1	Check if Schedule O contains a response or note to any line in this Part III			. U
	ROVIDE FOOD, SHELTER, CLOTHING, MEDICAL ASSISTANCE AND OTHER IMMEDIATE NEEDS TO THE THOUSANDS OF NEE	EDY AN	D HOME	LESS
EOF	PLE LIVING IN OUR AREA			
2	Did the organization undertake any significant program services during the year which were not listed on	٦	<b></b>	
	the prior Form 990 or 990-EZ?	J Yes	✓ No	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?			
		Yes	✓ No	
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by a	nancac	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
4a	(Code: ) (Expenses \$ 1,476,583 including grants of \$ ) (Revenue \$	1,527,	580 )	
	PROVIDED FOOD, SHELTER, CLOTHING, MEDICAL ASSISTANCE AND OTHER			
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)	
	(code) (c		,	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)	
	(code) (c		,	
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$	)		
4e	Total program service expenses ► 1,476,583	F	orm <b>99</b>	<b>0</b> (2013)
			01111 33	<b>6</b> (2013)
	Page 3 ————			
orm	990 (2013)			Page <b>3</b>
	t IV Checklist of Required Schedules			rage <b>3</b>
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes	
1	Schedule A 🥵			
	Schedule A Solution required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2		No No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>			
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		
2 3 4	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> "Yes," complete Schedule C, Part II	3		No
2 3 4	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 4		No
2 3 4 5	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 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? <i>If "Yes," complete Schedule C, Part III</i>	3 4		No
2 3 4 5	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 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? <i>If "Yes," complete Schedule C, Part III</i> 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? <i>If "Yes," complete Schedule</i>	3 4 5		No
2 3 4 5	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  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  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  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	3 4		No
2 3 4 5	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 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? <i>If "Yes," complete Schedule C, Part III</i> 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? <i>If "Yes," complete Schedule</i>	3 4 5		No

	Schedule D, Part III 🐿	8		INO	
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		No	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No	
11	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. S	11a	Yes		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No	
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			No	
_	in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d			
	blu the organization report an amount for other habilities in Part X, line 23: 11 Tes, Complete Schedule D, Part X	11e	Yes		
	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 1981	11f		No	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No	
	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		No	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No	
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		No	
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		No	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No	
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	Yes		
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		No	
20a	The organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
		ı	orm <b>99</b>	<b>0</b> (2013)	
	Page 4 ————				
Form	990 (2013)			Dago 4	
	t IV Checklist of Required Schedules (continued)			Page 4	
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	Yes		
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		No	
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? <i>If "Yes," complete Schedule J</i>	23		No	
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	2.4		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
d	to defease any tax-exempt bonds?	24c			
	Section 501(c)(3) and 501(c)(4) organizations.	24d			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No	
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	25b		No	
	Schedule L, Part I				
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		No	
	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?	26		No No	
	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? <i>If so, complete Schedule L, Part II</i>				
27 28	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				

b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		No No
33	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	32		
	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		No
34	Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
			orm <b>99</b> 0	0 (2013)
	Page 5			
F-				
Form	990 (2013) t V Statements Regarding Other IRS Filings and Tax Compliance			Page <b>5</b>
	Check if Schedule O contains a response or note to any line in this Part V			
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		Yes	No
	Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1c		INO
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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		No
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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No

9			1	
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1,527,585			
	Section F01/c)/12) every instinct Enter			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	·			
	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.			
12	<u>L                                      </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O.	13a		
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		No
		F	orm <b>99</b>	<b>0</b> (2013)
	Danie C			
	Page 6			
Form	990 (2013)			Page <b>6</b>
_	t VI Governance, Management, and Disclosure			J
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10	b belo	w, des	cribe
	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			
Se	ection A. Governing Body and Management		Yes	No
1.0	Enter the number of voting members of the governing body at the end of the tax year		165	140
14	1a 2			
	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			
L	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	body, or if the governing body delegated broad authority to an executive committee or			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  1b  0	2		No
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	2		
2	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			No No
2	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		No
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2 3 4 5 6 7a	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	3 4 5 6		No No No No
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2 3 4 5 6 7a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?	3 4 5 6 7a 7b	Yes	No No No No
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2 3 4 5 6 7a b 8 a b 9	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  1b  0  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	3 4 5 6 7a 7b	Yes	No No No No
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2 3 4 5 6 7a b 8 a b 9	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization of the Internal Revenue.	3 4 5 6 7a 7b 8a 8b 9	Yes	No No No No No No No No No
2 3 4 5 6 7a b 8 8 a b 9 See	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	3 4 5 6 7a 7b	Yes	No No No No No No No No
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2 3 4 5 6 7a b 8 a b 9 See 10a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	3 4 5 6 7a 7b 8a 8b 9 10a	Yes	No No No No No No No No No
2 3 4 5 6 7a b 8 a b 9 Se 10a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders,  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  If "Yes," idid 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	3 4 5 6 7a 7b 8a 8b 9 10a 10b	Yes	No
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2 3 4 5 6 7a b 8 a b 9 See 10a b 11a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Ib  O  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?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Did the organization have local chapters, branches, or affiliates?  Did the organization have local chapters, branches, or affiliates?  If "Yes," gid 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 sevempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	3 4 5 6 7a 7b 8a 8b 9 10a 10b 11a	Yes	No N
2 3 4 5 6 7a b 8 a b 9 See 10a b 11a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Ib  O  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure	3 4 5 6 7a 7b 8a 8b 9 10a 10b 11a	Yes	No N
2 3 4 5 6 7a b 8 a b 9 Se 10a b 11a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  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?  Has the organization have a written conflict of interest policy? If "No,"	3 4 5 6 7a 7b 8a 8b 9 10a 10b 11a 12a	Yes	No N
2 3 4 5 6 7a b 8 a b 9 Se 10a b 11a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  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;  Did the organization make any significant changes to its governing documents since the prior form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Did the organization have a written conflic	3 4 5 6 7a 7b 8a 8b 9 10a 10b 11a 12a 12b	Yes	No N
2 3 4 5 6 7a b 8 a b 9 Se 10a b 11a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  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?  Has the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose a	3 4 5 6 7a 7b 8a 8b 9 10a 10b 11a 12a 12b 12c 13	Yes	No N
2 3 4 5 6 7a b 8 a b 9 See 10a b 11a b	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  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;  Did the organization make any significant changes to its governing documents since the prior form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Did the organization have a written conflic	3 4 5 6 7a 7b 8a 8b 9 10a 10b 11a 12a 12b	Yes	No N

	Did the process for determining compensa								and approval by ind		
	persons, comparability data, and contemp	oraneous substa	antiatio	n of t	he d	lelibe	eratio	n an	d decision?		
	The organization's CEO, Executive Director									15	
b	Other officers or key employees of the org							•		15	<b>b</b> No
6-	If "Yes" to line 15a or 15b, describe the pr Did the organization invest in, contribute a		•				•	nr ci	milar arrangement s	with a	
Ja	taxable entity during the year?									16	Page 7  /ees,  rganization's tax
b	If "Yes," did the organization follow a writt in joint venture arrangements under applie status with respect to such arrangements?	cable federal tax	x law, a	ınd ta	ke s	teps	to sa	fegu	ard the organization	n's exempt	
_	<u>_</u>		•				•		-	16	b
	ction C. Disclosure List the States with which a copy of this Fo	orm 000 is requi	ired to	ha fil	ad <b>l</b>						
•	• •	·				-	CA				
18	Section 6104 requires an organization to r available for public inspection. Indicate ho									c)(3)s only)	
	Own website Another's website			_							
L9	Describe in Schedule O whether (and if so						ernin	g do	cuments, conflict of	interest	
20	policy, and financial statements available t State the name, physical address, and tele	•	_		•		ossess	es t	he books and record	ds of the organiz	ation:
	STEVE BAKER 45134 N SIERRA LANCA									J	
											rorm <b>990</b> (2013
				Page	e 7						
	990 (2013)										
ar	VII Compensation of Officers, D and Independent Contracto		stees	, Key	/ En	nplo	oyee	s, H	iignest Compen	sated Employ	ees,
	Check if Schedule O contains a res		any li	ne in	this	<u>P</u> art	VII			<u></u>	<u>.</u>
	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd F	ligh	est	Con	npensated Empl	oyees	
	omplete this table for all persons required to	be listed. Rep	ort com	pens	ation	for	the c	len	dar year ending with	or within the or	ganization's tax
	List all of the organization's <b>current</b> officer							or o	rganizations), regar	dless of amount	
	mpensation. Enter -0- in columns (D), (E), a ist all of the organization's <b>current</b> key em	` '	•					ion	of "kev employee "		
	ist the organization's five <b>current</b> highest o									key employee)	
	received reportable compensation (Box 5 of sization and any related organizations.	Form W-2 and/	or Box	7 of I	Form	109	99-MI	SC)	of more than \$100,0	000 from the	
-	ist all of the organization's <b>former</b> officers,	key employees	, or hig	hest	com	pens	ated	emp	loyees who received	I more than \$100	0,000
	portable compensation from the organization	•	-						· · · · · · · · · · · · · · · · · · ·		
	ist all of the organization's former directo lization, more than \$10,000 of reportable of			ceive	d, in	the					
		ompensation fro	om the	orgar							
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st p	ersons in the following order: individual tru ensated employees; and former such perso	stees or directo ns.	rs; inst	itutio	nizati nal t	ion a	nd ar ees; c	y re ffice	lated organizations. ers; key employees;	highest	
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rm 99	0 (2013)										Page <b>8</b>
art V	Section A. Officers, Direct	ors, Trustee	s, Key	Emp	loye	es,	and	Higl	nest Compensate	ed Employees (co	
	(A)	(B)			(C)				(D)	(E) Reportable	(F)
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rt \	III Statement of Revenue										
	Check if Schedule O contains	a response or	note to	any	line ir	thi (A		VIII	(B)	(C)	U
					Tota		venue	9	Related or exempt	Unrelated business	Revenue excluded from
									function revenue	revenue	tax under sections 512-514
	1a Federated campaigns			•							
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f All other program se	rvice revenue				
An other program se	i vice revenue.				
g Total.Add lines 2a-2 3 Investment income	2f	de :			1
similar amounts)			ier   5	5	
4 Income from invest			<b>•</b>		
<b>5</b> Royalties		•	<b>•</b>		
Г	(i) Real	(ii) Personal			
<b>6a</b> Gross rents	(i) itea.	()			
<b>b</b> Less: rental expense	s				
- Dontol in common			İ		
c Rental income or (loss)	ı				
			J		
d					
Net rental income or (I	oss)				
To remediate of (i	(i) Securities	(ii) Other			
7a Gross amount	(1) Securities	(ii) Otilei	1		
from sales of					
assets other than inventory					
<b>b</b> Less: cost or			<u>]</u> I		
other basis and					
sales expenses  C Gain or (loss)			-		
d					
Net gain or (loss) .		•			
8a Gross income from	fundraising event	s			
(not including \$			1		
contributions repor See Part IV, line 18	ted on line 1c).				
500 1 410 117 1110 10		a			
		۳۱			
b Lacar direct aveca		ы			
<b>b</b> Less: direct expens	ses	ь	i		
с	-		]		
Net income or (loss) fr	om fundraisina eve	ents	0		
<b>9a</b> Gross income from					
See Part IV, line 19	)		1		
		а			
		ı			
<b>b</b> Less: direct expens	ses	b			
		•			
С					
Net income or (loss) fr	om gaming activiti	es			
10aGross sales of inve					
returns and allowa	nces		]		
		а			
			]		
<b>b</b> Less: cost of goods	s sold	b			
			]		
С					
Net income or (loss) fr	om sales of invent	ory <b>&gt;</b>			
· · ·		Business Code			
	Miscellaneous	Revenue	1		
11a					
		·			
b					
		<del></del>	İ		

С				
<b>d</b> All other revenue				
Total. Add lines 11a-11d	▶			
Total revenue. See Instructions		1,527,585	5	
		•	•	Form <b>990</b> (20:

Page 10

Check if Schedule O contains a response or note to any lip Oo not include amounts reported on lines 6b, 1b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  2 Grants and other assistance to individuals in the United States. See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as	_	·		(D) Fundraisingexpenses
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  2 Grants and other assistance to individuals in the United States. See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as	(A) Total expenses	(B) Program service expenses 20,210	(C) Management and	
organizations in the United States. See Part IV, line 21  2 Grants and other assistance to individuals in the United States. See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as		20,210	general expenses	
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  6 Compensation not included above, to disqualified persons (as	105,811	105,811		
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  6 Compensation not included above, to disqualified persons (as	105,811	105,811		
Compensation of current officers, directors, trustees, and key employees      Compensation not included above, to disqualified persons (as	105,811	105,811		
key employees	105,811	105,811		
defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	599,188	311,578	215,708	71,90
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,639		8,639	
9 Other employee benefits	3,986		3,986	
10 Payroll taxes	72,464	37,681	26,087	8,69
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	5,515		5,515	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	9,669	9,669		
13 Office expenses	30,401	25,841	4,560	
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	150,842	102,990	47,852	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,598		3,598	
20 Interest	4,071		4,071	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	237,980	233,337	4,643	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	20,295			
b	1,232			
С	44,554			
d	2,713			

-	All other expenses  Fotal functional expenses. Add lines 1 through 24e	155,415 1,476,583	46,935 938,606		97,551	•
1	<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.		223,222		,	
	Check here $ ightharpoonup$ if following SOP 98-2 (ASC 958-720)	0).				
						Form <b>990</b> (2013)
		Page 11 ———				
	990 (2013)					Page <b>11</b>
a	t X Balance Sheet					
	Check if Schedule O contains a response or not	e to any line in this Part IX •	(A)	· ·	<u></u>	(B)
			Beginning of year	r		End of year
1	Cash-non-interest-bearing			7,518	1	45,353
2	Savings and temporary cash investments		:	3,628	2	22,361
3 4	Pledges and grants receivable, net				3	
5	Loans and other receivables from current and former				7	
	key employees, and highest compensated employees				5	
6	Loans and other receivables from other disqualified p					
	section 4958(f)(1)), persons described in section 495 employers and sponsoring organizations of section 5	01(c)(9) voluntary employees'				
	beneficiary organizations (see instructions) Complete				6	
7	Notes and loans receivable, net				7	
3	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 492,450				
b	Less: accumulated depreciation	<b>10b</b> 35,837	45	6,613	LOc	456,613
L	Investments—publicly traded securities .				11	
	Investments—other securities. See Part IV, line 11	[			12	
	Investments—program-related. See Part IV, line 11				13	
ļ :	Intangible assets				14 15	
5	Total assets. Add lines 1 through 15 (must equal lin		47		16	524,327
_	Accounts payable and accrued expenses	*	···	-	17	021,027
	Grants payable				18	
	Deferred revenue				19	
)	Tax-exempt bond liabilities				20	
	Escrow or custodial account liability. Complete Part IV				21	
	Loans and other payables to current and former offic employees, highest compensated employees, and dis					
	persons. Complete Part II of Schedule L				22	
3	Secured mortgages and notes payable to unrelated t	·	17		23	170,685
;	Unsecured notes and loans payable to unrelated third Other liabilities (including federal income tax, payabl	•			24 25	6,574
	other liabilities not included on lines 17-24). Complete			5,000		0,074
•	<b>Total liabilities.</b> Add lines 17 through 25		18	1,692	26	177,259
	Organizations that follow SFAS 117 (ASC 958),					
,	complete lines 27 through 29, and lines 33 and Unrestricted net assets	J7.	29	6,067	27	347,068
3	Temporarily restricted net assets				28	
	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC and complete lines 30 through 34.	958), check here ► □				
)	Capital stock or trust principal, or current funds .				30	
	Paid-in or capital surplus, or land, building or equipm	ent fund			31	
	Retained earnings, endowment, accumulated income				32	
	Total net assets or fund balances	•			33	347,068
	Total liabilities and net assets/fund balances		47	7,759	34	524,327
						Form <b>990</b> (2013)
_		Page 12				
r	990 (2013)					Page <b>13</b>
	t XI Reconcilliation of Net Assets					Page <b>12</b>
2	Check if Schedule O contains a response or no	ote to any line in this Part XI .				
	a response of the	,,	•			
	Total revenue (must equal Part VIII, column (A), line	12)			1	1,527,58

2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,476,583
3	Revenue less expenses. Subtract line 2 from line 1	3			51,002
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			296,067
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 0)	9			
10	,	10			347,068
	t XII Financial Statements and Reporting				- 11,000
	Check if Schedule O contains a response or note to any line in this Part XII				
	check in soliculate a contains a response of fisce to any line in this fare All 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: $\frac{1}{2}$	basis,			
	☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b	Yes	
Forn	n 990, Special Condition Description:		F	orm <b>99</b>	<b>0</b> (2013)
	Special Condition Description				
Ad	lditional Data		Return	to Fo	orm

TIN: 95-4309251

OMB No. 1545-0047

2013

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Nam	e of ti	<b>he orgar</b> URCE CEN	nization							Emplo	oyer identification	n number
3KAC	E RESU										09251	
	rt I							ust complete t		See ins	tructions.	
1						•	<del>-</del>	cribed in <b>section</b>	•	)(A)(i).		
2							ttach Schedu		(-)(-	, -, -, -, -		
3						al service organization described in section 170(b)(1)(A)(iii).						
4			•		•				. , , , ,	` ,	(1)(A)(iii). Enter	the hospital's
			city, and stat		л орегисс	a iii conjunc	cion with a ne	ospital described	Section	170(5)	(2)(A)(III) Elicel	the mospital s
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b>										
_			)(1)(A)(iv)							*** *		
6				_	_	nment or governmental unit described in <b>section 170(b)(1)(A)(v).</b> receives a substantial part of its support from a governmental unit or from the general public described in						
7	<b>~</b>		nization tha 1				part of its su	pport from a gov	/ernmental	unit or fr	om the general pu	iblic described in
8		A comn	nunity trust	described in	n <b>section</b>	170(b)(1)	<b>(A)(vi)</b> . (Cor	mplete Part II.)				
9											bership fees, and	
		investm	nent income	and unrela	ted busine	ss taxable ir	ncome (less s				31/3% of its suppor Juired by the organ	nization after June
0			75. See <b>secti</b>					blic safety. See s	ection 500	2/21/41		
1		_	_		•	•	·	•			to carry out the pu	irnoses of one or
•		more p	ublicly suppo	orted organ	izations de	scribed in s	ection 509(a		09(a)(2). S		on <b>509(a)(3).</b> Ch	
		a 🗆 1	, .	,,		, .	,	-			on-functionally inte	-
е											ore disqualified pe on 509(a)(1) or sec	
f							,	-			II supporting orga	. ,. ,
		this box	·									$\square$
9				006, has th	e organiza	tion accepte	ed any gift or	contribution from	m any of the	е		
			ng persons? erson who di	rectly or in	directly co	ntrols, eithe	r alone or to	gether with pers	ons describ	ed in (ii)		Yes No
					-		-	?			11g(	
		` '	•			` '	ove?	 ove?			11g( 11g(	
h				•	•		d organization		•		119(	,
	(i)		(ii)EIN	(ii	ii)		(iv)	(v)			(vi)	(vii)
	Name				e of zation		ganization in sted in your	Did you no organization			organization in organized in the	Amount of monetary
0	ganiz	ation			d on lines ve or IRC	governing	g document?	of your st	ipport?		Ú.S.?	support
				sect	tion							
				(se instruc			1	1				
_						Yes	No	Yes	No	Yes	No	
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ota	ĺ											
r P	aperwo	ork Reduc	ction Act Noti	ce, see the	Instruction	s for Form 9	90 or 990EZ.		Cat. No. 1128	5F	Schedule A (For	m 990 or 990-EZ) 2013
_							Page 2	2				
		•	90 or 990-E2	•								Page <b>2</b>
Pa	rt II										nd 170(b)(1)(A failed to qualify	
								below, please				ander ruit III.
	ction ndar		olic Suppo	rt	1	1		I			I	T
or	fiscal	year be	ginning in)		(a)2009	(b)	2010	(c)2011	(d)2012		(e)2013	(f)Total
			ntributions, es received. (					1,261,10	50	1,345,728	1,527,580	4,134,476
i	nclude	any "uni	usual grants					1,261,10		1,345,726	1,527,580	4,134,476
1		enues le	vied for the									
			enefit and ei on its behalf									
f	urnish	ed by a g	vices or faci Jovernmenta	I unit to								
			without char 1 through 3					1,261,10	58	1,345,728	1,527,580	4,134,47
7	he po	rtion of to	otal contribu					1,201,1		2,343,720	1,327,380	7,137,471
			her than a nit or publicl	v								
5	uppor	ted orgar	nization) incl	uded on								
			eds 2% of th 1, column (f									
			Subtract li				-					4 134 476

_	ne 4.						
	tion B. Total Support		1	T		1	
	ndar year scal year beginning in)	(a)2009	<b>(b)</b> 2010	(c)2011	( <b>d</b> )2012	<b>(e)</b> 2013	(f)Total
	Amounts from line 4			1,261,168	1,345,728	1,527,580	4,134,476
	Gross income from interest, dividends, payments received on			20		_	22
	securities loans, rents, royalties and			28		5	33
	ncome from similar sources						
_	activities, whether or not the						
	ousiness is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)  Fotal support (Add lines 7 through						4 4 3 4 5 0 0
	10).		L				4,134,509
	ross receipts from related activities,					12	
	irst five years. If the Form 990 is fo	-					
	ox and stop here				<u> </u>		
	ublic support percentage for 2013 (lir			column (f))		14	100.000 %
<b>15</b> P	ublic support percentage for 2012 Scl	nedule A, Part II,	line 14			15	100.000 %
	3 1/3% support test—2013. If the						
	nd <b>stop here.</b> The organization quali						
-	33 1/3% support test—2012. If the box and stop here. The organization	-					_
	0%-facts-and-circumstances test						
is	10% or more, and if the organization	n meets the "fact	s-and-circumstan	ces" test, check thi	s box and stop he	ere. Explain	
	Part IV how the organization meets rganization	uie "racts-and-cir	cumstances" test	. The organization	quaimes as a publ	iciy supported	
	<del>-</del>						▶ 🗆
	10%-facts-and-circumstances tes	t-2012. If the o	rganization did no	ot check a box on li	ne 13, 16a, 16b,	or 17a, and line	
	15 is 10% or more, and if the organiz Explain in Part IV how the organizatio						
	supported organization						▶□
.8 F	rivate foundation. If the organization	on did not check a	a box on line 13,	l6a, 16b, 17a, or 1	7b, check this box	k and see	_
ii	structions						▶ 🗆
					Schedu	le A (Form 990 o	or 990-EZ) 2013
			Page :				
			Page	3			
sched	ule A (Form 990 or 990-EZ) 2013						Page <b>3</b>
		•			. \ ( ) \		
	rt III Support Schedule fo					to qualify under	r Part II If
		checked the bo	x on line 9 of P	art I or if the org	janization failed		r Part II. If
Pa	rt III Support Schedule for (Complete only if you the organization fails stion A. Public Support	checked the bo	x on line 9 of P	art I or if the org	janization failed		r Part II. If
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Sec Caler (or f	rt III Support Schedule for (Complete only if you the organization fails stion A. Public Support dar year scal year beginning in) Gifts, grants, contributions, and	checked the bo to qualify unde	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	
Sec Caler (or f	rt III Support Schedule for (Complete only if you the organization fails stion A. Public Support ndar year scal year beginning in) ► Giffs, grants, contributions, and membership fees received. (Do not	checked the bo to qualify unde	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	
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See Cales (or f 1 2 2 3 4 5 6 7a	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization of t	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	1
See Calei (or f 1 2 2 3 4 5 6 7a	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization of t	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	1
See Caleic (or f 1 2 2 3 4 5 6 7a	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization or facilities furnished in any activity that is related to the organization's tax-exempt purpose of the organization's tax-exempt purpose organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons of the organization of the organization without charge. Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	1
See See Cale Cale Cale Cale Cale Cale Cale Ca	Support Schedule for (Complete only if you the organization fails in tition A. Public Support (Complete only if you the organization fails in tition A. Public Support (Complete only if you the organization fails in tition and the organization fails in tition and in the organization in the organization in the organization in the organization in the organization is tax-exempt purpose organization in the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	1
See Calei Calei (or f 1 2 3 4 5 6 7a b	The support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	
See Calete (or f 1 2 2 3 4 4 5 6 7a b c 8	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization of the organizatio	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	1
See Calein 1 2 3 4 5 6 7a b C 8 See See See See See See See See See S	Support Schedule for (Complete only if you the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fees received. (Do not include any "unusual grants.").  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See: Caleet(or f 1 2 3 4 5 6 7a b Caleet(or f 7 6 7 7 8	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization or for the organization or for the organization or facilities furnished in any activity that is related to the organization or facilities furnished in any activity that is related to the organization or facilities furnished in any activity that is related to the organization or facilities furnished in any activity that is related to the organization or for the organization o	(a)2009	ox on line 9 of P r the tests listed	art I or if the org	janization failed omplete Part II	.)	
See See See See See See See See See See	Support Schedule for (Complete only if you the organization fails in tion A. Public Support (Complete only if you the organization fails in tion A. Public Support (Complete only if you the organization fails in tion and in the organization fails in tion and in the organization fails in the organization fails in the organization for services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose for the organization for the organization become fit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support (Subtract line 7c from line 6.)	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See Calet (or 1 2 3 4 5 6 7a b c 8 See Calet (or f 9	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization of the organizatio	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See See Caleator See See See Caleator See See Caleator Caleator See See Caleator Caleator Caleator Caleator See See Caleator Cale	The titl Support Schedule for (Complete only if you the organization fails in tition A. Public Support (Support of the organization fails in tition A. Public Support (Support of the organization)   Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See Calet (or 1 2 3 4 5 6 7a b c 8 See Calet (or f 9	Support Schedule for (Complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization of the organizatio	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See Calei (or f 1 2 2 3 3 4 4 5 6 7a b c 8 See Calei (or f 9 10a	The titl Support Schedule for (Complete only if you the organization fails in tition A. Public Support (Complete only if you the organization fails in tition A. Public Support (Complete only if you the organization fails in tition and the organization fails in tition and income for services or seceipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose organization's tax-exempt purpose organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support (Subtract line 7c from line 6.)  Etion B. Total Support dar year secal year beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See Calei (or f 1 2 2 3 4 5 6 7a b c 8 See Calei (or f 9 10a	The tities of the complete only if you the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization fails of the organization of the organiza	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
Sec. Calerdon 1 2 3 4 4 5 6 7a b Ca 8 Sec. (or f 9 10a b c c	The till  Support Schedule for (Complete only if you the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization for services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose for the organization's tax-exempt purpose in the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support (Subtract line 7c from line 6.)  "tion B. Total Support dar year secal year beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
See Caleid of See See Caleid of See See Caleid of See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See Caleid of See See See See See See See See See Se	rt III  Support Schedule for (Complete only if you the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fees received. (Do not include any "unusual grants.").  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total
Sec. Calerdon 1 2 3 4 4 5 6 7a b Ca 8 Sec. (or f 9 10a b c c	The till  Support Schedule for (Complete only if you the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization fails in the organization for services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose for the organization's tax-exempt purpose in the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support (Subtract line 7c from line 6.)  "tion B. Total Support dar year secal year beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.	(a)2009	x on line 9 of Pr the tests listed (b)2010	art I or if the org	anization failed omplete Part II	(e)2013	(f)Total

12	loss from the sale of capital assets			
	(Explain in Part IV.)			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).			
14	First five years. If the Form 990 is for the organization		, , , , , , ,	
	box and <b>stop here</b>			<u> ▶ □</u>
Se	ection C. Computation of Public Support Perc			
15	Public support percentage for 2013 (line 8, column (f)	, , , , , , , , , , , , , , , , , , , ,		5
16	Public support percentage from 2012 Schedule A, Part	III, line 15	· · · · · 1	6
Se	ection D. Computation of Investment Income			
17	Investment income percentage for 2013 (line 10c, colu	ımn (f) divided by line 13, column (f	1)	7
18	Investment income percentage from 2012 Schedule A,		_	
19a	331/3% support tests—2013. If the organization did	not check the box on line 14, and lin	e 15 is more than $33_{1/3}$	%, and line 17 is not
b	more than 331/3%, check this box and <b>stop here.</b> The or <b>331/3% support tests—2012.</b> If the organization did	ganization qualifies as a publicly sup not check a box on line 14 or line 19	ported organization a, and line 16 is more t	▶ □ nan 331/3% and line 18 is
	not more than 331/3%, check this box and <b>stop here.</b>	The organization qualifies as a public	ly supported organizatio	n <b>&gt;</b> 🗆
20	Private foundation. If the organization did not check	a hox on line 14, 19a, or 19b, check	this hox and see instruc	tions
		Page 4		
Sche	dule A (Form 990 or 990-EZ) 2013			Page <b>4</b>
	,		art II line 10: Part II	Page <b>4</b>
	art IV Supplemental Information. Provide	e the explanations required by Pa		
	Supplemental Information. Provide Part III, line 12. Also complete this pa	the explanations required by Port for any additional information		
	Supplemental Information. Provide Part III, line 12. Also complete this pa	e the explanations required by Pa		
	Supplemental Information. Provide Part III, line 12. Also complete this pa	the explanations required by Port for any additional information		
	Supplemental Information. Provide Part III, line 12. Also complete this pa	the explanations required by Port for any additional information		
	Supplemental Information. Provide Part III, line 12. Also complete this part Fa	the explanations required by Port for any additional information	. (See instructions).  Explanation	
	Supplemental Information. Provide Part III, line 12. Also complete this part Fa	the explanations required by Port for any additional information	. (See instructions).  Explanation	line 17a or 17b; and
	Supplemental Information. Provide Part III, line 12. Also complete this part Fa	the explanations required by Port for any additional information	. (See instructions).  Explanation	line 17a or 17b; and
	Supplemental Information. Provide Part III, line 12. Also complete this part Fa	the explanations required by Port for any additional information	. (See instructions).  Explanation	line 17a or 17b; and
	Supplemental Information. Provide Part III, line 12. Also complete this part Fa	the explanations required by Port for any additional information	. (See instructions).  Explanation	line 17a or 17b; and
P	Supplemental Information. Provide Part III, line 12. Also complete this part Fa	the explanations required by Port for any additional information	. (See instructions).  Explanation	line 17a or 17b; and

efile Public Visual Render ObjectId: 201411349349304796 - Submission: 2014-05-14

Supplemental Financial Statements

TIN: 95-4309251

OMB No. 1545-0047

## SCHEDULE D

(Form 990)

► Complete if the organization answered "Yes," to Form 990,

Open to Public

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Department of the Treasury

Internal Revenue Service Inspection Name of the organization **Employer identification number** GRACE RESOURCE CENTER INC 95-4309251 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year . . . . . . . . . 2 Aggregate contributions to (during year) . . . 3 Aggregate grants from (during year) . . . . Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Yes Vo Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring ☐ Yes ☑ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and 🗌 Yes 🛂 No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Cat. No. 52283D Schedule D (Form 990) 2013 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Page 2 -Schedule D (Form 990) 2013 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition Other \_\_\_\_

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in

Scholarly research

Part XIII.	·			-		·			
<b>5</b> During the year, did the organization solicit assets to be sold to raise funds rather than						nilar	☐ Yes	s 🗆 No	
Part IV Escrow and Custodial Arrang Part IV, line 9, or reported an a					swered "Ye	es" to	Form 990,		
1a Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other interm	nediary fo	or contribut	ons or o				☐ Yes ☐ N	0
<b>b</b> If "Yes," explain the arrangement in Part XI	II and complete the	e following	g table:				Am	ount	
C Beginning balance						1c			
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>						1d 1e			
f Ending balance					· · _	1f			_
2a Did the organization include an amount on	Form 990, Part X, li	ine 21? .						☐ Yes ✓ N	0
<b>b</b> If "Yes," explain the arrangement in Part XI	II. Check here if the	e explana	tion has be	en provid	ded in Part	XIII			
Part V Endowment Funds. Complete		_				_		( )5	
La Beginning of year balance	(a)Current year	( <b>b)</b> ₽	rior year	<b>b (c)</b> lw	o years back	(d)	Three years back	(e)Four years be	ack
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities									
and programs									
<b>f</b> Administrative expenses									
<b>g</b> End of year balance									
Provide the estimated percentage of the cu		nce (line :	1g, column	(a)) held	d as:				
a Board designated or quasi-endowment									
<ul><li>b Permanent endowment</li><li>c Temporarily restricted endowment</li></ul>									
The percentages in lines 2a, 2b, and 2c sho		:+: +!_			.::	41			
3a Are there endowment funds not in the poss organization by:	ession of the organi	ization th	at are neid	and adm	iinisterea ro	or the		Yes No	
(i) unrelated organizations							3a 3a	( )	_
<ul><li>(ii) related organizations</li><li>b If "Yes" to 3a(ii), are the related organization</li></ul>	ons listed as require	ed on Sch	edule R?• .					b	_
Describe in Part XIII the intended uses of the									
Part VI Land, Buildings, and Equipm Form 990, Part X, line 10.	ent. Complete if	the orga	anization a	inswere	d 'Yes' to	Form	990, Part IV,	line 11a. See	
Description of propert	У		(a) Cost or oth		(b) Cost or ot	her	(c) Accumulated	(d)Book valu	ıe
La Land			(investr	nent)	basis (oth	er)	depreciation	220	
<b>b</b> Buildings				220,000				220,	000
c Leasehold improvements				157,392			11,20	57 146,	125
d Equipment				23,648			13,68	39 9,	959
e Other				91,410			10,88	80,	520
otal. Add lines 1a through 1e.(Column (d) must			umn (B), lin						
							Schedule D	(Form 990) 20	013
		- Page 3	3						
		, age c							
chedule D (Form 990) 2013  Part VII Investments Other Securiti	es. Complete if the	he organ	nization ar	swered	l 'Yes' to F	orm C	990 Part IV li	Pag ne 11h	je <b>3</b>
See Form 990, Part X, line 12.									
(a) Description of security or cate (including name of security)	jory	(b	)Book valu	e			<ul><li>c) Method of va or end-of-year r</li></ul>		
)Financial derivatives									
2)Closely-held equity interests ther									

Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)						
	Investments Program Related. Comple	ete if the organization	on answer	ed	'Yes' to Form 990	, Part	IV, line 11c.
	See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value			(c) Method	of valu	lation:
	(a) Description of investment	(b) Book value			Cost or end-of-y		
-t-1 (C )	a (b) must equal Form 200 Part V 1 (0) (1)						
otal. (Columi Part IX	of (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization ans	wered 'Yes' to Form 99	90, Part IV	line	e 11d.See Form 990	, Part X	(, line 15.
3 =/4	(a) Descript					,	(b) Book value
	(1) 15 000 0 17 170 170	- \			_		
Part X	mn (b) must equal Form 990, Part X, col.(B) line 19 Other Liabilities. Complete if the organizate		to Form 9	90	Part IV line 11e	or 11	:
	See Form 990, Part X, line 25.			,	, . a. c 11, c 110	0. 11.	
	(a) Description of liability	(b) Book value					
deral incor			4.007				
ALES TAX L	IABILITY ( LIABILITY		4,907 1,667				
RIKOLL IA	CLADILITI		1,007				
tal. (Columi	n (b) must equal Form 990, Part X, col.(B) line 25.)		6,574				
Liability fo	or uncertain tax positions In Part XIII, provide the tools liability for uncertain tax positions under FIN 48 (	ext of the footnote to	the organiz	atio	on's financial statement	ents th	at reports the
	s liability for uncertain tax positions under FIN 48 (				(	en prov	INCU III FAIT AIII
						hedul	e D (Form 990) 2013
					30	cuul	(1 0.111 990 <i>)</i> 2013
		Page 4					
hedule D (	Form 990) 2013						Page <b>4</b>
Part XI	Reconciliation of Revenue per Audited	Financial Stateme	ents With	ı R	evenue per Retu	ırn	raye <b>4</b>
	Complete if the organization answered 'Yes	' to Form 990, Part	IV, line 12	2a.		1	
	evenue, gains, and other support per audited finance			•		1	
	nts included on line 1 but not on Form 990, Part VII  realized gains on investments		2a				

b	Donated services and use of facilities	s	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\bf 2e$ from line $\bf 1$				3	_
4	Amounts included on Form 990, Part	VIII, line 12, but not on line 1:				
а	Investment expenses not included o	n Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b			 	4c	
5	Total revenue. Add lines 3 and 4c. (	This must equal Form 990, Part I, line 12.)			5	
Par		enses per Audited Financial Staten tion answered 'Yes' to Form 990, Part		per Ret	urn.	
1	Total expenses and losses per audite	ed financial statements			1	
2	Amounts included on line 1 but not of	on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	s	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines 2a through 2d			 	2e	
3	Subtract line <b>2e</b> from line <b>1</b>			 	3	
4	Amounts included on Form 990, Part	IX, line 25, but not on line 1:				
а	Investment expenses not included o	n Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b			 	4c	
5	Total expenses. Add lines 3 and 4c.	(This must equal Form 990, Part I, line 18.	.)		5	
Pai	t XIII Supplemental Inform	nation				
		II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b; and Part XII, lines 2d and 4b.			ny ado	ditional information.
	Return Reference	Explanation				
				Sch	edule	e D (Form 990) 2013
Ac	lditional Data				R	eturn to Form

efile Public Visual Render ObjectId: 201411349349304796 - Submission: 2014-05-14

TIN: 95-4309251

**SCHEDULE G** (Form 990 or 990-EZ) Supplemental Information Regarding

OMB No. 1545-0047

	Complete if the organ	ization answered "	Or Gaming Actives" to Form 990, Part IV, line	s 17, 18, or 19, or if the	2013
Department of the Treasury Internal Revenue Service	Attacl	h to Form 990 or Fo	than \$15,000 on Form 990-E rm 990-EZ. See separate ins r 990-EZ) and its instructions	structions.	Open to Public Inspection
lame of the organization			,		entification number
GRACE RESOURCE CENTER II	NC			95-4309251	
Part I Fundraising	Activities.Complete	if the organizat	ion answered "Yes" to	Form 990, Part IV, line 1	7.
Form 990-EZ f	filers are not required	l to complete ti	nis part.		
1 Indicate whether the or	rganization raised funds	through any of t	he following activities. Che	ck all that apply.	
<b>a</b> Mail solicitations			e Solicitation of n	on-government grants	
<b>b</b> Internet and email s	solicitations		<b>f</b> Solicitation of g	overnment grants	
<b>c</b> Phone solicitations			g Special fundrais	sing events	
<b>d</b> In-person solicitatio	ns				
			individual (including office ection with professional fu	- duncialum	res 🗸 No
	hest paid individuals or east \$5,000 by the orga		ers) pursuant to agreeme	nts under which the fundrai	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
		<del> </del>			
		<del> </del>			
otal					
3 List all states in which the licensing.	e organization is register	red or licensed to	solicit contributions or ha	s been notified it is exempt	from registration or
or Paperwork Reduction Act N	Notice see the Instruction	ns for Form 990or	990-F7. Cat I	No. 50083H Schedule G	(Form 990 or 990-EZ) 201

Page 2

Schedule G (Form 990 or 990-EZ) 2013

Page 2

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1  AV FAIR (event type)	(b) Event #2  GOLF EVENT  (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	29,346	34,806	108,717	172,869
	2 Less: Contributions				

			1		
	3 Gross income (line 1 minus line 2)	29,346	34,806	108,717	172,869
	<b>4</b> Cash prizes	·	2,500		3,500
	5 Noncash prizes		, , , ,	, , , , ,	
Expenses	6 Rent/facility costs		1,385		1,385
De l	<b>7</b> Food and beverages		4,379		6,267
	8 Entertainment		·	·	·
200	9 Other direct expenses	568	1,097	4,686	6,351
-	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			17,503
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	155,366
ar	Gaming. Complete if the organization	anization answered "Ye	es" to Form 990, Part I	V, line 19, or reported	more than \$15,000
241	on Form 990-EZ, line 6a.				
III		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul><li>(d) Total gaming (add col.</li><li>(a) through col.(c))</li></ul>
Kevenue					
	1 Gross revenue				
5	2 Cash prizes				
expenses	3 Noncash prizes				
D I					
Direct	4 Rent/facility costs				
-1	5 Other direct expenses	568	,	4,686	6,351
	- · · · · · · · · · · · · · · · · · · ·	☐ Yes <u>%</u>		☐ Yes%	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)			
	Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	•	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	<u> </u>	
,	Enter the state(s) in which the organization	ion operates gaming activ	ities:		
a	Enter the state(s) in which the organization licensed to operate ga	ion operates gaming activ	ities:these states?		☐ Yes ☐ No
9	Enter the state(s) in which the organization Is the organization licensed to operate ga	ion operates gaming activ	ities:these states?		Yes No
a b	Enter the state(s) in which the organizati Is the organization licensed to operate gates and the state of the	ion operates gaming activi aming activities in each of	ities:these states?		Yes No
a b	Enter the state(s) in which the organization is the organization licensed to operate go if "No," explain:  Were any of the organization's gaming licenses.	ion operates gaming activi aming activities in each of  censes revoked, suspende	ities:these states?		Yes No
a b	Enter the state(s) in which the organizati Is the organization licensed to operate gates and the state of the	ion operates gaming activities in each of	these states?  d or terminated during the	e tax year?	☐ Yes ☐ No
a b	Enter the state(s) in which the organization licensed to operate gas If "No," explain:  Were any of the organization's gaming licensed in the organization of the orga	ion operates gaming activities in each of	these states?  d or terminated during the	e tax year?	☐ Yes ☐ No
a b	Enter the state(s) in which the organization licensed to operate gas If "No," explain:  Were any of the organization's gaming licensed in the organization of the orga	ion operates gaming activities in each of	these states?  d or terminated during the	e tax year?	☐ Yes ☐ No
a b	Enter the state(s) in which the organization licensed to operate gas If "No," explain:  Were any of the organization's gaming licensed in the organization of the orga	ion operates gaming activities in each of	these states?  d or terminated during the	e tax year?	Yes No
a b	Enter the state(s) in which the organization licensed to operate gas If "No," explain:  Were any of the organization's gaming licensed in the organization of the orga	ion operates gaming activities in each of	these states?  d or terminated during the	e tax year?	Yes No
a b Oa b	Enter the state(s) in which the organization licensed to operate gas If "No," explain:  Were any of the organization's gaming licensed in the organization of the orga	ion operates gaming activities in each of each	these states?  d or terminated during the	e tax year?	Yes No
a b Oa b	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming licenter of the organization operate gaming licenter of the organization operate gaming according to	ion operates gaming activities in each of control of the control o	these states?	schedule G (F	Yes No
a b Oa b	Enter the state(s) in which the organization licensed to operate gas If "No," explain:  Were any of the organization's gaming licensed in the organization of the orga	censes revoked, suspende	these states?	Schedule G (F	Yes No  Form 990 or 990-EZ) 2013  Page:
a b Oa b	Enter the state(s) in which the organization Is the organization licensed to operate gath of the organization:  Were any of the organization's gaming like If "Yes," explain:  dule G (Form 990 or 990-EZ) 2013  Does the organization operate gaming and Is the organization a grantor, beneficiary	censes revoked, suspende	these states?	Schedule G (F	Yes No Form 990 or 990-EZ) 2013 Page :
a b Da b	Enter the state(s) in which the organization Is the organization licensed to operate gaterian in the state of the organization is gaming like.  Were any of the organization's gaming like. If "Yes," explain:  dule G (Form 990 or 990-EZ) 2013  Does the organization operate gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity the organization's facility	censes revoked, suspende  censes revoked, suspende  crivities with nonmembers or trustee of a trust or a	these states?	Schedule G (F	Yes
a b Oa b 12	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming licensed in the organization operate gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	censes revoked, suspende  crivities with nonmembers or trustee of a trust or a	these states?	Schedule G (F	Yes No  Form 990 or 990-EZ) 2013  Page: Yes No Yes No
a b b b	Enter the state(s) in which the organization Is the organization licensed to operate gaterian in the state of the organization is gaming like.  Were any of the organization's gaming like. If "Yes," explain:  dule G (Form 990 or 990-EZ) 2013  Does the organization operate gaming activity formed to administer charitable gaming? Indicate the percentage of gaming activity the organization's facility	censes revoked, suspende  crivities with nonmembers or trustee of a trust or a	these states?	Schedule G (F	Yes No  Form 990 or 990-EZ) 2013  Page: Yes No Yes No
a b Oa b 12	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming licensed in the organization operate gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	censes revoked, suspende  censes revoked, suspende  ctivities with nonmembers or trustee of a trust or a  ty operated in:	these states?	Schedule G (F	Yes No  Page: Yes No  Yes No  Yes No
a b Oa b 12	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming lice If "Yes," explain:  Does the organization operate gaming act Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity the organization's facility  An outside facility  Enter the name and address of the person	censes revoked, suspende  ctivities with nonmembers or trustee of a trust or a	age 3  member of a partnership of the control of th	Schedule G (F	Yes
a b Oa b 1 2 3 a b 4	Enter the state(s) in which the organization Is the organization licensed to operate gate If "No," explain:  Were any of the organization's gaming lice If "Yes," explain:  Does the organization operate gaming act Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity.  An outside facility  Enter the name and address of the person Name  Address  Does the organization have a contract with the organization of the person	censes revoked, suspende  ctivities with nonmembers or trustee of a trust or a	age 3  member of a partnership of the service of th	Schedule G (F  Or other entity   13a  13b  Events books and records:	Yes
a b Da b Lhee	Enter the state(s) in which the organization Is the organization licensed to operate gate If "No," explain:  Were any of the organization's gaming lide If "Yes," explain:  Does the organization operate gaming activity of the organization and grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity organization's facility.  An outside facility.  Enter the name and address of the person Name.  Address.  Does the organization have a contract with revenue?.	censes revoked, suspende  censes revoked, suspende  ctivities with nonmembers or trustee of a trust or a	age 3  member of a partnership of the sization's gaming/special e	Schedule G (F  Or other entity   13a  13b  events books and records:	Yes
a b Oa b 11 22 3 a b 4	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming lid If "Yes," explain:  Does the organization operate gaming act Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility  An outside facility  Enter the name and address of the person Name  Address  Does the organization have a contract wirevenue?  If "Yes," enter the amount of gaming rev	censes revoked, suspende  censes revoked, suspende  crivities with nonmembers or trustee of a trust or a company of the prepares the organism who pr	ities:	Schedule G (F  Or other entity   13a  13b  events books and records:	Yes
oab Oab 11 22 3 ab 4	Enter the state(s) in which the organization Is the organization licensed to operate gate If "No," explain:  Were any of the organization's gaming lide If "Yes," explain:  Does the organization operate gaming activity of the organization and grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity organization's facility.  An outside facility.  Enter the name and address of the person Name.  Address.  Does the organization have a contract with revenue?.	censes revoked, suspende  tivities with nonmembers or trustee of a trust or a  ty operated in:  on who prepares the organ  th a third party from whole.  enue received by the organ  the third party \$	ities:	Schedule G (F  Or other entity   13a  13b  events books and records:	Yes
9 a b 0a b 12 3 a b 4 5 5 a b	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming licensed in the organization operate gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity the organization's facility An outside facility	ion operates gaming activities in each of activities in each of activities with nonmembers or trustee of a trust or activities with nonmembers or trustee of a trust or activities with nonmembers activities with nonmembers and the interest of a trust or activities with nonmembers are trusted in:	ities: these states? d or terminated during the age 3  member of a partnership of a partner	Schedule G (F  Or other entity  Events books and records:  Es gaming  and the	Yes No Page: Yes No Yes No Yes No
oab Oab 12 3 ab4	Enter the state(s) in which the organization Is the organization licensed to operate gate If "No," explain:  Were any of the organization's gaming lide If "Yes," explain:  Does the organization operate gaming activity of the organization and grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity organization's facility.  An outside facility.  Enter the name and address of the personal Address.  Does the organization have a contract wirevenue?  If "Yes," enter the amount of gaming revenuent of gaming revenue retained by the If "Yes," enter name and address of the testing the state of the testing the state of the testing the state of the testing the state of the testing the state of the testing the state of the testing the state of the testing the state of the testing the state of the testing the state of	ion operates gaming activities in each of activities in each of activities with nonmembers or trustee of a trust or activities with nonmembers or trustee of a trust or activities with nonmembers activities with nonmembers and the interest of a trust or activities with nonmembers are trusted in:	ities: these states? d or terminated during the age 3  member of a partnership of a partner	Schedule G (F  Or other entity  Events books and records:  Es gaming  and the	Yes No Page: Yes No Yes No Yes No
on a b Check the check the	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming lid If "Yes," explain:  Is the organization:  Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility  An outside facility  Enter the name and address of the person Name  Address  Does the organization have a contract wirevenue?  If "Yes," enter the amount of gaming revamount of gaming revamount of gaming revenue retained by the If "Yes," enter name and address of the to Name	censes revoked, suspende  censes revoked, suspende  conservation of a trust or a trustee or a trustee or	ities: these states? d or terminated during the age 3  member of a partnership of a partner	Schedule G (F  Schedule G (F  Dr other entity   13a  13b  vents books and records:  es gaming  and the	Yes No Page: Yes No Yes No Yes No Yes No
9 a b b .00a b .11 .12 .13 a b .14	Enter the state(s) in which the organization Is the organization licensed to operate gat If "No," explain:  Were any of the organization's gaming lid If "Yes," explain:  Is the organization:  Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility  An outside facility  Enter the name and address of the person Name  Address  Does the organization have a contract wirevenue?  If "Yes," enter the amount of gaming revamount of gaming revamount of gaming revenue retained by the If "Yes," enter name and address of the to Name	censes revoked, suspende  censes revoked, suspende  conservation of a trust or a trustee or a trustee or	ities:	Schedule G (F  Schedule G (F  Dr other entity   13a  13b  vents books and records:  es gaming  and the	Yes No Page: Yes No Yes No Yes No Yes No

			<u> </u>
			Schedule G (Form 990 or 990-EZ) 2013
	Return Reference		Explanation
Par			ations required by Part I, line 2b, columns (iii) and (v), and Part III, able. Also complete this part to provide any additional information
b	Enter the amount of distributions required in the organization's own exempt activities.		buted to other exempt organizations or spent  \$ \$
а	retain the state gaming license? .		distributions from the gaming proceeds to
L7 _	Mandatory distributions:	to low to make charitable	distributions from the agains presents to
	☐ Director/officer	☐ Employee	☐ Independent contractor
	Description of services provided		
	Name ► Gaming manager compensation ► \$		

PROGRAM

PROGRAM

PROGRAM

PROGRAM

Schedule I (Form 990) 2014

Return to Form

<ul> <li>Enter total number of section 501(c)(3)</li> <li>Enter total number of other organization</li> </ul>					
For Paperwork Reduction Act Notice, see the Ins			io. 50055P	Schedule I (Form 990) 2014	
		— Page 2 ————			_
Schedule I (Form 990) 2014					Page <b>2</b>
Part III Grants and Other Assistance to Part III can be duplicated if additi			anization answered "Yes"	to Form 990, Part IV, line 22.	
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Software Version:

**Additional Data** 

efile Public Visual Render ObjectId: 201411349349304796 - Submission: 2014-05-14 Supplemental Information to Form 990 or 990-EZ TIN: 95-4309251 OMB No. 1545-0047

Open to Public Inspection

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 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.

Name of the organization GRACE RESOURCE CENTER INC

Employer identification number

95-4309251

Return Reference	Explanation
PART VI LINE 19	NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC
PART XI	FINANCIAL STATMENTS ARE PROCESSED OFF SITE

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2013

**Additional Data** 

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**Software ID:** 13000199

**Software Version:**