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Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

### Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Internal Revenue Service A For the 2013 calendar year, or tax year beginning FEB 1, 2013 and ending DEC 31, 2013 Check if applicable C Name of organization D Employer identification number Address change THE AMITY CHARITABLE TRUST FUND Name Change 06-6070867 Doing Business As Initial Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number (203)265-1289Termin-P.O. BOX 4129 Amende retum 1,548,789. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-WALLINGFORD, CT 06492 H(a) Is this a group return Pendina F Name and address of principal officer DOMINIC TWOHILL Yes X No for subordinates? CT5 ALGONOUIN DRIVE, WALLINGFORD, H(b) Are all subordinates included? \_ Yes L\_\_ No I Tax-exempt status: X 501(c)(3) \_\_ 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Corporation X Trust Association Other > Year of formation: 1961 M State of legal domicile: CT K Form of organization: Pant I Summary Briefly describe the organization's mission or most significant activities THE AMITY CHARITABLE TRUST Activities & Governance FUND'S MISSION IS TO AWARD SCHOLARSHIPS TO COLLEGE STUDENTS AND TO Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, ine 34 7b 0. **Prior Year Current Year** 91,680. 172,472. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 33,788. 194,745. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 35,673 38,689. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 241,933. 325,114. 92,498. 81,414. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 48.85 **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 30,454. 30,975. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, collecting A Hirld 25) 123,473. 1<u>11,868</u> 130,065. 201,641. Revenue less expenses Subtract line 18 from line 12 IRS-OS¢ **Beginning of Current Year End of Year** 21 JUL **0 3** 2014 1,445,320. 20 Total assets (Part X, line 16) 1,631,061. 21 Total habilities (Part X, line 26) О. 0. Net assets or fund balances Subtract line 21 from line 20GDFN UT 445, 320. 631,061. Part III 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. Signature of officer Sign DOMINIC TWOHILL, ADMINISTRATOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 6.25.14 Paid Matocha, CPA 1200572001 PAMELA J. MATOCHA Firm's name T. M. BYXBEE COMPANY Preparer Firm's EIN <u>06-1386456</u> Use Only Firm's address P.O. BOX 187169 Phone no. (203)281-4933HAMDEN, CT 06518 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

Form **990** (2013)

Checklist of Required Sch	dist of Re	eauired S	Schedules	

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	<del> </del> -	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		İ	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	•	
	Schedule D, Part III	8		X
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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	10000000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		*	25.53.25
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	ļ	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	· ·	11e	<u> </u>	X.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	7,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	+	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	[	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	$\vdash$	X
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	45		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	<del>  ^</del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		X_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	┼^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
<b>~</b> -	complete Schedule G, Part III	19 20a	+	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	1	1
	11 165 to line 200, and the organization attach a copy of its addited infancial statements to this feturn?			(2013)
		. 511		(-0,0)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		'	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ľ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	100		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	_	<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			ļ
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		<del></del>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	经基		-
20	instructions for applicable filing thresholds, conditions, and exceptions):	200 A		- 10
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in noreast contributions in 1765, complete contents in	25		
30	contributions? If "Yes," complete Schedule M	30		X
04	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		32		x
00	Schedule N, Part II	32		-
33		22		X
04	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		<sub>v</sub>
05-	Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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_		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O .	<u> 38</u>	X	1
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Form 990 (2013)

THE AMITY CHARITABLE TRUST FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance

	. Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (	)		'
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	)		'
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming		, ,	. !
	(gambling) winnings to prize winners?		1c		<u></u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1		١.
	filed for the calendar year ending with or within the year covered by this return	2a (	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		_		'
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	İ		!
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
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		<u></u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	•	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit	1		
	any contributions that were not tax deductible as chantable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		ļ.,
7	Organizations that may receive deductible contributions under section 170(c).			1.	ا ـــا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7 <u>a</u>	↓	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		İ	ŀ
	to file Form 8282?		7c	NG AND	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		200	امستنكستا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7е	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract? .	_7f	Ь—	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g	<b>↓</b>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	1	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		A. A. S. S.	3	انفنا
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	Dir.	2.50
9	Sponsoring organizations maintaining donor advised funds.			<b>VII</b>	
а	Did the organization make any taxable distributions under section 4966?		9a	<b>├</b>	<del> </del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R PERSONAL COL
10	Section 501(c)(7) organizations. Enter	1 1	A of the		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1.3	1	432.2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1.5%	13.7	77.7
11	Section 501(c)(12) organizations. Enter:	11		100	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		1	(T.) 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	45.27	* 3/ , 1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_12b	-\~~\~		1. '
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2 . 1,	* <del></del>	1 1- 1
а	· · · · · · · · · · · · · · · · · · ·		13a	<del>,</del>	+
	Note. See the instructions for additional information the organization must report on Schedule O			1	[ ]
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11	1		
	organization is licensed to issue qualified health plans	13b	-		
С		13c	+	+	+
	Did the organization receive any payments for indoor tanning services during the tax year?	1- 0	14a	+-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	re U	14b	~ <b>00</b> 0	(2013)
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THE AMITY CHARITABLE TRUST FUND 06-6070867 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request J Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization DOMINIC TWOHILL, ADMINISTRATOR - (203)265-1289

ALGONOUIN DRIVE, WALLINGFORD, CT

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

· Employees, and Independent Contractors

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable compensation	Reportable	Estimated amount of
	hours per week	offi	, unie cer an	ss pe d a d	rson	is bot or/trus	n an tee)	from	compensation from related	other
	(list any	ector					ŀ	the	organizations	compensation
	hours for	or din	<b>.</b>			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trast		E	Suadu		(W-2/1099-MISC)		organization and related
	organizations below	Individual trustee or director	Institutional trustee	_	e e	stco	   =			organizations
	line)	홑	ins#	Officer	Key employee	Highest compensated employee	Ferm			3
(1) GENNARO DIGENNARO	2.00					1				
TRUSTEE/CHAIR		X	_	X		├	_	0.	0.	0.
(2) DOMINIC SCHIOPPO, JR	2.00	- -						0.	0.	0
TRUSTEE (3) FRANK D'ANDREA, JR	2.00	X	<del></del>			├─		0.	0.	<u>_</u>
TRUSTEE	2.00	$\mathbf{x}$						0.	ο.	0.
(4) ALFRED DINAPOLI	2.00									
TRUSTEE		X						0.	0.	0
(5) FRANK D'ANDREA, SR	2.00			l				_		
TRUSTEE		X			_	<u> </u>		0.	0.	0
	<u> </u>	1								
		├			-		-			
		1								
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Form 990 (2013)

Hantvill Section A. Officers, Directors, Tru	1	Key Employees, and Highest Con			st C	Compensated Employees (continued)					
· (A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estima	
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amoun	
	week	<del></del>	eran	u a d	ii ecto	or/trus	(ce)	from	from related	othe	
	(list any	Individual trustee or director						the	organizations	compens	
	hours for related	5	<b>a</b>			ated		organization	(W-2/1099-MISC)		
	organizations	uste	trust		يو	bens		(W-2/1099-MISC)	!	organiza	
	below	ra tr	institutional trustee		Key employee	Highest compensated employee	١.			and rela	
	line)	돌	stitut	Officer	, E	nghes mplo	Former			Organiza	.uons
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1b Sub-total								0.		).	0.
c Total from continuation sheets to Part	VII, Section A							0.			0.
							<u> </u>	0.		).	0.
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	,000 of reportable		
compensation from the organization											0
										Yes	
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey er	mpk	oyee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for	such individual	'								. 3	<u> </u>
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atıoı	n and	d ot	her compensation from	the organization	227	
and related organizations greater than \$1	50,000? If "Yes	, <b>" c</b> o	mpl	ete :	Sch	edul	e J	for such individual		4	X
5 Did any person listed on line 1a receive o	r accrue compe	nsat	ion f	from	any	y uni	elat	ted organization or indiv	dual for services	7.00 T.C	
rendered to the organization? If "Yes," co	mplete Schedu	le J i	for s	uch	per	son		·		5	X
Section B. Independent Contractors											_
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compe	nsation from	
the organization. Report compensation for	or the calendar y	/ear	endı	ng v	vith	or w	/thir	n the organization's tax	year.		
(A)							Ì	(B)		(C)	
Name and busines	ss address	N	INC	£				Description of s	services	Compensati	ion
			-				ĺ				
									i		_
							į				
						-					
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<del></del>											
2 Total number of independent contractors	(including but r	not li	mite	d to	the	se li	ster	d above) who received a	nore than		
\$100,000 of compensation from the orga	-	.0. 11		٠. ، u		0			.5.5 (101)		
# 100,000 of compensation from the orga	INZALIOIT	_				<del>-</del>		<del></del>		Form <b>990</b>	(2012)
										FOR 11110-1	(CU 13)

332009 10-29-13 Total revenue See instructions

Form 990 (2013)

233,434,

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			, ,	
	organizations in the United States. See Part IV, line 21	39,198.	39,198.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	53,300.	53,300.	\$ . \$ yi	
3	Grants and other assistance to governments,			- · ·	!
	organizations, and individuals outside the			r ·	{
	United States See Part IV, lines 15 and 16				,
4	Benefits paid to or for members			r w <sub>k</sub> · S	
5	Compensation of current officers, directors,				
•	trustees, and key employees		i		
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	•			
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
•	Other employee benefits	·- · · · · · · · · · · · · · · · · · ·			
9					
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management				
þ	Legal	7 705		7 775	<u></u>
С	Accounting	7,725.		7,725.	
d	Lobbying	<del>.</del>		異胞経済、1962年1日1日の記念。41	
е	Professional fundraising services. See Part IV, line 17	10 550			
f	Investment management fees	10,778.		10,778.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	6,600.	3,300.	3,300.	<del>.</del>
12	Advertising and promotion				
13	Office expenses	4,482.		4,482.	
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,390.		1,390.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			Control of the second of the s	
а		<u> </u>	AND DE CHARGE IN STRUCTURE		·
a b		<u> </u>			
		<del></del>		-	<del> </del>
C					· · · · · · · · · · · · · · · · · · ·
d	All other evenence				
	All other expenses Add lines 1 through 24e	100 470	05 700	27 675	0.
25	Total functional expenses. Add lines 1 through 24e	123,473.	95,798.	27,675.	
26	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 if following SOP 98-2 (ASC 958-720)	_	<u> </u>		

Form 990 (2013)
Part X | Balance Sheet

<u>Pa</u> r	t X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	1,845.	·
	2	Savings and temporary cash investments	106,546.	96,920.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		<b>.</b>
i	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees Complete		
		Part II of Schedule L .		5
	6	Loans and other receivables from other disqualified persons (as defined un	der	
ĺ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ıtıng	
		employers and sponsoring organizations of section 501(c)(9) voluntary		
ន្ទ		employees' beneficiary organizations (see instr). Complete Part II of Sch $\ensuremath{L}$		3
Assets	7	Notes and loans receivable, net		7
⋖	8	Inventories for sale or use		3
1	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost or other		,
		basis. Complete Part VI of Schedule D		
	b	Less: accumulated depreciation	1 226 222	
	11	Investments - publicly traded securities		1 1,525,856
	12	Investments - other securities See Part IV, line 11	**	2
- 1	13	Investments - program-related. See Part IV, line 11		3
	14	Intangible assets	·	4
	15	Other assets. See Part IV, line 11		5 6 1,631,061
	16_	Total assets. Add lines 1 through 15 (must equal line 34)		
	17	Accounts payable and accrued expenses	· <del></del>	8
	18	Grants payable	· ————————	9
1	19	Deferred revenue	· <del></del>	0
	20 21	Tax-exempt bond liabilities		:1
,,	22	Loans and other payables to current and former officers, directors, trustees		The state of the s
tie		key employees, highest compensated employees, and disqualified persons		The Marin
Liabilities		Complete Part II of Schedule L		2
ו ב	23	Secured mortgages and notes payable to unrelated third parties	•	3
	24	Unsecured notes and loans payable to unrelated third parties	•	4
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X o	f	
		Schedule D	I I	25
	26	Total liabilities. Add lines 17 through 25	0. 2	6 0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X a	nd The state of th	
S		complete lines 27 through 29, and lines 33 and 34.		<u>,, ,                                 </u>
Ĕ	27	Unrestricted net assets	197,823.	211,873
<u>a</u>	28	Temporanly restricted net assets	1,247,497. 2	8 1,419,188
<u> </u>	29	Permanently restricted net assets		9
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		•
Net Assets or Fund Balances		and complete lines 30 through 34.	and the second	
ets	30	Capital stock or trust principal, or current funds	3	90
SS	31	Paid in or capital surplus, or land, building, or equipment fund		31
et /	32	Retained earnings, endowment, accumulated income, or other funds		12
Z	33	Total net assets or fund balances		1,631,061
	1	Total liabilities and net assets/fund balances	1,445,320.	1,631,061

Form **990** (2013)

	990 (2013) THE AMITY CHARITABLE TRUST FUND	06-60	70867	Page	12
<u> Pai</u>	t*XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<del></del>	L	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,11	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,47	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>1,64</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,445		
5	Net unrealized gains (losses) on investments .	5	-15	<u>5,90</u>	0.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,63	<u>1,06</u>	1.
Pai	Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII .				<u> </u>
			, -	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		.   ``'].		}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_   '	ال _ ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	,	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	4 .1	. 1.	* 1
	separate basis, consolidated basis, or both.				.
	Separate basis Consolidated basis Both consolidated and separate basis			3° 4.	(شدس
b	Were the organization's financial statements audited by an independent accountant?		2b	X	(ra ··· )
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	الله فتر		-
	consolidated basis, or both		200	4	er E
	Separate basis Consolidated basis Both consolidated and separate basis			344	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	三(3)		أدام
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	F#5
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			4.77	\$ Se-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			- **. j
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any stens taken to undergo such audits		3b	1	

Form **990** (2013)

### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Rever	nue Service	Information abo	ut Schedule A (Form 990	or 990-EZ)	and_its inst	ructions is	at www.ir.	s.gov/forn	n990.	inspecti	on.
Name of	the organizati	on						E	mployer	identification	number
			TY CHARITABL						0	6-607086	57
Part 13	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.			
The organ	iization is not a	a private foundation l	because it is (For lines 1	1 through	11, check	only one b	ox)			_	
1 🗔	A church, co	nvention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	) <u>.</u>			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🔲			tal service organization of		n section	170(b)(1)	(A)(iii).				
4 🔲			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital's n	ame,
	city, and stat	e:									
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a govern	mental uni	t describ	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗀	A federal, sta	ite, or local governme	ent or governmental unit	t described	d in sectio	n 170(b)(	1)(A)(v).				
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public describe	ed in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)						_		
в 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, a	ind gross receip	ts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of rts	support	from gross inv	estment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 30,	1975
	See section	509(a)(2). (Complete	Part III)								
10 🔲	An organizati	on organized and op	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	<b>\$</b> ).			
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fu	nctions of,	or to carry	y out the	purposes of o	ne or
	more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or section	n 509(a)(2	2). See <b>se</b> d	tion 509(a	a)(3). Ch	eck the box tha	at
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
	a Type I	I <b>b</b> 🗔 ту	/pell c 🔲 Ty	ype III - Fu	nctionally i	ntegrated	c	<b>і</b> 🔲 Тур	e III · No	n-functionally in	ntegrated
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r ındirectly	by one o	r more disc	qualified	persons other	than
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions desi	cribed in s	ection 509	9(a)(1) or	section 509(a)(	2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atrtıs a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box .			••••				-	
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or ca	ontribution	from any	of the folio	owing pers	sons?		
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	iescribed i	in (ii) and (i	iii) below	, <u>Y</u> (	es No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)	
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
			· · · · · · · · · · · · · · · · · · ·								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount of	monetary
orga	anızatıon		(described on lines 1-9	jn col. (i) lis	sted in your	) organizat	ion in col.	(i) organiz	ea in the	suppor	t
			above or IRC section (see instructions))	governing			,	U.S			
			(ood mondonomy)	Yes_	No	Yes	No	Yes	No		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

#### Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					]	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions				*.		
	by each person (other than a	j				5 60 41 9	
	governmental unit or publicly				*1		
	supported organization) included	•				1 a friend	
	on line 1 that exceeds 2% of the					1 min 30	
	amount shown on line 11,	-		,		State of the state of	
	column (f)			, , ,	***	י מים בעיליתון מן של יונץ	
6	Public support. Subtract line 5 from line 4	·	*		ستُص مُنْهُم مُنْهُم لِي عَالَمُ	AND STREET STREET, STREET	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						·
11	Total support. Add lines 7 through 10		_ ·	, ,	, to 64	· 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, th	ird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	ine 6, column (f) di	vided by line 11,	column (f)) .		14	<u>%</u>
	Public support percentage from 2012					15	<u>%</u>
16a	33 1/3% support test - 2013. If the				14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies						. ▶⊔
t	33 1/3% support test - 2012. If the				line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organi	zation
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	a publicly supported	d organization		▶∟
k	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, ı	check this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	cly supported orga	anızatıon	▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17t			
					~ .	Indiana A /Earm 000	000 ET\ 0040

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

	· · · · · · · · · · · · · · · · ·						
(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
		1	ļ				
	i						
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Schedule A												06-6070867 Pag	ge <b>4</b>
										line 10,	Part II, line 17a or	17b, and Part III, line 12.	
•	Also c	omplete ti	his part i	for any add	ditional i	informatio	n (See ins	tructio	ns).				
PAGE 1	- (	CHANGI	IN	ACCOU	JNTII	NG PE	RIOD						
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#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE AMITY CHARITAB		06-6070867
Par	Til Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		• — —
Ü	for charitable purposes and not for the benefit of the donor of	• •	
	• •	or donor advisor, or for any other purpose	Yes No
Pai	mpermissible private benefit?  †dil: Conservation Easements. Complete if the organization	canization answered "Ves" to Form 990	
			ativ, me 7.
1	Purpose(s) of conservation easements held by the organizat		stomaslly managed and area
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cen	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		C75.
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>2</u> c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- · ·	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
400	conservation easements.	(A   11'-1	M O' A
[Hal	Organizations Maintaining Collections		other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
þ	If the organization elected, as permitted under SFAS 116 (A	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
	• •		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

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Sche Par		TY CHARITA				ther		6-6070			ige 2
	Using the organization's acquisition, accession					_					
3	(check all that apply)	on, and other record	is, check	any or the	Tollowing that are	a siyi i	ilicarii usi	e or its cor	iectio	Hiem	5
_	Public exhibition	_	. —.	oan or ove	hango programs						
a		c			hange programs						
b	Scholarly research	e	;	Julei							—
C	Preservation for future generations	والمراج ومميلومال	haw th	au furthar t	ha araanzation'a s		t a	in Dort V	111		
4	Provide a description of the organization's co	•		-	-		•	HIParl A	III.		
5	During the year, did the organization solicit o					ıllar as	seis	┌┐、			1
Day	to be sold to raise funds rather than to be ma					1	000 . 5		es_		No
rai	Escrow and Custodial Arrangereported an amount on Form 990, Par	-	ete if the	organizatio	n answered Tyes	10 10	rm 990, F	Part IV, line	9, or		
та	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributior	is or other assets i	not inc	ciuaea	<u> </u>			1
	on Form 990, Part X?				•			۱ لــــا	⁄es	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	bliowing to	able:							
							<b>-</b>	A	moun	[	
	Beginning balance		•		•		1c				
	Additions during the year	•					1d				
е	Distributions during the year						1e				
f	Ending balance .						1f				<del></del>
	Did the organization include an amount on Fo		-					١لـا.	⁄es	<u> </u>	No
- Wante	If "Yes," explain the arrangement in Part XIII								<u> </u>		<u></u>
:Kar	Endowment Funds. Complete		nswered '	"Yes" to Fo							
		(a) Current year	<b>(b)</b> Pi	nor year	(c) Two years back	(d)	Three yea	rs back (e	e) Four	r years	<u>back</u>
1a	Beginning of year balance					—					
b	Contributions	<del>.,</del>									
C	Net investment earnings, gains, and losses			•							
d	Grants or scholarships										
е	Other expenditures for facilities	···· <u>-</u>						[-			
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	a. column (a	a)) held as:						
_ а	Board designated or quasi-endowment	om your one bulling	%	g, co.a (	-,,a a						
b	Permanent endowment	%									
	Temporarily restricted endowment	% %									
С											
2-	The percentages in lines 2a, 2b, and 2c should be the second and the second surpose that a second surpose the second surpose th		ration tha	t are bold a	and administered for	ar tha	0×000×04	<b></b>			
Ja	Are there endowment funds not in the posse	ission of the organiz	anon ma	il are neiu a	inu auministereu k	or trie	organizat	IOI		I	
	by:							Г		Yes	No
	(i) unrelated organizations	···· · · ·			••		• ••	· 1	3a(i)		
_	(ii) related organizations	·						}	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations					••		L	3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.	<del></del>						
Bal	Land, Buildings, and Equipm										
	Complete if the organization answere							<del></del>			——
	Description of property	(a) Cost or o		,	1 '	•	ımulated	(0	i) Boo	k value	9
		basis (invest	ment)	basis			ciation	52.73			
1a	Land				<b>720</b>	e de	The state of	al.			
	Buildings										
С	Leasehold improvements				<del></del>						
d	Equipment			<u>.</u>							
<u>         e</u>	Other	<u> </u>									
T-4-	Add lines to through to (Column (d) must a	aud Form 000 Daw	+ V 00/11-	an (D) line	10/011			<b>.</b> I			Λ

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.				
•	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of vi	aluation Cost or end	-of-year market value
	al derivatives	<del> </del>	-		
	held equity interests	<del>-</del>			
(3) Other		<del></del>			<del></del>
(A)					
(B)					,
(C) (D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market value
(1)					
(2)					
(3)		-			
(4)					
(5)				<u> </u>	
(6)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			(8 . v . )	
Part IX					<del> </del>
Garaja janja	Complete if the organization answered "Yes"	to Form 990, Part IV.	line 11d. See Form 990,	Part X, line 15.	
<del></del>		Description	. <del></del>		(b) Book value
(1)					
(2)					
(3)					· · · · · · · · · · · · · · · · · · ·
(4)					
(5)					
(6)					·····
(7)			·		· · · · · · · · · · · · · · · · · · ·
(8)					
(9)		451			
Part X	umn (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.	e 15.)	<u></u>	··· · · P	
Zair V	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Form	990 Part Y line 25	
	(a) Description of liability	10 1 0/111 990, 1 at 14,	(b) Book value	1000, rat X, into 20	
1. (1) Fe	deral income taxes		(-,	*576 3	· · ·
(2)	delai ilicome taxes	-	<del></del>	• •	•
(3)			······································		
(4)			<del></del>	1 .	
(5)				1	
(6)				]	
(7)				]	
(8)				]	
(9)					
	lumn (b) must equal Form 990, Part X, col (B) lin	e 25) 🕨			
2. Liabilit	y for uncertain tax positions. In Part XIII, provide	the text of the footn	ote to the organization's f	financial statements	that reports the
organi	zation's liability for uncertain tax positions unde	FIN 48 (ASC 740) C	check here if the text of th	e footnote has been	provided in Part XIII

Schedule D (Form 990) 2013

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

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

P. Openijo Rublic

Information a	bout Schedule G (Form 990 or 990-E2	Z) and its	ınstru	ctions is at www.irs.c	gov/form 990. ເພື່	nspection
lame of the organization		_				ntification number
THE AMI	TY CHARITABLE TRU	ST F	UND		06-6070	867
	· Complete if the organization ansv				ine 17. Form 990-EZ	flers are not
1 Indicate whether the organization rais	sed funds through any of the follow	ving acti	vities	Check all that apply		
a Mail solicitations	e Solicit	ation of	non-g	overnment grants		
<b>b</b> internet and email solicitations	s <b>f</b> Solicit	ation of	gover	nment grants		
c Phone solicitations	g 🔲 Specia	al fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written of	=					<del></del>
key employees listed in Form 990, F						
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		rsuant to	o agre	ements under wnich	the fundraiser is to	be
(i) Name and address of individual		(iii) fundi	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have contrib	ustody trol of	from activity	fundraiser listed in col. (i)	to (or retained by) organization
		Yes	No			
<u> </u>						
		-				
——————————————————————————————————————						
		-				
		-	<u> </u>		·	
Fotal			<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solice	t contrib	oution	s or has been notified	d it is exempt from r	egistration
-						
					<del></del> -	<del></del>

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

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 THE AMITY CHARITABLE TRUST FUND 0	6-6070867 Pa	ige 3
11	Does the organization operate gaming activities with nonmembers?	Yes	] No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes _	No
13	Indicate the percentage of gaming activity operated in.		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	-	
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	] No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ıt	
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information.		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		,
	retain the state gaming license?	Yes	J No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year > \$	the	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	rt III, lines 9, 9b, 10b, 1	5b,
	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instruction	ns).	
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Schedule G	(Form 990 or 990-EZ)	THE	YTIMA	CHARITABLE	TRUST	FUND	<u>06-6070867</u>	Page 4
Partiv	(Form 990 or 990-EZ)  Supplemental Info	rmation	(continued)					
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Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▼ Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

THE AMITY CHARITABLE	CHARITAE	TRUST	FUND		:		06-6070867
ı o	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?	· · · · · · · · · · · · · · · · · · ·	 funde in the I Inite	. States	:		X Yes No
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States.	omplete if the orga	inization answered "\	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government or government or government (b) Ein (c) IRC section (d) Amount of (e) Ein (d) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) Ein (e) IRC section (d) Amount of (e) IRC section (	\$5,000 Part II car (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME HIGH SCHOOL  24 RICARDO ST  MEST HAVEN CT 06516	06-0646748	501(0)(3)	5 373.	o			GENERAL OPERATING PURPOSES OF RECIPIENT
1							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government o	rganizations listed in the table	listed in the line 1 table				
1	, see the instruct	tions for Form 990.					Schedule I (Form 990) (2013)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. GPA, HIGH SCHOOL RANK, AND COLLEGE Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHOLARSHIP CANDIDATES AND DETERMINES THE SELECTION OF AWARD RECIPIENTS (d) Amount of non-cash assistance THE SCHOLARSHIP COMMITTEE REVIEWS THE LIST OF QUALIFIED 53,300, 30 (c) Amount of cash grant (b) Number of recipients 23 BASED UPON SUCH FACTORS AS SAT SCORES, (a) Type of grant or assistance AND CAREER ASPIRATIONS. LINE 2: COLLEGE SCHOLARSHIPS PART I,

Schedule I (Form 990) (2013)

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Page 2

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THE AMITY CHARITABLE TRUST FUND

Schedule I (Form 990) (2013)

Part III

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

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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

Name of the organization  THE AMITY CHARITABLE TRUST FUND	Employer identification number 06-6070867
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
DISBURSE FUNDS TO VARIOUS COMMUNITY AND CIVIC ORGANIZATIO	NS.
FORM 990, PART VI, SECTION B, LINE 11:	
THE AMITY CHARITABLE TRUST FUND'S TRUSTEES REVIEW THE ANN	UAL
FORM 990 BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION DOES NOT HAVE ANY COMPENSATED EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION BY CONTA	CTING
THE TRUST'S ADMINISTRATOR, DOM TWOHILL, AT PO BOX 4129, W	ALLINGFORD, CT
06492.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS AND GOVERNING	
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
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# Form 1128

## Application To Adopt, Change, or Retain a Tax Year

(Rev January 2008)
Department of the Treasury Internal Revenue Service

► See separate instructions.

OMB No 1545-0134

Attachment Sequence No 148

	General Information	
	mportant All filers must complete Part I and sign below See instructions	Elec's identifying number
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
<b>⊢</b>	The Amity Charitable Trust Fund	06-6070867
- 1	Number, street, and room or suite no. (if a P.O. box, see instructions)	Service Center where income tax return will be filed
S	P.O. Box 4129	Ogden, UT
6	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
8	Wallingford, CT 06492	203-265-1289 /
اجا	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
7	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number
	DOMINIC TWOHILL	203-265-1289 / 203-265-5580
ļ	x Change to a tax year ending ▶ December 31 ☐ Retail  If changing a tax year, indicate the date the present tax year end  If adopting or changing a tax year, the first return or short period	Passive foreign investment company (PFIC) (sec 1297)  St-charge □ Other foreign corporation IC-DISC) ▼ Tax-exempt organization  898) □ Homeowners Association (sec 528) □ Other (Specify entity and applicable Code section)  hips and PSCs Go to Part III after completing Part I) a a tax year ending ►  ds ► January 31  return will be filed for the tax year
	beginning ► February , 20 13 , and ending ▶	
3	Is the applicant's present tax year, as stated on line 2b above, all If "No," attach an explanation	so its current financial reporting year? ▶ 😿 Yes 🗌 No
4	Indicate the applicant's present overall method of accounting	ethod
5	State the nature of the applicant's business or principal source of Nonprofit organization whose mission is to award various community and civic organizations. Main Signature—All Filers (See Who Mu	scholarships and funds to college students, source of income is donor contributions.  st Sign in the instructions)
Und	ler penalties of perjury, I declare that I have examined this application, including a belief, it is true, correct, and complete Declaration of preparer (other than filer) is	ccompanying schedules and statements, and to the best of my knowledge based on all information of which preparer has any knowledge
	Filer*	Preparer (other than filer)
	Signature and date	Signature of individual preparing the application and date
		Pamela J. Matocha, CPA  Name of individual preparing the application
	ne application is filed on behalf of a controlled foreign corporation or a 50 corporation by a controlling domestic shareholder, see instructions	T.M. Byxbee Company, P.C.  Name of firm preparing the application

_	Automatic Approval Request (see instructions)	
	dentify the revenue procedure under which this automatic approval request is filed ▶	
Sec	tion A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, successor)	
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev Proc 2006-45 (or its successor)? (see instructions)	Yes No
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?  If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553	
3	Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)	
Sec	tion B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)	
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) .	
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?	
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev Proc 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months (See instructions for information required to be submitted)	
7	Is the S corporation requesting an ownership tax year? (see instructions)	
8	Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev Proc 2006-45 (or its successor) or section 5 04(8) of Rev Proc 2002-39 (or its successor)? (see instructions)	
	tion C-Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)	
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	
	etion D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	
	Is the applicant a tax-exempt organization requesting a change?	X
Pal	Ruling Request (All applicants requesting a ruling must complete Section A and any other seapplies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)	ection that
500	etion A—General Information	Yes No
		res No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?	
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period	
	ending with the last month of the requested tax year?	
	or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented	
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?	
4a	Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev Proc 2002-39 (or its successor)?	
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions)	
b	If your business purpose is based on one of the natural business year tests under section 5 03, check the applicable box	
	Annual business cycle test  Seasonal business test  25-percent gross receipts test  Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period (see instructions)	
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.	
	Short period \$ First preceding year \$	
	Second preceding year \$	
	Note: Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income Section 501(c) organizations, enter unrelated business taxable income Estates, enter adjusted total income All other applicants, enter taxable income before net operating loss deduction and special deductions	

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6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period  Generated Expiring	Yes	No
	Net operating loss \$ \$		
	Capital loss \$ \$		
	Unused credits \$ \$		
7	Enter the amount of deferral, if any, resulting from the change (see section 5 05(1), (2), (3) and 6 01(7) of Rev Proc 2002-39, or its successor)		
8a	Is the applicant a U.S. shareholder in a CFC?		
	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period		
b	Will each CFC concurrently change its tax year?		
	Is the applicant a U S shareholder in a PFIC as defined in section 1297?		
10a	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC?		
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount		
	Will any partnership concurrently change its tax year to conform with the tax year requested? ▶ If "Yes" to line 10b, has any Form 1128 been filed for such partnership?		
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request		
12	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?		
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?		
14	Enter amount of user fee attached to this application (see instructions)		
Sect	tion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15	Enter the date of incorporation		
	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?	Yes	No
b	If "Yes," will the corporation be going to a permitted S corporation tax year?		
17	Is the corporation a member of an affiliated group filing a consolidated return? ▶		
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group, (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period, and (d) the name of the parent corporation		
18a	Personal service corporations (PSCs) Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.		
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year  Grandfathered (attach copy of letter ruling)  Letter ruling (date of letter ruling (attach copy))		

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Sec	tion C—S Corporations (see instructions)		
19	Enter the date of the S corporation election	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year  Grandfathered (attach copy of letter ruling)  Section 444 election (date of election  (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period		
Sec	tion DPartnerships (see instructions)		
23	Enter the date the partnership's business began ▶	Yes	No
24	Is any partner applying for a corresponding change in tax year?		
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits	:	
26	Is any partner a shareholder of a PSC as defined in Regulations section 1 441-3(c)?		
	If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period	, , , , , , , , , , , , , , , , , , , ,	,
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Letter ruling (date of letter ruling (attach copy))		1.7
Sect	tion E—Controlled Foreign Corporations (CFC)		
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.	And the second s	N. T. S. S. S. S. S. S. S. S. S. S. S. S. S.
Sec	tion F—Tax-Exempt Organizations		
29	Type of organization ☐ Corporation ☑ Trust ☐ Other (specify) ▶	Yes	No
30	Date of organization ▶ 1961		83.5
31	Code section under which the organization is exempt ► 501(c) (3)	1,641.71	
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	X	
33	Enter the date the tax exemption was granted ▶ 11/23/1964 Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation	i: ), <sub>11</sub>	14
34	If the organization is a private foundation, is the foundation terminating its status under section 507? >		
	tion G—Estates		
35	Enter the date the estate was created		
36a	is an interested party of any portion of the estate		
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement sl distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately		

If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned

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short period and for the short period

Section H—Passive Foreign Investment Companies