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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

	ror u	1e 201	s calendar year, or lax year beginning , 2013,	and ending_	<u></u>	, 20							
В	Check if a	pplicable	C Name of organization 7X24 EXCHANGE, INC.		D Employer identif								
Г	Addre		Doing Business As		7								
		e change		Room/suite	E Telephone number								
	ᅱ	ıl return	322 EIGHTH AVENUE	202	(646) 486-3818								
	⊣	ninated	City or town, state or province, country, and ZIP or foreign postal code		 								
	Amer	nded	NEW YORK, NY 10001		G Gross receipts \$	4,154,877.							
\vdash		ication	F Name and address of principal officer ROBERT J. CASSILIANO)	H(a) Is this a group re								
L_	pend	ling	SAME AS C ADDRESS	•	subordinates?	··· ···							
_	Taylor	kempt st		-	H(b) Are all subordinates	s included? Yes No							
÷			atus 501(c)(3) X 501(c) (U6) ◀ (insert no) 4947(a)(1) c WWW.7X24EXCHANGE.ORG	or 527									
<u>-</u>		of organ		I Very of form	H(c) Group exemption 1990 M State								
P	art i		nmary	L Tear or form	lation 1990 M Stat	te or legal domicile DE							
	1	Briefly	describe the organization's mission or most significant activities. TO BE	THE LEADIN	NG KNOWLEDGE	EXCHANGE FOR							
9,			SE WHO DESIGN, BUILD, MAINTAIN & USE MISSION-										
ä		INF	ORMATION INFRASTRUCTURES.	N INFRASTRUCTURES.									
	2	Check	this box F if the organization discontinued its operations or dispose	d of more than 25	5% of its net assets.								
Governance	3		er of voting members of the governing body (Part VI, line 1a)		i i	5.							
≪	4		er of independent voting members of the governing body (Part VI, line 1b)			4.							
ti es	5		number of individuals employed in calendar year 2013 (Part V, line 2a)			0							
Activities &	6		number of volunteers (estimate if necessary)			0							
Ą	7a		unrelated business revenue from Part VIII, column (C), line 12			160,800.							
			related business taxable income from Form 990-T, line 34										
	1				Prior Year	Current Year							
Revenue	8	Contri	butions and grants (Part VIII, line 1h)		0	0							
	9		am service revenue (Part \/ttl, line 2 g)		3,022,610.	3,854,768.							
9	10	Invest	ment income (Part VIII-column (A), lines 3, 4, and 7d)		4,194.								
œ	11	Other	revenue (Part VIII, column (A), ines 5, 6d, 8c, 9c, 10c, and 11e)		193,772.								
	12		evenue Fadd nes 87116 ugh 🗇 (must equal Part VIII, column (A), line 12).		3,220,576.								
	13		and similar amounts paid (Part X, column (A), lines 1-3)		17,500.								
	14		ts pard to or for members (Part IX, column (A), line 4)		0	 							
ဗ	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,000.	250,000.							
Expenses	16a		sisonal fundraising fees (Part IX, column (A), line 11e)		0								
ē	ь	Total f	undraising expenses (Part IX, column (D), line 25) ▶	; · · · · · ⊢		No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10							
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,925,180.								
			expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,142,680.								
	19	Reven	ue less expenses Subtract line 18 from line 12	• • • • • • •	77,896.								
5 6	11.1		To loss or periods abstract mile to the mile 12 ,		inning of Current Year								
Net Assets or	20	Total a	assets (Part X, line 16)		2,191,162.								
Ass	21		rabilities (Part X, line 26)	⊢	238,202.	<u> </u>							
Ž,	22		sets or fund balances Subtract line 21 from line 20,	• • • • • • •	1,952,960.								
	rt II		Inature Block	• • • • • • • • •									
	_			les and statements	and to the best of my	knowledge and belief, it is							
tru	e, corre	ect, and	f perjury, I declare that I have examined this return, including accompanying schedul complete Declaration of preparer (other than officer) is based on all information of which	h preparer has any	knowledge	/							
			11.91		7/3/	2014							
Sig	jn 💮		Signature of officer		Date								
He	re		ROBERT (LASSILIAND CHRIRI	MAN #1									
		🕨	Type or print name and title	.,,, _									
		Print/	Type preparer's name Preparer's signature	Date	Check If	PTIN							
Pai		JAME	S J REILLY	1014 Check I If self-employed	P00183769								
	parer	Europ'o	name CONDON O'MEARA MCGINTY & DONNEALY	\ \ 	Firm's EIN ▶ 13-								
Use	Only		address DONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1406	· · · · · · · · · · · · · · · · · · ·		-661-7777							
May	the II		cuss this return with the preparer shown above? (see instructions)		Li-Horie no 222	X Yes No							
			Reduction Act Notice, see the separate instructions.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Form 990 (2013)							
	,					+ + + (2014)							

For	m 990 (2013) Page	<u> 2</u>								
P	Statement of Program Service Accomplishments									
<u></u>	Check if Schedule O contains a response or note to any line in this Part III	2								
·	TO BE THE LEADING KNOWLEDGE EXCHANGE FOR THOSE WHO DESIGN, BUILD,									
	MAINTAIN AND USE MISSION-CRITICAL ENTERPRISE INFORMATION	_								
	INFRASTRUCTURES. THE EXCHANGE'S GOAL IS TO IMPROVE END-TO-END RELIABILITY BY PROMOTING DIALOGUE AMONG THESE GROUPS.	_								
_	Did the organization undertake any significant program services during the year which were not listed on the	—								
_	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X N	lo								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo								
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 expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported									
4a	(Code) (Expenses \$including grants of \$) (Revenue \$) TAX_EXEMPT_ORGANIZATION_ACTIVITIES									
		_								
		_								
		_								
		_								
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)									
		_								
		_								
		_								
		_								
		_								
		_								
		_								
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	_								
	·	_								
		_								
		_								
		_								
		_								
		_								
		_								
44	Other program services (Describe in Schedule O)	_								
	(Expenses \$ including grants of \$) (Revenue \$)									
4e JSA	Total program service expenses ► Form 990 (20	12\								
020 2	, ₀₀₀	,								

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	江野!		E A
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
ь	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	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? 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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لـــــــا	L

Part	V 'Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_ 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	
24 a	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		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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 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 instructions for applicable filing thresholds, conditions, and exceptions).	,	11.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			<u>X</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		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		
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,			v
	Part VI			<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_U	ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(0.040)
		rom	フプリ	(2013)

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Par				_
	Check if Schedule O contains a response or note to any line in this Part V	:		.
	Enterthe number consists to Boule 45 1000 E. L. O. C. L.	కానిగి	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			33
			TE.	芸芸
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
		1c	<u> X</u>	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		蜡	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		17.2	منسدد
b		2b	Tarak Same	m = 2 /
	• • • • • • • • • • • • • • • • • • • •	100		A.
		3a	X	
	· · · · · · · · · · · · · · · · · · ·	3b	Х	<u> </u>
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	115	X
b	If "Yes," enter the name of the foreign country ▶			12.50
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		T.F.	
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	,	5b		X
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
		6a		X
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 1		1
		6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			14.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			11
	——————————————————————————————————————	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	niti		34
,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		7f		
3	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		D.F.	海
			**;	
	organization, have excess business holdings at any time during the year?	8		
				编
ı	Did the organization make any taxable distributions under section 4966?	9a		
		9b		
	Section 501(c)(7) organizations. Enter:		78	
	Initiation fees and capital contributions included on Part VIII, line 12	3	操建	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		增兴	
	Section 501(c)(12) organizations. Enter		125	
1	Gross income from members or shareholders	鲤		
	against amounts due or received from them.)		W.	7.5
	•	12a	21-2-10-10-1	44.
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			120
•	Section 501(c)(29) qualified nonprofit health insurance issuers.			
2		13a	A. 67.0	1
a		est er	Training.	17.55
_	Note: See the instructions for additional information the organization must report on Schedule O		1 3	
IJ	Enter the amount of reserves the organization is required to maintain by the states in which	1		ST.
_	the organization is licensed to issue qualified health plans	- PC		
		4.4.		X
		14a		 ^
	u Tes Tras it tilen a Form 770 to report these navments 715 "N/O " N/OVIDE an evolunation in Schedule ()	14b		<u>L</u>

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ır	struc	tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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		1	
	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 1b	4		ł
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7 <u>a</u>	Х	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	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	9_		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			.,
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	v	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	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	40-		X
	with a taxable entity during the year?	16a		
D	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	ion C. Disclosure	100		
		-		
17 18	List the states with which a copy of this Form 990 is required to be filed ▶			
10	available for public inspection. Indicate how you made these available. Check all that apply	501(,,(J)S	Orny)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	arpet	nolicy	and
	financial statements available to the public during the tax year	J. US(, Julioy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ▶DOLCI MGMT SERVICES, 322 EIGHTH AVENUE, SUITE 202, NEW YORK, NY 10001 646-486-3818			
SA		Form	990	(2013)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (20	<u> </u>	7,112-1	_ DATOIN HIOD	, 1110.					773002	Page 1
Part VII	Compensation of	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Indépendent Cor	ntractors								

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.

Check this box if neither the organization nor	any related	orga	nıza			mpen	sate	ed any current offic	er, director, or trus	tee	_
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	s pe dad	ition more	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	_
(1)ROBERT J. CASSILIANO CHAIRMAN OF THE BOARD	3.00	x		х				350 000			^
(2)DAVID SCHIRMACHER	3.00			^				250,000.	0	 	_0
PRESIDENT		x		Х				l	o		0
(3)MICHAEL SITEMAN	3.00										
DIRECTOR	 	х						0	О		0
(4)JERI IERULLI	3.00										_
DIRECTOR		Х						0	0		0
	3.00	х						0	0		0
											_
											_
											_
			-							- ***	_
(10)											_
(11)											_
(12)											_
(13)										 	_
(14)											_

_	

		<u>,</u>	טוקו	уе	es,	and r	Higi	hest Compensat	ed Employ	yees (d	continued)
(A) Name and title		(C) Position (do not check more than or box, unless person is both officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							▼ ▼ ▼	250,000. 0 250,000.		0	0
2 Total number of individuals (including but neeportable compensation from the organization)	ot limited to t	hose	_				o re		\$100,000	of	
Did the organization list any former of employee on line 1a? If "Yes," complete School For any individual listed on line 1a, is the organization and related organizations	edule J for suc e sum of rep greater than	ch ind oortab i \$15	lividu de c 50,0	ual com 00?	pen	 isatioi "Yes	 n ar s," (nd other compens	sation from le <i>J for</i>	the such	Yes No
individual	or accrue co	mpen	satio	on 1	fron	n any	uni	related organization	on or indivi	dual	4 X
for services rendered to the organization? If Section B. Independent Contractors	<u>"Yes," comple</u>	te Scr	neau	ile J	TOF	sucn	per	son	• • • • • •	· · · · · ·	5 X
Complete this table for your five highest co compensation from the organization. Repor year											
(A) Name and business	address							(B) Description of se	rvices		(C) Compensation
ATTACHMENT 1							F				
							F				
2 Total number of independent contractors more than \$100,000 in compensation from	(including bi	ut not	t lim	nite	d to	thos	se li	sted above) who	received		
A 11055 1 000 K4H00Z M261	J. 3. 3. 11. 11. 11. 11. 11. 11. 11. 11.	P				<u>-</u> .				<u> </u>	Form 990 (2013

		Check if Schedule O co	ontains a respor	nse or note to a	ny line in this Part	VIII <u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
8 8				经过 效性现象		revenue		512-514
tributions, Gifts, Grants Other Similar Amounts	1a	Federated campaigns	1					
, Gra	b	Membership dues						
Gifts ilar A	C	Fundraising events						
8, E	a	Related organizations						T. S. T. T.
tion	•	Government grants (contribute All other contributions, gifts, grant						
the		and similar amounts not included	1					
Contributions and Other Sin		Noncash contributions included ii						
သမ	h	Total. Add lines 1a-1f			0			
eni				Business Code		Periodia de		·West Control
Ven	2a	CONFERENCES		900099	3,531,468.	3,531,468.		
. Re	 b	MEMBERSHIP		900099	323,300.	323,300.		
ΛICE	С							
Ser	d							
E	е							
Program Service Revenue	f	All other program service rev	enue			The state of the s	hu wa . 11 fat da katata sasahah	e established and others, make the
ة	g	Total. Add lines 2a-2f		<u></u> ▶	3,854,768.			
	3	Investment income (including						
		other similar amounts)			18,478.			18,478
	4	Income from investment of t		_	0			
	5	Royalties	(ı) Real	(iı) Personal				THE PARTY OF THE
			(i) i teai	(ii) i cisoriai				
	6a	Gross rents						
	ь	Less rental expenses	-					
	d	Rental income or (loss) ! Net rental income or (loss)	\	>	0		Mr. m. 1. Mile Hill Chi. Chi.	ARCHIOCOPE PARIS
	"	· ((i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	119,101.					
	Ь	Less cost or other basis						
		and sales expenses	121,901.					
	c	Gain or (loss)	-2,800.					COMPANY
	d	Net gain or (loss)		<u></u>	-2,800.			-2,800
ē	8a	Gross income from fundra	using					
e L		events (not including \$						
ě		of contributions reported on	line 1c)					
2		See Part IV, line 18	а					
Other Revenue	b	Less direct expenses						
ō	C	Net income or (loss) from fur	=	<u> </u>	0	PERSONAL SECTION ASSESSMENT		i ikking ili someti.
	9a	Gross income from gaming a						
		See Part IV, line 19						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less direct expenses Net income or (loss) from ga			O CONTRACTOR OF THE CONTRACTOR	7.55		
	C				1 : 22 2 1 CETE	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- year / - year
	10a	Gross sales of inventor returns and allowances		1				
		Less. cost of goods sold				Par Water Lit		上至江江
	C	Net income or (loss) from sal			0			
		Miscellaneous Reven		Business Code	三重25.5元	Party of the state of		457-2112
	11a	NEWS LINK ADVERTISING		511120	160,800.		160,800.	
	Ь	OTHER		900099	1,730.	1,730.		
	-							
	d	All other revenue						<u> </u>
	е	Total. Add lines 11a-11d .			162,530.			\$ 13. TF4.
	12	Total revenue. See instruction	ons	<u> </u>	4,032,976.	3,856,498.	160,800.	15,678

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations m		ns All other organization	ons must complete colu	ımn (A)							
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	25,000.										
2	Grants and other assistance to individuals in											
	the United States See Part IV, line 22	Q		-	,							
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	United States See Part IV, lines 15 and 16	U										
	Benefits paid to or for members											
5	Compensation of current officers, directors,	250,000.										
_	trustees, and key employees	230,000.										
ь	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	o										
7	Other salanes and wages	0										
	Pension plan accruals and contributions (include section											
•	401(k) and 403(b) employer contributions)	0										
9		0										
10		0										
11												
	Management	287,000.										
	b Legal	63,359.										
	c Accounting	7,310.	<u>. </u>									
•	d Lobbying	0										
•	Professional fundraising services See Part IV, line 17.	0	-*_ *									
	f Investment management fees	1,658.										
9	9 Other (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O)	0										
12	Advertising and promotion	384,550.										
13		41,628.										
14	3,	41,020.	Tie									
15	,	0										
16		20,478.										
	Travel											
	for any federal, state, or local public officials	0			•							
19		2,688,674.										
20		0										
21		0										
22		0										
23	Insurance	6,392.										
24	Other expenses Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O)	6 550	<u> </u>	a a gar b a s Turi	<u> </u>							
	UNRELATED BUS. INCOME TAX	6,550. 35,065.										
	bMISC. EXPENSES	6,501.		-								
	CDUES & SUBSCRIPTIONS CONSORTIUM AGREEMENT	12,500.										
		12,300.										
	e All other expenses Add loss 1 through 240	3,836,665.										
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,330,003.										
	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)	0			1							

Ια	444	Datatice officet			
		Check if Schedule O contains a response or note to any line in this Pa		• • •	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	669,487.	1	687,573.
	2	Savings and temporary cash investments	1,478,636.	2	946,826
	3	Pledges and grants receivable, net	d	3	(
	4	Accounts receivable, net	13,900.	4	72,127
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			•
		Complete Part II of Schodule I	d	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		-	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	7	3.5	
		and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.	d	6	[
ts	7	Notes and loans receivable, net		7	
Assets	8		۱ ۸	8	
¥	9	Prepaid expenses and deferred charges	29,139.	_	14,324
		Land, buildings, and equipment cost or	25/155.	_~	11/021
- 1	iva	other basis Complete Part VI of Schedule D		2 - 7	
	L		۱	10c	 (
	11	Less accumulated depreciation		11	451,622
	12	Investments - publicly traded securities		12	136,517
		Investments - other securities See Part IV, line 11		13	130,317
	13	Investments - program-related See Part IV, line 11		14	
	14	Intangible assets	ļ	15	
	15	Other assets See Part IV, line 11			2,308,989
	16	Total assets. Add lines 1 through 15 (must equal line 34)			101,420
	17	Accounts payable and accrued expenses			101,420
	18	Grants payable		18	57,850
	19	Deferred revenue		_	37,830
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	
iiit	22	Loans and other payables to current and former officers, directors,	· · · · · · · · · · · · · · · · · ·		
iat.		trustees, key employees, highest compensated employees, and			
1		disqualified persons Complete Part II of Schedule L		22	(
	23	Secured mortgages and notes payable to unrelated third parties		23	(
	24	Unsecured notes and loans payable to unrelated third parties	ļ	24	(
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		_	,
		of Schedule D		25	150 050
	26	Total liabilities. Add lines 17 through 25	238,202.	26	159,270.
		Organizations that follow SFAS 117 (ASC 958), check here X and		`~	_3 ~ ~ ~
ĕ		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,952,960.	27	2,149,719.
Ва	28	Temporarily restricted net assets	0	28	(
pu	29	Permanently restricted net assets	0	29	(
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		-	
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	1,952,960.		2,149,719
	34	Total liabilities and net assets/fund balances	2,191,162.	34	2,308,989.
			· -, -, -, -, -, -, -, -, -, -, -, -, -,	. * *	Form 990 (2013)

Form 990 (2013) Page 12 Reconciliation of Net Assets Part XI Check if Schedule O contains a response or note to any line in this Part XI______ 4,032,976. 1 3,836,665. 2 2 196,311. 3 3 1,952,960. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 448. 5 ō 6 6 ō 7 7 ō 8 ō 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 2,149,719. Part XII Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2013)

3a

3b

Х

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► See separate instructions.

► Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B. Section 527 organizations Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number 7X24 EXCHANGE, INC. 22-3075802 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures.....▶\$ Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. ▶\$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶\$ No Yes No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (c) EIN (a) Name (b) Address (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization If none, enter -0-(1) (2) (3) (4) (5)

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

Schedule C (Form 990 or 990-EZ) 2013

(6)

, Sch	edule C (Form 990 or 990-EZ) 2013 7X24 E	XCHANGE, INC.	22-3	075802 Page 2
		on is exempt under section 501(c)(3) and		
	name, address, EIN, exp	belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend	ditures).	oup member's
<u>B</u>	Limits on Lobb	checked box A and "limited control" provisi ying Expenditures eans amounts paid or incurred.)	ons apply (a) Filing organization's totals	(b) Affiliated group totals
1a b c d	Total lobbying expenditures to influence Total lobbying expenditures (add lines Other exempt purpose expenditures . Total exempt purpose expenditures (a	e public opinion (grass roots lobbying) e a legislative body (direct lobbying) 1a and 1b)		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1.000,000		
g h i j	Grassroots nontaxable amount (enter Subtract line 1g from line 1a If zero or Subtract line 1f from line 1c. If zero or If there is an amount other than zer	25% of line 1f)	zation file Form 4720	Yes No
	(Some organizations that columns belo	I-Year Averaging Period Under Section 501(h) made a section 501(h) election do not have to w. See the instructions for lines 2a through 2	o complete all of the fiv f on page 4.)	
	الماما	wing Expanditures During 4 Year Averaging Po	riad	

		Lobbying Exper	ditures During 4-Ye	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

or each "Yes," response to lines 1a through 1ı below, provide ın Part IV a detailed	(a)		()	
escription of the lobbying activity.	Yes	No		Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local		-		-		_
legislation, including any attempt to influence public opinion on a legislative matter or	,					•
referendum, through the use of						
Volunteers?] ; ;			- ⁻ .
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		L]	٠.	- 	<u>.</u>
Media advertisements?			<u> </u>			
Mailings to members, legislators, or the public?						
Publications, or published or broadcast statements?		<u> </u>				
Grants to other organizations for lobbying purposes?			<u> </u>			
Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?						
Total Add lines 1c through 1i						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						1
If "Yes," enter the amount of any tax incurred under section 4912	-	- ']			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912	_					
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		`		,		
art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)), or :	section	n .		-
501(c)(6).						
					Yes	N
Were substantially all (90% or more) dues received nondeductible by members?						2
				1 1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				. 1	X	-
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?				2	Х	}
Did the organization agree to carry over lobbying and political expenditures from the prior year?		<u> </u>	<u></u>	3	Х	X
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	(c)(5)), or :	section	2 3		
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5) OR (), or s b) Pa	section	2 3		
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members	(c)(5) OR (), or s b) Pa	section	2 3		
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	(c)(5) OR (), or s b) Pa	section	2 3		
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	(c)(5) OR (), or s b) Pa	sectionart III-	2 3		
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (), or s b) Pa	section art III-	2 3		
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(c)(5) OR (), or s b) Pa	section of the sectio	2 3		X
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Page 4

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	4 EXCHANGE, INC.			22-3075802
Par	Organizations Maintaining Donor Advise Complete if the organization answered "			counts.
		(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	advisors in writing that the	assets held in do	onor advised
•	funds are the organization's property, subject to the	_		1 1 1 1
6	Did the organization inform all grantees, donors, ar			
•	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			
Par	t II Conservation Easements. Complete if the	ne organization answered	"Yes" to Form	990 Part IV line 7
1	Purpose(s) of conservation easements held by the			550, Furt 14, 11110 1.
	Preservation of land for public use (e.g., recre			an historically important land area
	Protection of natural habitat			a certified historic structure
	Preservation of open space		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	contribution in th	ne form of a conservation
_	easement on the last day of the tax year.			
	•		<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		1	2b
c	Number of conservation easements on a certified		I	2c
d	Number of conservation easements included in (c)		· ·	
_	historic structure listed in the National Register	-		2d
3	Number of conservation easements modified, tran			
•	tax year >	oronou, roronous, oranigaror		ou by the enganization during the
4	Number of states where property subject to conse	rvation easement is located 1	•	
5	Does the organization have a written policy regard			dling of
•	violations, and enforcement of the conservation ea		•	- 1 1 1 1
6	Staff and volunteer hours devoted to monitoring, in			
	>			,
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conserva	ation easements	during the year
	▶ \$			and your
8	Does each conservation easement reported on line	e 2(d) above satisfy the requ	uirements of secti	ion 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports	conservation easements in	its revenue and e	expense statement, and
_	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easeme	•		_
Par	t III Organizations Maintaining Collections	of Art, Historical Treasu	res, or Other S	Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to	report in its rev	venue statement and balance shee
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	ar assets held for public e	xhibition, educa	tion, or research in furtherance of
ь	If the organization elected, as permitted under sworks of art, historical treasures, or other similar			
	public service, provide the following amounts relati		Ambilion, educa	aion, or research in future ance of
	(i) Revenues included in Form 990, Part VIII, line 1			▶\$_
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
-	following amounts required to be reported under S			colo ioi iniciolal galit, provide tre
а	Revenues included in Form 990, Part VIII, line 1.			▶ \$
	Assets included in Form 990, Part X			
	aperwork Reduction Act Notice, see the Instructions for		<u> </u>	Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013						_					Page 2
Par	t Organizations Maintaini	ng Colle	ctions of	Art, His	torical T	reasur	es, c	or Oth	er Simil	ar Asse	ts (con	inued)
3	Using the organization's acquisition collection items (check all that app	on, acces	sion, and	other reco	rds, chec	k any o	f the	follow	ing that a	are a sigi	nificant u	se of its
_	Public exhibition	iy).			7	ar ayaba						
a b	Scholarly research			d -		or excha		_				
C	Preservation for future gene	ratione		e _								
4	Provide a description of the organ		collections	and evni	ain how t	they fur	ther '	the orc	ıanızatıon'	s evemn	t nurnos	o in Bort
_	XIII					•				·	t puipos	e in Pail
5	During the year, did the organization assets to be sold to raise funds rath	ner than to	be maint	ained as pa	rt of the	organiza	ation's	s collec	tion?	[Yes	No
Par	t IV Escrow and Custodial Ar or reported an amount or				ne organ	ization	ansv	vered '	'Yes" to l	orm 99	0, Part I\ 	√, line 9,
1a	Is the organization an agent, truste	e, custodi	an or othe	r intermedi	ary for co	ontributio	ons o	r other	assets no	ot		
	included on Form 990, Part X?		. 							[Yes	No
b	If "Yes," explain the arrangement in	Part XIII	and compl	lete the foll	owing tab	ole						
									А	mount		
	Beginning balance											
	Additions during the year											
	Distributions during the year					1	\rightarrow					
	Ending balance											
2a	Did the organization include an am	ount on F	Form 990,	Part X, line	217					L	Yes	No.
	If "Yes," explain the arrangement in										<u> </u>	
Par	t V Endowment Funds. Com							Ť				
_	Daniel of the balance	(a) Cur	rent year	(b) Pric	or year	(c) Two	o years	back	(d) Three y	ears back	(e) Four	years back
	Beginning of year balance			<u> </u>		-						
	Contributions		·									
С	Net investment earnings, gains,							1				
	and losses											
	Grants or scholarships Other expenditures for facilities					-			·			
e	•											
	and programs											
	End of year balance											
g	Provide the estimated percentage	of the our	ront woor o	nd bolono	· (lino 1a	L	(a)) b	2014 22			L	
٠,	Board designated or quasi-endown				e (iiile 19,	Column	(a)) i	ieiu as				
h	Permanent endowment	~ ~		-"								
	Temporarily restricted endowment		%									
·	The percentages in lines 2a, 2b, ar	_		OO%								
3a	Are there endowment funds not in		•		ation that	are held	d and	admin	istered for	the		
	organization by			J							ſ	es No
	(i) unrelated organizations										3a(i)	110
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(II), are the related org	anızatıon	s listed as	required or	Schedule	e R?					3b	
4	Describe in Part XIII the intended u											
Par	Land, Buildings, and Equ Complete if the organiza	ipment.	wered "Ye	s" to Forn	n 990, P	art IV, I	ine 1	1a. Se	e Form 9	990, Par	t X, line	10.
	Description of property		(a) Cost or	other basis	(b) Cost o	or other ba	sis	(c) Acci	umulated	(0	i) Book valu	ie
	Land		(inves	tment)	 	ther)	+	uepre	ciation			
b	Buildings				 		\dashv					
	Leasehold improvements			 	 		\dashv					
d	Equipment				 		+					
	Other			_	 		\dashv					
	I. Add lines 1a through 1e (Column		egual Form	n 990. Part	X. columi	n (B) Im	e 100	c)).	•		~	
		(=,		, / 4/1	, 50.01111		(-//•		Sched	ule D (Fon	n 990) 2013

Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" to Form 990	Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				- <u> </u>
	L ESTATE & INFRASTRUCTURE	33,655.		
	. INV - HEDGE FUNDS	102,862.		
(C)				<u>-</u>
<u>(D)</u>				
				
(F)				
<u>(G)</u>			**-	<u> </u>
(H)	(1) (5) (6) (7) (7) (7) (7)	136,517.		<u>4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 </u>
	n (b) must equal Form 990, Part X, col (B) line 12) ► Investments - Program Related.	130,3174	a y fall of the state of the state of	* *
Part VIII	Complete if the organization answered	d "Yes" to Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valua	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	ket value
(1)	······································			
(2)				
(3)				•
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			-	
	n (b) must equal Form 990, Part X, col (B) line 13)			-
Part IX	Other Assets.	d "Vas" to Farm 000	Dort IV line 41d See Form 000	Dod V. line 15
	Complete if the organization answered		Part IV, line 11d See Form 990,	
(1)	(a)	Description		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)		<u> </u>		
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col (B)	line 15)	<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.		Section of a section of the section of the section of the section of	and the state of t
1	(a) Description of liability	(b) Book value		
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ightharpoons

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

3E1271 1 000

Part XIII Supplemental Information (continued)

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULEI (Form 990)

2013

Open to Public Inspection

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me of the organization	Employer identification number	
X24 EXCHANGE, INC.	22-3075802	
art I General Information on Grants and Assistance		
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	Yes	
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (h) Purpose of grant or assistance GENERAL (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10,000. (d) Amount of cash grant (c) IRC section if applicable 501 (C) (3) 13-4141945 (b) EIN (a) Name and address of organization or government (1) THE MICHAEL J. FOX FOUNDATION GRAND CENTRAL STATION Part II € (2) ମ <u>(5</u> 9 8 <u></u> 5 <u>(1</u>3) (12) 5

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

Enter total number of other organizations listed in the line 1 table .

Schedule I (Form 990) (2013)

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7X24 EXCHANGE, INC.

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

Part III Grants and

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Supplemental Information. Complete this part information.	s part to prov	vide the informat	ion required in	Part I, line 2, Part III,	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

7X24 EXCHANGE,

Employer identification number 22-3075802

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	- ,		r
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	,	3	1
	First-class or charter travel Housing allowance or residence for personal use	l ''_	,,	
	Travel for companions Payments for business use of personal residence	,	- J 1	-
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		4-	[
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	٠,	, FT FT	- '`
		, -	1	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	15		1
2	directors trustees and efficient including the CCO/Circuiting Director recording the items checked in time	-		٠ ،
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	١.		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	-17-7		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	1.7.		, , , ,
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	, * ==	7.5	
	Form 990 of other organizations X Approval by the board or compensation committee		÷ [-	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	- ·		, =
•	organization or a related organization:	J		، . , نتد مسد ـ
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	2	3-34.5	1.
		7- }	. * .*	,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	77		*
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		-	'
	compensation contingent on the revenues of	(1)		:
а	The organization?	5a	135.000	
	Any related organization?	5b		<u> </u>
-	If "Yes" to line 5a or 5b, describe in Part III		-	-
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	.,	~ (~	1
•	compensation contingent on the net earnings of	1 7, 2	73.5.	
_	·	60		
a	The organization?	6a		
b	Any related organization?	6b	. ,	,
_	If "Yes" to line 6a or 6b, describe in Part III	- : -		، شا شا
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

individual								
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
ROBERT J. CASSILIANO	€ €	200,000.	50,000.				250,000.	
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12	(1)							
13	€ €							
14	€ €							
15	(11)							
16	€ €							
							Sche	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

► Attach 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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

7X24 EXCHANGE, INC.

Employer identification number 22-3075802

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 3

DOLCI MANAGEMENT SERVICES, INC. PROVIDES ADMINISTRATIVE SERVICES TO THE

ORGANIZATION. BUSINESS INFORMATION SERVICES, INC. PROVIDES A CHIEF

EXECUTIVE OFFICER FOR THE ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 6

7X24 EXCHANGE, INC. WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 7A

THE MEMBERS ELECT THE GOVERNING BODY THROUGH AN ANNUAL BALLOT PROCESS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A - QUESTION 8B

THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B - QUESTION 11B

THE FORM 990 WAS PRESENTED TO THE CHAIRMAN OF THE BOARD FOR REVIEW PRIOR

TO FILING.

Name of the organization 7X24 EXCHANGE, INC.

Employer identification number 22-3075802

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C - QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

COMPENSATION OF OFFICERS & DIRECTORS

PART VII, SECTION A - LINE 1A

DURING APRIL 2011, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH
BUSINESS INFORMATION SERVICES, INC. TO PROVIDE A CHIEF EXECUTIVE OFFICER
AT AN ANNUAL FEE OF \$200,000 DUE IN EQUAL MONTHLY INSTALLMENTS. THE
AGREEMENT ALSO HAS A PROVISION FOR A BONUS OF UP TO \$50,000 AT THE SOLE
DISCRETION OF THE ORGANIZATION'S BOARD. THIS AGREEMENT AUTOMATICALLY
RENEWS FOR SUCCESSIVE ONE YEAR TERMS UPON THE COMPLETION OF THE ANNUAL
ELECTION OF OFFICERS. ROBERT J. CASSILIANO, CHAIRMAN OF THE BOARD OF THE
ORGANIZATION, MANAGES BUSINESS INFORMATION SERVICES, INC. THE AMOUNT PAID
TO BUSINESS INFORMATION SERVICES, INC. IN THE CALENDAR ENDED DECEMBER 31,
2013 WAS \$250,000.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

DOLCI MANAGEMENT SERVICES, INC. 322 EIGHTH AVE, SUITE 202 NEW YORK, NY 10001

ADMINISTRATION

277,000.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev 1-2014)

	·							_
If you are	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this fo	orm)		_	X
	<i>lete Part II unless</i> you have already been grar							
a corporation 3868 to req Return for 1	ling (e-file). You can electronically file Form 8 in required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the	al (not aut forms liste I Benefit (omatic) 3-month exter d in Part I or Part II w Contracts, which mus	sion of time. You can e ith the exception of Fo t be sent to the IRS i	lect rm & in p	ronica 3870, aper	aliy file F Informa format	orm ation
Part I Aut	tomatic 3-Month Extension of Time. On	ly submit	original (no copies n	eeded).				
⊃art I only .	n required to file Form 990-T and requesting porations (including 1120-C filers), partnership						▶ [
	e tax returns.	ips, itciviic	os, and trusts must use i	Enter filer's identifyin				tione
Name of exempt organization or other filer, see ins			Employer identification nur					110113
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print	7X24 EXCHANGE, INC.			22-3075802				
File by the due date for Number, street, and room or suite no. If a P O. box			ctions.	Social security number (SSN)				
filing your	322 EIGHTH AVENUE							
return See instructions								
Enter the Re	eturn code for the return that this application	s for (file a	a separate application for	or each return)			. 0	1
Application		Return	Application	lication			Retu	ırn
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Form 990 or Form 990-EZ		01	Form 990-T (corpora	corporation)			07	,
Form 990-BL		02	Form 1041-A	1041-A			08	3
Form 4720 (individual)		03	orm 4720 (other than individual)				09	,
Form 990-PF		04	Form 5227				10)
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069				11	<u> </u>
Form 990-T (trust other than above)		06	Form 8870				12	<u> </u>
Telephone If the orga If this is for the whole a list with the until for the	s are in the care of ▶ DOLCI MGMT SER e No. ▶ 646 486–3818 anization does not have an office or place of the proof of a Group Return, enter the organization's for a group, check this box ▶	business in ur digit Gro f it is for pa ion is for poration re exempt or	FAX No. the United States, che pup Exemption Number art of the group, check equired to file Form 99 ganization return for the	this box ►	bove	If and a e. The		on is
	ax year entered in line 1 is for less than 12 m Change in accounting period					ı <u>.</u>		
3a If this application is for Form 990-BL, 990-PF, 99		90-1, 4720	o, or 6069, enter the	tentative tax, less any		_		0
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b If this application is for Form 990-PF, 990-T,			•		24	•		0
estimated tax payments made. Include any prior yea c Balance due. Subtract line 3b from line 3a. Include						₽		
	ronic Federal Tax Payment System). See instru		ion with this lonn, if the	squired, by dailing in 150	3с	 		0
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form							for paym	
instructions			,				, ,	-

For Privacy Act and Paperwork Reduction Act Notice, see instructions.