Return of Organization Exempt From Income Tax

Under section 601(e), 527, or 4847(e)(1) of the internal Revenue Code (except private foundations)

Inte	nd Revo	nus Service	► Information about	t Parm 950 and its in:	inteliena la at	mentury from	nocellonus	n	(ពន្ធគ្នា	
A	For the	2013 cats	ndar year, or tax year beginning	C4/01		nd andla		131	,20 14	
B	Check I	applicable:	C Name of organization Raily Foun	dation, Inc.					per Identification o	mhar
		change	Doing Business As Children's C		Family Assista	nce Form	detion		20-1850849	
	Name d	range .	Number and street for P.O. box if m	nell is not delivered to stre	et eddresn)	Room/sub		E Telecho	No comber	
	Initial ref	חשל	5775 Glenridge Orive, Building				a 370			
	Tembe	ted	City or town, state or province, occ		estal code	3,446	# A/U		404-847-1270	
	Amendo	d return	Sandy Springs, GA 20328				•	G Bross n		
	Annicat	ion pending	F Name and address of principal offic	er: Dean Crosse, Fo	under & CEO		Terra to manage		cooding 70	2081,330
			Same as above	- Some Ground LA	Marci & CEO				is included? Yes	
ī	Tree-core	mot statue:	☑ 80164(S) ☐ 801(d)	()∢ (insert no.)	Teneren - I	E27	1 with 1420 EE	n ^o attack	is manacopy (Yee 3 Cat. (280 instructio	
1	Website		u.rallyfoundation.org) - Anomened !	1404/(BUI) G7					a con
K			Corporation Trust Associa	stion ☐ Citier>	10.300	r of formatic		_	number >	
1	ort	Summ			1 5 700	A CA LCHARACT	PE 2005	III Still	of logal domicile:	<u>GA</u>
	1		scribe the organization's miss	ion or most signific	ant anti-dilane			·		
9	'					•••••••••				
H			ndation, a 601(e)(3) non-profit o and concer research to find bet		A SOMETHINGS	HEIRES STR	COLUMNY OF	LENCE BAS	menass and tro	148
Ę	2	Chock th	is box Diff the organization	discontinued its en	seer ung-turn	999 GIB	23 870, UN	DEST. O	Mo act access	
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9	1 4		of independent voting member			the state	• • • •	3		18
8	7		nber of Individuals employed t				• • • •	4		13
\$	8		nber of volunteers (estimate if		o (reat v, uno	28) .	• • • •	5		9
Activities &	1 .				· · · ·	• • •	• • • •	8		4,800
•	7 a		elated business revenue from			• • •	• • • •	7a		0
-	b	LARY MILES	ated business taxable income	11-066 Hann -1-11	na 34		Prior Ye	70	0-19	0
	ا ا	O	Name and service (David MIII III II	413		ļ			Current Y	
3	8		tions and grants (Part VIII, line		• • • •	· · }-	1	.505,310		1.789,557
Revenue	8		service revenue (Part VIII, line			· · · -		0		0
Æ	10		nt income (Pert VIII, oclumn (A			· · -		1,997		2,497
	11		renue (Part VIII, column (A), line			:.:.: <u> -</u>		194,653)		(234,050)
_	12		enue-add lines 8 through 11 (r			8 (2)		312,844		1,55B,004
	18.		nd similar amounts paid (Part I			· · -		,006,127		1,238,071
	14		paid to or for members (Part I)			<u> </u> -		0		0
8	15		other compensation, employee			ן עוריי		167,929		170,495
Expenses	16a		nai fundraising fees (Part IX, c	• • • • • • • • • • • • • • • • • • • •			istant valorent	0 स्वयंत्रस्थातम्	2770 TO 15 TO 15 TO 15	O Marchard
R	Ь		draising expenses (Part IX, col			2_125 E	KIND WINDS			表表面
_	17		penses (Part IX, column (A), lin			∵∵⊢		140,119		154,381
	18		enses. Add lines 13-17 (must) · -	1	313,375		1.582.917
	19	Hevenue	less expenses. Subtract line 1	is from line 12	• • • •	• • •	4-4-40	(731)	End of Ye	<u>(4,913)</u>
88	on	*	ate Mark V. Una dM			=	eglandrag of Ca			
1	20		ets (Part X, line 16)		• • • •	•••⊢		801,269		1,138,968
THE STATE OF THE S	21		dities (Part X, line 26)		• • • •	· · -		447,584		688,164
			ts or fund balances. Subtract i	ine 21 from ine 20	• • • •	• • •		483,708	<u> </u>	448,782
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Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 20**13**

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inspection

▶ Information about Form 980 and its instructions is at www.irs.gov/form990. 20 14 2013, and ending For the 2013 calendar year, or tax year beginning D Employer Identification number Check if applicable: C Name of organization Raily Foundation, Inc. Doing Business As Children's Cancer Research and Family Assistance Foundation 20-1950849 Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change П 5775 Glenridge Drive, Building B 404-847-1270 **Suite 370** Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated **G** Gross receipts \$ 2,081,330 Amended return Sandy Springs, GA 30328 H(a) is this a group roturn for subordinates? 🔲 Yes 🗹 No F Name and address of principal officer: Dean Crowe, Founder & CEO Application pending Hib) Are all subcatinates included? 🔲 Yes 🔲 No Same as above if "No." attach a list (see instructions)) ◀ (Insert no.) 4847(a)(1) or 527 **2** 501 (c)(3) □ 501(c) (Tax-exampt status: H(c) Group exemption number ▶ Website: ▶ www.rallyfoundation.org M State of legal domicile: GA L Year of formation: 2005 Association ☐ Other ➤ Form of organization: Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: Raily Foundation, a 501(c)(3) non-profit organization, empowers volunteers across the country to raise awareness and funds Activities & Governance for childhood cancer research to find better treatments with fewer long-term side effects and, ultimately, cures Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 9 6 4,500 Total number of volunteers (estimate if necessary) **7a** 0 Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34 O Prior Year Current Year 1,505,310 1,789,557 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) 1.987 2,497 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 (194,653) (234,050)Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 <u>1,558,004</u> Total revenue—add lines 8 through 11 (must equal Part Vill, column (A), line 12) 1,312,644 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 1,005,327 1,238,071 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 170,495 167,929 15 0 Professional fundraising fees (Part IX, column (A), line 11e) **16a** Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,119 154,351 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,562,817 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,313,375 (4,913) (731)Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 1,136,956 801,288 Total assets (Part X, line 16) 20 688,164 447,584 21 Total liabilities (Part X, line 26) . . 448,792 453,705 Net assets or fund balances. Subtract line 21 from line 20 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Signature of officer Sign Here Type or print name and title Date Preparer's signature Print/Type preparer's name Check 🔲 if Paid self-employed Preparer Firm's EIN 🕨 Firm's name **Use Only** Phone no. Firm's address > ✓ Yes
☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

ionn 88	Page 2
Part	
1	Briefly describe the organization's mission:
	Raily Foundation, a 501(c)(3) non-profit organization, empowers volunteers across the country to raise awareness and funds
	for childhood cencer research to find batter treatments with fewer long-term side effects and, ultimately, cures.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
48	(Code:) (Expenses \$ 1,201,816 including grants of \$ 1,180,360) (Hevenue \$
	Perfer Equiposition, through its competitive neer review process, supports all types of childhood cancer research including but
	and limited to science at the bench (very early research), innovative studies, clinical trials, targeted therapies, DNA studies, and
	syntherethin studies. Relly Foundation also funds second, third, and fourth year Fellows. In an effort to streamine the grant
	process. Pally Foundation vets and co-funds research with other childhood cancer organizations. Raily Foundation gives
	their research grants once a year, churing the fourth quarter of its fiscal year - January through March. In fiscal year 2013-2014.
	Rally Foundation awarded more than \$1,2 million to 30 hospitals across the country, bringing it's total grants to over \$6.2 million.

	(Code:) (Expenses \$ 44,928 including grants of \$ 0) (Revenue \$)
4b	(Code:) (Expenses \$ 44,929 including grants of \$ 0) (revenue \$
	Raily Foundation has educated more than 400,000 people on the need for childhood cancer research and has engaged
	encestimetals 1 750 valuations. In 2013, Rally had over 20 million media impressions. Most of Rally's Public Education
	and Awareness Programs are grassroots efforts to inform the public about the need for childhood cancer research.

	(Code:) (Expenses \$ 47,721 Including grants of \$ 47,721) (Revenue \$)
40	(COUB) (Expenses 4
	Rally Foundation Family Emargency Fund: Rally Foundation has established a resource for parents whose children are currently going through treatment
	for cancer and need additional help with financial responsibilities.
	Los Caucas, and united secondular usub Arra microscopic accounts.

	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)
46	1 394 488
	Total program service excenses. Form 980 2013

art l'	Checklist of Required Schedules		Yes	No
	501(a)(a) or 4047(a)(1) (other than a private foundation)? If "Yes."			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
_	to the contributors (see instructions)?	2	✓	
2	Did the organization engage in direct or indirect political campaign activities on benain or or in opposition to			
	andidator for nublic office? If "Vee " complete Schedule U. Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 i(n) selection in affect during the tax year? If "Yes." complete Schedule C, Part il	4		1
_	to the second se	-		
•	assessments, or similar amounts as defined in Hevenue Procedure 80-1911 1945, Company Company	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of aniounts in such totals of assertions.	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١.
0	the Greekle D Cod III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a provide organization for emounts not listed in Part X; or provide credit counselling, debt management, credit repair, or provide credit counselling.	9		1
	debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	A TALL THE PROPERTY OF THE PRO	10		!
11	endowments, permanent endowments, or questions is "Yes," then complete Schedule D, Parts VI. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.			
-				
a	Did the organization report an amount for land, buildings, and equipment in Part X, time for it res,	11a	1	Ì
		118	+	+
	Complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	_	1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of more	110	_	1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% of more of its total assets	11d		1
_	to the Habitain in Dort Y. line 252 If TYPS "COMDINIO SCRIBOLIB U. FOIL A	11e	4	1
1	Did the organization's separate or consolidated marical statements to the tax year." complete Schedule D. Part X.	111		1
128	Did the organization obtain separate, independent audited financial statements for the tax year in res, competer	128	. 1	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		1	1
t	Was the organization included in consolidated, interpational abunda includes in the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	✓
13		144	4	1
141				1
•		141	<u>.</u>	1
	fundralsing, business, investment, and program service services, investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		+	一
15	· · · · · · · · · · · · · · · · · · ·	1	4	1
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.		3	1
17	Did the organization report a total of more than \$15,000 of expenses for professional futurations of the structure of the complete Schedule G. Part I (see Instructions)		<u>/</u>	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions.	10	B v	<u>, </u>
19	The state of the s	19		1
		20		17
20	If "Yes," complete Schedule G, Part III a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20	b	1
	a Did the organization operate one of incremental transfer a copy of its audited financial statements to this return? If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			180 (201

art l	V Checklist of Required Schedules (continued)	\neg	Yes	No	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				_
	The state of the s	21	✓	<u> </u>	_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals at the Orlino Carlo Process of the Orlino 22 if "Yes." complete Schedule I. Parts I and III	22		1	_
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 organization's current and former officers, directors, trustees, key employees, and highest compensated organization's current and former officers, directors, trustees, key employees, and highest compensation or the organization of the organi	23		1	
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	24a		1	
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		1	_
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501 (c)(4) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? If "Yes." complete Schedule L. Part I	24d 25a		1	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualited 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?	25b		1	<u>, </u>
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 discussified payables if so complete Schedule L. Part II	26		1.	<u>, </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor of gray of these persons? If "Yes." complete Schedule L, Part III	27	a de la companya de l	√	, ,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
a b	Schoolula I Part IV	28a		T	/
C	was an officer director, trustes, or direct or indirect owner? If "Yes," complete Screenie L, Fait IV	200	_	_	_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization receive contributions? If "Yes," complete Schedule M	30		7	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete schedule N,	31			✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If res,	32	<u>.</u>		<u>√</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under regulations				<u>√</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule ri, rait ii, iii,				√,
35:	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a bif "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a bif "Yes" complete Schedule R, Part V, line 2.			1	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to all exempt hor-characters.		Б		1
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,	3	7		√
38	The second secon		8 ·	/	/201
	701 110001		Form 1	PRU	

Check if Schedule O contains a response or note to any line in this Part V Check if Schedule O contains a response or note to any line in this Part V The Check if Schedule O contains a response or note to any line in this Part V The Check if Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note to any line in this Part V The Schedule O contains a response or note of the schedule O contains a response or this response or response or this response or response or the schedule O contains a response or the schedule or response or the schedule O contains a response to the response or the schedule O contains a response to the response or the schedule O contains and response to the response or the schedule O contains and response or the response or the response or the response or response or response to the response or the payor? The Yes To line Sor Sb. did the organization relate the number of Forms 2021 lited	Part \	Statements Regarding Other IRS Filings and Tax Compliance				
18 Enter the number reported in Box 3 of Form 1096. Enter -0- il not applicable be Finder the number of Forms W-26 included in line 1a. Enter -0- il not applicable chief the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28 Enter the number of enomy with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 29 Enter the number of enomy with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 20 Enter the number of enomy with backup with winnings of the prize winners? 30 Dut the organization have unrelated business gross income of 51,000 or more during the year? 31 Dut the organization have unrelated business gross income of 51,000 or more during the year? 32 Dut the organization have unrelated business gross income of 51,000 or more during the year? 33 Dut the organization have unrelated business gross income of 51,000 or more during the year? 34 As any time during the calendar year, did the organization have an interest, in or a signature or other authority over, a internal account in a foreign country (such as a bank account, securities account, or other financial accounts or filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. 35 Was the organization apply to a prohibited tax sheller transaction at any time during the tax year? 36 Dud any taxable party no strip the progenization file form 8868-T7 must provide an explanation of the tax year? 36 Dud the organization should any contributions that were not tax deductable as charaltacles contributions or girts were not tax deductible? 37 Organization should any contributions that were not tax deductable as charaltacles contributions and sights were not tax deductable as charaltacles contributions and should be organization should any contributions and excess of S75 made party as a cont	ar Car C	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No	
1a Enter the number reported in Box 3 of Porm titude. Cheer of In not applicable. Enter the number of Porms V-26 included in line 1a. Enter 4-0-1 not applicable. Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 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 1 and 2a is greater than 250, you may be required to e-file see instructions). 3b Ut the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No' to lime 5b, provide an explanation in Scnedule O. 3b If "Yes," has the dar Form 990-T for this year? If "No' to lime 5b, provide an explanation in Scnedule O. 3c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 5c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 5c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 5c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 5c If "Yes," to time 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to time 5a or 5b, did the organization intell with every solicitation and system that such contributions or gits were not tax deductible? 6c If "Yes," to time the organization number of the value of the goods or services provided? 6c If "Yes,"		1				
b Enter the number of Forms W-2G included in the 1st. Enter III in opticities or particular organization comply with backing presentable gaming (gambling) winnings to prize winners? 2 Enter the number of empty with backing presentable gaming (gambling) winnings to prize winners? 3 Statements, filed for the calendar year ending with or within the year covered by this return 3 Statements, filed for the calendar year ending with or within the year covered by this return 3 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions). 3 Dut the roganization have unrelated business gross income of 5,000 or more during the year? 3 Dut the roganization have unrelated business gross income of 5,000 or more during the year? 3 Dut the roganization have unrelated business gross income of 5,000 or more during the year? 3 Dut the roganization have unrelated business gross income of 5,000 or more during the year? 3 Dut the roganization and the organization they are interested in a september on other authority over, a interest with the roganization and party to a prohibited tax shelter transaction at any time during the tax year? 5 If Yes, "enter the name of the foreign country." 5 If Yes, "other the roganization and party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations she may receive deductible contribution and under section 170(c). 8 Did the organization mount were not tax deductible as charitable contributions and services provided to the payor? 9 If Yes, "did the organization moulty the control of the value of the goods or services provided? 1 Did the organization section of paylifecting or indirectly, to pay premiums on a personal parefit contract? 1 Did the organization section any funds, directly or indirectly, to pay pr	1a	Enter the number reported in Box 3 of Form 1090, Enter 401 in 101 applicable	1	£		
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c If "Yes" to line 5a or 5b, did the organization file Form 889c17 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d If "Yes," indicate the number of Forms 2828 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? If the organization received a contribution of cars, boats, arplanes or other vehicles, to the organization files Form 1989-8 C? 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? Sponsoring organization make a distribution to a donor, donor advised fund maintained by a sponsoring organization make a distribution to a donor, donor advised funds. Did the organization make a gistribution to a donor, donor advised funds. Section 501(c)(2) qualified nonprofit health line trusts, is the organization filing Form 990 in lieu of Form 1041? 22 Gross income from members or shareholders B Gross income from other sources (Do not not amounts due or pai	5a	Was the organization a party to a prohibited tax shelter transaction?	5b		1	_
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand C Enter the amount of reserves on hand 13b 13c 14a 7		a Initiation tees and capital contributions included on Part VIII, line 12	-			1
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders . b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2. At the amount of reserves on hand 3. At the amount of reserves on hand 4. At the amount of reserves on hand 4. At the amount of reserves on hand 5. At the amount of reserves on hand 6. At the amount of reserves on hand 7. At the amount of reserves on hand		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		1		
a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2. At the approximation receives any payments for indoor tanning services during the tax year? 14a ✓		Section 501(c)(12) organizations, Enter:				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13b In the amount of reserves on hand 13c In the amount of reserves on hand 13c In the amount of reserves on hand 13d In the amount of reserves on hand 14d In the amount of reserves on hand 15d In the amount of reserves on hand 16d In the amount of reserves on hand 17d In the amount of reserves on hand 18d In the amount of reserves on hand 19d In the amount of reserves on hand 19d In the amount of reserves on hand 19d In the amount of reserves on hand		O are income from members or shareholders				
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a		b. Gross income from other sources (Do not net amounts due or paid to other sources				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in field of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a				. -		
b If "Yes," enter the amount of tax-exempt interest received of accreed during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand c Enter the amount of reserves on hand 13b 13c 14a	12	- Coation 4047(a)(4) popersympt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	-	-	_	-
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand c Enter the amount of reserves on hand 13b 13c 14a		b If "Yes." enter the amount of tax-exempt interest received of accreed during the year.			1.	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Children reserves the organization structure of the independent of	13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1:	3a		-
the organization is licensed to issue qualified health plans		to the agreement on licensed to issue qualified health plans in more than one state?		-	\neg	_
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a 14a 14b 15c		Note. See the instructions for additional information the organization must report on schedule of				
c Enter the amount of reserves on hand		b Enter the amount of reserves the organization is required to maintain by the state of the stat	l i			
c Enter the amount of reserves on hand		the organization is incerised to issue question and incerised to issue question in the organization is incerised to issue question and incerised to incerise and incerise and incerised to issue question and incerise and inceris			<u>].</u>	
14a Did the organization receive any payments for industrial land 3 services an explanation in Schedule O . 14b		- Cotor the amount of reserves by Danu	1	4a	1	_
	14	a Did the organization receive any payments for indoor talking solving an explanation in Schedule O .	1	4b		_

Part \	The state of the s	e inst	ructio	ons.
Section	on A. Governing Body and Management			
		\rightarrow	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		√
4 5 6 7a	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?	4 5 6		\frac{\frac}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}}}}}{\frac}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	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.	8a 8b	√	_
~	on B. Policies (This Section B requests information about policies not required by the Internal Reven		de.)	
Secti	on B. Policies (This Section & requests information about policies not required by the interest of the interes		Yes	No
10a b	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?	10a 10b		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	>	
b	and the state of the second state of the property of the control of the second state o			
12a b	Did 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 annually interests that could give rise to conflicts?	12a 12b	√	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13 14 15	Did the organization have a written whistleblower policy?	14	✓	
	The organization's CEO, Executive Director, or top management official	15a 15b	1	/
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply.	n 501	(c)(3)	s only
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of th	e 	
	organization: ► Christi Kruse. 5775 Glenridge Drive, Building B, Suite 370, Sandy Springs, GA 30328 404-847-1270 (or 618-	4/1-0	0 (2013

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Form	990	201	80

Ferm 980 (201)	18	James and
Part VII	Compensation of Officers, Directors, Trustess, Key Employees, Highest Compensated Em	bioless, and
	Independent Centractors	_

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	n nor any relate	2 Orga		(C)	пиро				
(A) Name end Title	(S) Average hours per week (list any	bax, u	ot che intere r end	Positi sek r per a di	tion nore son rectr	than o	80) 80	(D) Reportable compansation from	(E) Reportable compansation from related	(P) Estimated amount of other
	tours for related organizations below dotted fina)	ar direct	Institutional trustee	Officer	Kay omployee	Highest compensated employse	Former	the cognitive construction	organizations (W-2/1089-M5SC)	compensation from the organization and related organizations
1) Dean Crowe • Founder & CEO	45	1		V				94,508	_0	
2) Christi Kruse - Treasurer	15	1						15,488	0	
3) Peggy Fulghum - Chair	5	1							0	
4) Carole Anna Orsborn - Secretary	- 6	1,		Γ					0	
5) Reid Crowe - Co-founder	5	1							0	
6) Blaine Hess - Vice-president	5	1							0	
(7) Joy Posthauer - Vice-president	5	1,		Γ					0	
(8) Kevin Isakson - Vice-president	5	-		Γ					0	
(8) Larry Dalat - Vice-president	5	1,	T	Γ	Γ				0 0)
10) Todd Ewing - Vice-president	6	-							0	
11) Scott Givens - Vice-president	5	- /							0 0	
12) Chris Gaffnay - Vice-president	5	- /							0 0	
13) Shane Roach - Vice President	5	- /							0	
(14)			T	T	Τ	Π	T			

	(A) Name and title	(8) Average hours per week dist any	cox, office	unles r and	Pos leck is pe d a d	rson rest	than c is both or/trust	an ea)	(D) Reportable compensation from	(E) Reportable compensation fro related	om	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Kay emplayee	Highest compensated employee	Fermer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS)		empensation from the erganization and related rganizations	
(15)													
(16)						_							
(17)		<u> </u>	1										
(18)					-	-			<u> </u>				
(19)				-	-	-							
(20)				-	-	-							
(21)													
(22)				-	-								
(23)					-	-							
(24)													
(25)												-	
1b c	Sub-total	VII, Section	on A					D D	109,996		0		0
<u>d</u>	Total (add lines 1b and 1c)	t not limited	d to ti	1056	e lis	ted	abov	<u>></u>	ho received m		0) 0,000 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	ctor, (or ti	rust ind	ee, livid	key (emp	oloyee, or high	nest compens	ated	Yes 3	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio	n a	and other com	pensation from	n the	4	-
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe comp	nsa lete	tior Sc.	i fro hed	m any ule J	y ur for	nrelated organi such person	zation or indiv		5	√ ✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year.	compensa port compe	ted in ensati	dep on f	enc for t	tent he d	conti	ract dar	ors that receiv year ending wi	ed more than th or within th	\$100,00 e organi	0 of zation's ta	ıx
	(A) Name and business ad	dress							(B) Description of	services	Corr	(C) ipensation	
2	Total number of independent contract received more than \$100,000 of comper	ors (includ	ing b	ut r	not	limi	ted t	o ti	hose listed at	oove) who			

		Check if Schedule O contains a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 12	1a	Federated campaigns 1a	101,113				
and Other Similar Amounts		Membership dues 1b	0				
Ē	_	Fundraising events 1c	838,493				
ar a		Related organizations 1d	0				
Ē		Government grants (contributions) 1e	0	,			
S	f	All other contributions, gifts, grants,					
		and similar amounts not included above 11	849.951				
	g	Noncash contributions included in lines 1a-1f: S	228,123				
3 ह	h	Total. Add lines 1a-11		1,789,557			
e l			Business Code		4.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ě	2a				 		
æ	b				ļ		
<u>i</u>	С						
Sel	d						
Ē	е						
Program Service Revenue	f	All other program service revenue.		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u> </u>	g	Total. Add lines 2a-2f			 		T
	3	Investment income (including divid	dends, interest.				2,497
1		and other similar amounts)		2,497	1		
- 1	4	Income from investment of tax-exempt to					
ļ	5	Royalties	<u>D</u>				
1		(i) Real	(i·) Personal				
ļ	6a	Gross rents			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ь	Less: rental expenses					
	C	Rental income or (loss)		-			
	d	Net rental income or (loss)	(e) Other	 	1	j to state of the co	
	7a	Gross amount from sales of (i) Securities	(e) Other	4			
		assets other than inventory		4			
	ь	Less: cost or other basis					
		and sales expenses .		4			
	С	Gain or (loss)				. Ch	The second of the second
	d	Net gain or (loss)	. <u> </u>	 	 	-	
	}						
Ĕ	8a	Gross income from fundraising	İ				
Š	1	events (not including \$ 838,493					
Be		of contributions reported on line 1c).					
ē		See Part IV, line 18	a 289,27	~			
Other Revenue	b		b 523,32				(234,050
•	C	Net income or (loss) from fundraising	ig events . 🕨	(234.05	0)		(204)000
	9a	Gross income from gaming activities	•				
	1	See Part IV, line 19		\dashv			
	b	Less: direct expenses	b_		1		
	c	Net income or (loss) from gaming a	cuvilles		+		
	10a	Gross sales of inventory, les	5		A 100		
		returns and allowances		-			
	į t	Less: cost of goods sold	b_nventory ▶	-			
		Net income or (loss) from sales of i	Business Code				
	-			-1			
	118	***************************************	.		-		
	t	***************************************	.			_	
	(.				
	1 0	All other revenue	<u> </u>				
	1	Total. Add lines 11a-11d	🗅	• 1			1,558,0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b. Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 1,190,350 1.190.350 Grants and other assistance to individuals in the United States, See Part IV, line 22 . . . 47,721 47,721 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, 5 2,104 trustees, and key employees 61.006 2,104 65,214 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18,703 6,717 61,692 87,112 Other salaries and wages Pension plan accruals and contributions (include 265 section 401(k) and 403(b) employer contributions) 4.118 550 4.933 160 67 615 842 a 984 2,361 9.049 12,394 Payroll taxes 10 Fees for services (non-employees): 11 Management 0 15 285 300 1,833 4,355 22,918 16,730 C Lobbying d Professional fundraising services. See Part IV, line 17 e Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 11,189 229 (A) amount, list line 11g expenses on Schedule O.) 22.800 34,218 Advertising and promotion 12 5,056 16,426 3,349 24,831 Office expenses 13 1,218 oi 9.744 10,962 Information technology 14 15 16 0 179 12,024 12,203 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 313 oi 15,801 16,114 Conferences, conventions, and meetings . 19 Interest 20 Payments to affiliates 21 614 259 2,361 3,234 Depreciation, depletion, and amortization . 22 3,344 366 870 4,580 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4.350 0 7,766 3.416 Supplies 17,225 0 0 17,225 ь Printing C d All other expenses 52,125 Total functional expenses. Add lines 1 through 24e 33,310 1,477,482 1,562,917 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720) Form 990 (2013)

1	Calaire Circs		
	k if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	(B) End of year
18	one hand interest - bearing	74,803	1 72,132
	Salara and temporary cash investments	803,919	2 956,352
Ì		111	3 100,325
ָלָ נָ	Accounts receivable net	L.	4
֝֞֝֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	l oans and other receivables from current and former officers, directors,		
ust to	t compens		· ·
	notings report begins and an activities and an activities and an activities and activities activities and activities activities activities and activities activities and activities activiti		
258 258 200 200	Loans and other receivables from other disqualited persons (as defined under section 4958(n)(1)), persons described in section 4958(o)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary proganizations (see instructions). Complete Part II of Schedule L.		9
Ď	Notes and loans receivable, net		7
` ≥	Inventories for sale or use		8
9	Prepaid expenses and deferred charges	14,681	3,506
, # t			
5 3	10b	1 277.7	10c 4.54
ű i	continuated depreciation		11
≥ ?	Investingation business account of the 11		12
≥ }	Investments — outel secont across most second secon		13
≥ .	פאווופווט – הוסקומווי ופומופס. ספפן מייוי ייייס		14
7	Intangible assets		15
₹.		901 289	16 1,136,956
0	7	! —	
9 /	Accounts payable and accrued expenses	_	
7 7	Deferred revenue	ll	19
	Tax-exempt bond liabilities		20
	It liability. Complete Part IV		21
9 (
= #	ete Part II of Schedule L .		22
ď	Secured morgages and notes payable to unrelated third parties		23
ה ו	Unsecured notes and loans payable to unrelated third parties		24
Öä	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X		
2 2	of Schedule D		
Ĕ		447,584	26 688,164
ါဝ ပ	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		
_	Inrestricted net assets	422,609	
) 1	Temporarily restricted net assets	31,096	28 124,526
٠ ۵.			29
Ōĕ	Organizations that do not follow SFAS 117 (ASC 958), check here P 📋 and complete lines 30 through 34.		
, (Capital stock or trust principal, or current funds		30
Šě	Paid-in or capital surplus, or land, building, or equipment fund		31
2	Retained earnings, endowment, accumulated income, or other funds.		32
မ	Total net assets or fund balances.	453,705	
	added to Market and the second	984 289	

~	4	
Page	ı	4

Par	XI Reconciliation of Net Assets				Ø
	Check if Schedule O contains a response or note to any line in this Part XI	1	· ·	• •	
1	Total revenue (must equal Part VIII, Column (A), line (2)			1,55	
2	Total expenses (must equal part in, column (n), mile 20/	2		1,56	
3	Revenue less expenses, Subtract line 2 from line 1	3			1,91
4	Net assets or tuno balances at beginning of year (must equal rate x, line 55, coloring v.y	4		45	3,70
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		18	3,0
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(183	3,04
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		44	18,7
Par	XII- Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	···	• •	Τ.
			i	Yes	_!
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1	Accounting method used to prepare the Form 990: Cash Accrual Other				
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