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Form	990
FOIII	

Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-0047

		the Treasury	l .		ity numbers on this 990 and its instruct		-	•			Open to Public Inspection
A		ue Service	ar year, or tax year begi		1990 and its instruct				990.		
_		_				<u>, , , , , , , , , , , , , , , , , , , </u>	2013, and e	naing			, 20
Ø	Check if i		C Name of organization Logo	osdor inc.					·		Employer Identification no.
<u></u>	Address		Doing Business As		44			T			<u>5-2223257</u>
Ħ	Name ch	-	Number and street (or PO b		g to sueet acuress)			Room/su	nte		Telephone number
Ħ	Terminate		225 Betty Cour					<u> </u>		- 1 (3	954) 740-9372
Ħ.	Amended		City or town, state or province Norfolk, VA 23	· ·	reign postal code						1,115,878
Ħ		on pending	F Name and address of print		Dennid Hood						Gross receipts \$
	Application	Al perioding	Same as C abov	•	Donard Hood			H(a)	ls this a gri subordinat	muten quo	for Yes X No
_	Tax-exem		501(c)(3) 501(c) () d (insert no)	4947(a)(1) or	527					= =
<u>'</u>		► N/A	301(c)(3) 301(c) () 4 (insert no)		1 527		H(b)	If "No," atta Group exe	ordinates il	see instructions)
			Corporation Trust As	sociation Other	-	I Veer	of formation 2	H(c)	i	of legal do	
	irt I	Summar		SOCIETION CONE	· · · · · · · · · · · · · · · · · · ·	T Teal	oridinaturi 2	.008	I m State	or legal do	micile FL
_	1		be the organization's mis	sion or most signifi	cant activities. T.o.	zoedo:	r eviete	to sh	are th	30.000	d news of
_		-	om the Bible to	-							
2			, puppets and an:		ough local out		·/ dagar	<u>., D.D.</u>	100	OUTCE	5, reader
Ē			, puppeds and this								
Activities & Governance	2	Check this be	ox ▶ ☐ if the organization	n discontinued its	operations or dispose	d of mo	re than 25%	of its net	assets.	·	
ŏ	3		oting members of the gov							3	4
95	4		dependent voting membe		· ·	b)				4	4
Ę	5		r of individuals employed i	-		•				5	0
훓	6		of volunteers (estimate it	•			<i>.</i>			6	50
Ř	7a		ed business revenue from	• • •	(C), line 12 · · · ·					7a	0
	b	Net unrelated	d business taxable income	e from Form-990-T	-line-34	_,_,_,				7b	0
					RECEIVED)		Pi	tor Year		Current Year
	8	Contributions	s and grants (Part VIII, line]			,726	1,091,653
9	9	Program sen	vice revenue (Part VIII. lin	ne 2a)		၂၂တ္တ				,672	23,563
Revenue	10	Investment in	ncome (Part VIII, column ((A), lines 3 Fand	780V. 2 0. 2014	I Y]			105	662
ě	11	Other revenu	ie (Part VIII, column (A), i	nes 5, 6d, 8c, 9c_	10c, and 11e)	<u> ଝ</u>					0
	12		e - add lines 8 through 11	1		2)	<u>.</u>	•	674	,503	1,115,878
	13		imilar amounts paid (Part							,332	879,692
	14	Benefits paid	to or for members (Part I	X, column (A), line	4)			-			0
	15	Salaries, other	er compensation, employe	ee benefits (Part IX	(, column (A), lines 5-	10) -	[3,000
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11	1e)			······································			0
90	b	Total fundrais	sing expenses (Part IX, co	olumn (D), line 25)	>		0				
X	17	Other expens	ses (Part IX, column (A), I	ines 11a-11d, 11f-2	24e) · · · · · ·				80	,740	182,173
	18	Total expense	es. Add lines 13-17 (mus	t equal Part IX, col	lumn (A), line 25)		[,072	1,064,865
	19	Revenue less	s expenses. Subtract line	18 from line 12 •						,431	51,013
5	Sec							Beginning	of Current	Year	End of Year
8	20 21 22 22 22 22 22 22 22 22 22 22 22 22	Total assets ((Part X, line 16)				[552	,742	652,877
ş	일 21	Total liabilities	s (Part X, line 26)						59	,485	108,607
ž	ឨ 22	Net assets or	r fund balances. Subtract	line 21 from line 2	0		[493	,257	544,270
Pa	irt II	Signatu	re Block								
Unde	r penaltie:	s of perjury, I decis	are that I have examined this retu aration of preparer (other than of	m, including accompany	ying schedules and stateme	nts, and to	the best of my i	knowledge a	and belief, it	18	
	wiled, a	no complete. Deci	aradion or preparer (other drain on	Cery is based on an into	imation of which preparer in	as any kin					
~ :-		5	SYLLTER	ell_							
Sig		Signature	e of officer	,						Date	,
He	re	Gordo	on S Mitchell, CI	PO						11/	14/2014
		Type or p	ornt name and title								
_		Print/Type pre	parer's name	Preparer's signature		Date		- Fo	Check	d PTII	٧
Pai				<u> </u>	·- · - · · · · · · · · · · · · · · · ·			1	elf-employe	ed .	
	parer		>					Firm's El	N Þ		
Us	e Only	Firm's address	, >					Phone no	•		
		<u></u>						<u></u>			
May	the IRS	S discuss this	return with the preparer s	hown above? (see	instructions)		. 				. ☐ Yes ☒ No

Form 990 (2013)

Form	1 990 (2013) Logosdor Inc. 26-222325	7 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · □
1	Bnefly describe the organization's mission	
	Logosdor exists to share the good news of Jesus from the Bible to children through log	cal
	outreach, quality Bible resources, leader training, puppets and animation.	
		···
	Did the organization undertake any significant program services during the year which were not listed on the	·
_	prior Form 990 or 990-EZ?	₩ No
	If "Yes," describe these new services on Schedule O	KI NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services? · · · · · · · · · · · · · · · · · · ·	No No
	If "Yes," describe these changes on Schedule O	<u></u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
4a		08,762
	The creation and distribution of free Bible resources including cirriculum, videos, mutraining materials for use in children's and young people's ministry, sports or creating	
		rve
	ministry. Resources are made available worldwide through internet downloads and cds.	
		· · · · · · · · · · · · · · · · · · ·
		····
		· · · · · · · · · · · · · · · · · · ·
4b		06,453)
	The networking of globally-minded children's ministries so that every child may know	
	through God's word. This is done through the hosting of international events including	gan
	annual conference.	
		· · ·
		· · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
4d	Other program services. (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 1,024,167	

26-2223257

Form 990 (2013) Logosdor Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	i		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X
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		<u>X</u>
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		<u>.</u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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		<u>X</u>
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,			
	VII, VIII, IX, or X as applicable			
а				
	complete Schedule D, Part VI	11a		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ľ	
	Schedule D, Parts XI and XII	12a		X
þ	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	4.	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
Ь	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		,,	
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	ļ <u>.</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا	,,	
4-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			,,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			٠,,
4-	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	_		l . <i>.</i>
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_		ļ ,,
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Part IV

Checklist of Required Schedules (continued)

Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 pnor Forms 990 or 990-EZ? 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 former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If so, complete Schedule L, Part II 26 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 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II, III. 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note, All Form 990 filers are required to complete Schedule O 38 X

Form 990 (2013)

Logosdor Inc.

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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	}	ľ	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			
	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:	1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	~		. •
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		_
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	234		
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u></u>	`	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		, .	•
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	, ,
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			,
а	Initiation fees and capital contributions included on Part VIII, line 12		,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	42-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	140		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Page 6

	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 the Part VI			· 🛚
Sec	tion A. Governing Body and Management			
	T I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	Í		
	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	' I	i	
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	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:			•
a	The governing body?	8a	<u>X</u>	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
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
Sec	tion 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		X
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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	*	1 -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	<u> </u>
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>	ļ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ŀ
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
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?			.4
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	L
	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 taxable entity during the year?	16a		X
þ	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		<u>L</u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	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 Don request Other (explain in Schedule O)			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	Gordon S Mitchell (954)740-9372, 225 Betty Court, Norfolk, VA 23502			

Independent Contractors								<u>-</u>		_
Check if Schedule O contains a response or			_		_				• • • • • • • •	· · · · · · <u> </u>
Section A. Officers, Directors, Trustees, Key Employe									in the	
1a Complete this table for all persons required to be listed. For organization's tax year.								-		
 List all of the organization's current officers, directors, compensation Enter -0- in columns (D), (E), and (F) if no co 				idual	s or	organ	izati	ons), regardless of	amount of	
List all of the organization's current key employees, if	•						-	• •		
 List the organization's five current highest compensate who received reportable compensation (Box 5 of Form W-2 organization and any related organizations 										
• List all of the organization's former officers, key emplo \$100,000 of reportable compensation from the organization of						l empl	oyee	es who received mo	re than	
 List all of the organization's former directors or trustorganization, more than \$10,000 of reportable compensation 									ee of the	
List persons in the following order: individual trustees or direct compensated employees; and former such persons	ctors, instituti	onal tr	uste	es, c	ffice	ers, ke	y en	nployees, highest		
Check this box if neither the organization nor any related	organization	comp	ens	ated	any	currer	nt of	ficer, director, or tru	stee	
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average			Posit	ion			Reportable	Reportable	Estimated
	hours per week (list any	,				an one		compensation from	compensation from related	amount of other
	hours for related	i		•		both en		the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations					rustee)	77	(W-2/1099-MISC)		organization
•	below dotted line)	dire	l statu	Officer	ey er	ighe,	Former			and related organizations
		를 다 <u>다</u>	욂		Key employee	8 8				
		Individual trustee or director	Institutional trustee		9	mp eg				
		ا ا	8			Highest compensated employee				
						_				
(1) Simon Bonald Wood	5.00		\vdash	\vdash				<u> </u>	<u> </u>	
(1) Simon Donald Hood Director / President	_5.00_	Х		Х				o	o	o
(2) Ivan Stanley Kelly	5.00									
Director / VP / Secretary		Х		Х				0	0	0
(3) Mikel Walton	1.00									
Director / Treasurer		X	_	Х				0	<u> </u>	0
(4) Linda Modawell Director	1.00	Х						0	0	0
(5) Gordon S Mitchell	5.00_	ł		v						
<u>CFO</u> (6)	ļ		_	Х				3,000	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)			1							

Form 990 (2013)

3) Logosdor Inc. 26-2223257 Page 7
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Form 990 (2013)

Part VII C

EEA

Page 8

Part VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est (Comp	ensa	ted Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for		ınless	pers	tion one th	nan one both an ustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estima amour oth compen		
	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)	org	rom the janizatio d related anization	d
(15)												
(16)												
(17)												
(18)												<u>.</u>
(19)												
(20)									, ,			
(21)												
(22)												
(23)												
(24)												
(25)												
1b Sub-total	on A .						> > >	3,000	0			0
Total number of individuals (including but not limited									<u>. </u>	1		
reportable compensation from the organization									0		V	
3 Did the organization list any former officer, director,	or trustee, k	ey emp	oloye	e, o	r hig	jhest c	omp	ensated			Yes	No
employee on line 1a? If "Yes," complete Schedule J										3		X
4 For any individual listed on line 1a, is the sum of reportanization and related organizations greater than												
individual			• •	• •						4		Х
5 Did any person listed on line 1a receive or accrue c			-			-	uzat			_		.,
for services rendered to the organization? If "Yes," of Section B. Independent Contractors	ompiete Sch	eaule .	J TOF	suc	n pe	erson				5		X
Complete this table for your five highest compensate compensation from the organization. Report compe												
year (A)		 						(B)			(C)	
Name and business address								Description of	services	Comp	ensatio	n
		. ,										
Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	listed	ab	ove) w	'nο					

Form 990 (2013)
Part VIII Logosdor Inc.
Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this	s Part VIII		<u>.</u>	<u>.</u> .
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
報報	1a	Federated campaigns	1a					
ĔĔ	ь	Membership dues	1b		1			
۵٤	c	Fundraising events	1c		1			
E A		-	1d		1			
ය:≅	d	Related organizations			[
Sir	θ	Government grants (contributions)	10					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
ë₽		and similar amounts not included above	1f	1,091,653				
g d	9	Noncash contributions included in lines 1a-	-]			
_ <u>0</u> _e	h	Total. Add lines 1a-1f	· · ·		1,091,653			
				Business Code]			
Program Service Revenue	2a	Conference Registration		611600	23,563	23,563		
Rev	b							
90	С							
۶	d			1				
Ē	е							
E 6	f	All other program service revenue · · · ·	 .					
£		Total. Add lines 2a-2f			23,563			
		· '			23,303			
	3	Investment income (including dividends, inte and other similar amounts)			662	662		
	4	Income from investment of tax-exempt bond			002	002		
	5	Royalties						
	3	·		1				
		(i) Real		(ii) Personal	-			
	1	Gross rents · · · · · ·			1			
		Less: rental expenses · · · ·						
	С	Rental income or (loss) · · ·			_	-	*	
	ď	Net rental income or (loss) · · · · · · ·	• • •	<u> ▶</u>	<u> </u>			
	7a	Gross amount from sales of (i) Securities	15	(II) Other] - [
		assets other than inventory		,				
	ь	Less: cost or other basis						
		and sales expenses · · · ·						
	С	Gain or (loss)					*	
	d	Net gain or (loss)			1	•		-
9		Gross income from fundraising						
/enne/		events (not including \$			1			
		of contributions reported on line 1c)	_					
<u> </u>		See Part IV, line 18 · · · · · · · · ·						,
Other Re	ь	Less direct expenses			1			
	!	Net income or (loss) from fundraising events			1			
	t	Gross income from gaming activities	•		 			
	98		_		1			
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·						
		Less: direct expenses		L	'			
	С	Net income or (loss) from gaming activities	• •					
	10a	Gross sales of inventory, less						
		returns and allowances · · · · · · · ·			1			
		Less: cost of goods sold · · · · · · ·		L	1			
	С	Net income or (loss) from sales of inventory	• •					
		Miscellaneous Revenue		Business Code]			
	11a				ļ			
	þ				 		<u></u>	·
	С							
	đ	All other revenue						····
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		<u></u> ▶	1,115,878	24,225	0	0

26-2223257

e Cil	on 501(c)(3) and 501(c)(4) organizations must complete all col Check if Schedule O contains a response or note to an			Olumn (A).	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(8)	(C)	_ (D)
	b, and 10b of Part VIII.	Total expenses	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 ·				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	į		j	
	organizations, and individuals outside the			}	
	United States See Part IV, lines 15 and 16 · · · · · ·	879,692	879,692		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,000		3,000	· ,• - •
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees):				
a	Management			450	
b	Legal	450		450	
C	Accounting	35,319		35,319	
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	547		547	
14	Information technology		· · · · · · · · · · · · · · · · · · ·	347	
15	Royalties				
16	Occupancy				
17	Travel	31,706	31,424	282	
18	Payments of travel or entertainment expenses	32,700			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	93,035	93,035		
20	Interest		/		
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	Resource Duplication	18,771	18,771		
b	Resource Distribution	1,245	1,245		
c	Bank Fees	1,100		1,100	
d					
0	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	1,064,865	1,024,167	40,698	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and			ļ	
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				. ***

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 532,346 638,959 2 2 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net Assets Inventories for sale or use R 9 Prepaid expenses and deferred charges 20,396 9 13,918 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a b Less accumulated depreciation 10b 10c 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 552,742 652,877 17 17 7,357 12,707 18 18 47,463 95,900 19 Deferred revenue 19 4,665 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 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 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 26 59,485 26 108,607 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 23,156 18,951 28 Temporarily restricted net assets 28 470,101 525,319 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here

I and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

544,270

32

33

34

493,257

552,742

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Form	1 990 (2013) Logosdor Inc. 2	6-222325	7	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		64,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		51,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	93,2	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		•	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				-
	33, column (B))	10	5	44,2	270
Pa	rt XII Financial Statements and Reporting				·
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in		}		
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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			:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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:			ĺ	
	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		1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		`
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			İ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2013)

SCHEDULE A

(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.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	or the	organization							Employer	identificatio	n number			
Log	osd	or Inc.								223257				
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete thi	s part.) S	See instr	uctions.				
The	orgar	nization is not a private	e foundation becau	se it is: (For lines 1 throu	ugh 11, che	ck only one	e box)							
1		A church, convention	of churches, or as	sociation of churches de	escribed in a	section 17	O(b)(1)(A)	(i).						
2		A school described in	n section 170(b)(1)(A)(ii). (Attach Schedule	eE)									
3		A hospital or a coope	erative hospital serv	rice organization describ	ed in sectio	on 170(b)(1)(A)(iii).							
4		A medical research of	organization operate	ed in conjunction with a l	hospital des	scribed in s	ection 17	0(b)(1)(A)(iii). Enter t	he				
		hospital's name, city,	and state:											
5		An organization oper	ated for the benefit	of a college or university	y owned or	operated b	y a govern	mental un	it describe	d m				
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II)										
6		A federal, state, or lo	cal government or	governmental unit descr	ibed ın sec	tion 170(b)(1)(A)(v).							
7	X	An organization that	normally receives a	a substantial part of its si	upport from	a governn	nental unit	or from the	general p	ublic				
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9				(1) more than 33 1/3% of		-	tributions, i	membersh	p fees, an	d gross				
		receipts from activitie	es related to its exe	mpt functions - subject t	o certain ex	ceptions, a	and (2) no	more than	33 1/3% o	f its				
		_		and unrelated business t		•	• •							
		· · · · ·		30, 1975. See section 5				,						
10				exclusively to test for p			•	(4).						
11		An organization orga	nized and operated	d exclusively for the bene	efit of, to pe	rform the fi	unctions of	, or to carr	y out the					
				rted organizations descr						ction				
		509(a)(3). Check the	box that describes	the type of supporting o	rganization	and comp	lete lines 1	1e through	11h					
		a 🔲 Type I	b 🔲 Турс	ell c ☐ Type	III-Function	nally integra	ated	d∐	Type III-	Non-funtio	nally inte	egrated	1	
е		By checking this box	, I certify that the or	rganization is not control	led directly	or indirectly	y by one o	r more disc	ualified pe	ersons	•	•		
		other than foundation	n managers and oth	ner than one or more pul	blicty suppo	rted organ	zations de	scribed in	section 50	9(a)(1)				
		or section 509(a)(2)												
f		If the organization re-	ceived a written de	termination from the IRS	that it is a	Type I, Typ	e II, or Typ	e III suppo	orting					
		organization, check t	his box										🛛	
g		Since August 17, 200	06, has the organiza	ation accepted any gift o	r contribution	on from any	y of the							
		following persons?												
		(i) A person who d	rectly or indirectly	controls, either alone or	together wi	th persons	described	ın (ıı) and				Yes	No	
		(iii) below, the g	overning body of th	ne supported organizatio	n? .						11g(l)			
		(ii) A family member	er of a person desc	nbed in (i) above?							11g(ii)			
		(iii) A 35% controlle	ed entity of a persor	n described in (i) or (ii) al	bove? -						11g(iii)			
h		Provide the following	information about	the supported organizati	on(s)									
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv) is the or	ganization	(v) Did yo	u notify	(vi) !:	s the	(vii) Amo	unt of mo	netary	
		organization		(described on lines 1-9 above or IRC section	in col (i) list	-	the organi		organizati		l .	support	-	
				(see instructions))	governing o	iocument r	col (I) o	port?	(i) organız U :	S 7				
		-			Yes	No	Yes	No	Yes	No	1			
(A)														
(B)]							
					1									
(C)														
										<u>.</u>				
(D)														
(E)													_	
					ļ	ļ	ļ			<u> </u>	<u> </u>	<u> </u>		
_								İ						
Tota	ı			•	1		I	l	į	İ	1			

Schedule A (Form 990 or 990-EZ) 2013 Logosdor Inc. 26-2223257 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 96,642 190,915 222,678 638,726 1,080,968 2,229,929 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 96,642 190,915 222,678 638.726 1,080,968 2,229,929 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,350,743 Public support. Subtract line 5 from line 4 · · 879,186 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 190,915 96,642 222,678 638,726 1,080,968 2,229,929 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar SOUTCES 14 114 128 105 662 1,023 Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 2,230,952 12 Gross receipts from related activities, etc. (see instructions) 110,108 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % 39.41 Public support percentage from 2012 Schedule A, Part II, line 14 15 15 % 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 図 b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			:			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · · · ·	 					
8	Public support (Subtract line 7c from line 6)		-				
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · ·						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the org organization, check this box and stop here			or fifth tax year as		•	▶ 🔲
	ction C. Computation of Public Su	 	_ -				
15	Public support percentage for 2013 (line 8, co	•	• •	•	• • • • • • • • •	F	%
16	Public support percentage from 2012 Schedu			• • • • • • • • •		16	%
	ction D. Computation of Investme						· · · · · · · · · · · · · · · · · · ·
17 18	Investment income percentage for 2013 (line Investment income percentage from 2012 Sc		-	umn (f))	• • • • • • • • • • • • • • • • • • • •	17	<u>%</u>
	33 1/3% support tests - 2013. If the organiza	ation did not check	the box on line 14,	and line 15 is mon	e than 33 1/3%, an	d line	.,,▶□
b	33 1/3% support tests - 2012. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	▶□
20	Private foundation. If the organization did no	•	-	•	• • • •		▶ 📋

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Employer Identification number

Internal Revenue Service Name of the organization

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

Open to Public Inspection

Logosdor Inc.				26-22	23257
		s Outside th	e United States. Comple	te if the organization answ	vered "Yes" on
Form 990, Part IV, I	line 14b.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
1 For grantmakers. Does the org	anization maintai	n records to sub	estantiate the amount of its gra	ants and other	
assistance, the grantees' eligibili	ity for the grants	or assistance, a	nd the selection criteria used t	to award the	
grants or assistance?	• • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	· 🛛 Yes 🗌 No
2 For grantmakers. Describe in F		ation's procedu	res for monitoring the use of it	s grants and other	
assistance outside the United Si	tates.				
.					
3 Activities per Region (The follow (a) Region	Ming Part I, line 3	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
(a)oBio	offices in the	employees,	region (by type) (e.g.,	a program service,	expenditures for
	region	agents, and independent	fundraising, program services, investments,	describe specific type of service(s) in region	and investments in region
		contractors	grants to recipients	aut vice(a) iii region	integion
Central America and		in region	located in the region)		
(1)the Carribean			Grant making	Training	18,750
East Asia and the		· · · · · · · · · · · · · · · · · · ·	Grant making	training	18,750
(2)Pacific			Grant making	Resource Dev/Trai	nng 612,651
East Asia and the			Grane making	Wesource Dev/ II a	012,051
(3)Pacific	1	1	Program services	Training	2,234
Europe (including			110,11111111111111111111111111111111111		
(4)Iceland and Greenland	±)		Grant making	Training	17,796
Middle East and	1				
(5)North Africa		1	Program services	Training	18,903
Middle East and					
(6)North Africa	•	1	Grant making	Training	20,469
North America (Not					
(7) the United States)	1		Program services	Training	1,520
North America (Not					
(8)the United States)	<u> </u>		Grant making	Training	4,876
(9)South America			Grant making	Training	54,485
					1
(10)South Asia	ļ		Program services	Trainng/Resource	Dev 5,805
444					
(11)South Asia	 	 	Grant making	Trainng/Resource	Dev 37,212
(42)0 > 0 - 1			<u>_</u>	L	
(12)Sub-Saharan Africa			Grant making	Training	113,454
(13)Sub-Saharan Africa				Toninin-	05 030
(13/Sub-Sanaran Africa		 	Program services	Training	95,938
(14)	}				
(1-7)					
(15)					
<u>(-5)</u>					
(16)	1				
<u> </u>					
(17)	}				
3a Sub-total · · · · · · · · · ·	1	1			1,004,093
b Total from continuation					
sheets to Part I · · · · · ·					
c Totals (add lines 3a and 3b)	1	1			1 004 093

Schedule (form 800) 2013

Logosdor Inc.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Carribean	Training	8,440	Wires			
		East Asia and the						
(2)		Pacific	Training,	594,982	Wires			
		East Asia and the						
(3)		Pacific	Training	10,020	Wire			
		Europe (including						
(4)		Iceland and Greenlandtirrculum	#irrculum	15,000	Wire			
		Middle East and						
(5)	-	North Africa	Training	10,000	Wire			
		Middle East and						
(9)		North Africa	Training	9,246	0			
(2)		South America	Cirriculum	21,320	Wires			
(8)		South America	Training,	7,225	Wires			
(6)		South America	Training	12,100	Wire			
(10)		South America	Training	5,320	Wires			
(41)		South Asia	Cirriculum	20,258	Wires			
(12)		South Asia	Training	5,070	Wire			
(13)		Sub-Saharan Africa	Training	13,000	Wire			
(14)		Sub-Saharan Africa	Cirriculum	9,590	Wire			
(15)		Sub-Saharan Africa	Training	7,040	Wires			
(16)		Sub-Saharan Africa	Training	5,298	Wires			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2013

Enter total number of other organizations or entities BEA BEA

26-2223257

Logosdor Inc.

Schedule F (Form 990) 2013

Pege 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (f) Manner of cash disbursement Wires 16,374 Wires 6,840 Wires 13,040 Wires 17,888 (e) Amount of cash grant Cirriculum (d) Purpose of grant Training Training Training Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (15) 33 3 (15) (18) 9 £ 2 ල € 3

(9)

3

8

6

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Schedule F (Form 990) 2013

•

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

	F (Form 990) 2013 Logosdor Inc.	<u> 26-222</u>	3257		Page 4
Part	IV Foreign Forms				
1	Was the organization a U S. transferor of property to a foreign corporation during the tax year? If Yes, the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	🛚	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If Yes, the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a				
	U.S Owner (see Instructions for Forms 3520 and 3520-A)	🗆	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	п	Yes	⊠	No
	Contain ordigit corporations. (coe monacacine for refin every)		100		110
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If Yes, the organization may be required to file Form 8621,				
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	🗆	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If Yes,				
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	🛚	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				
	Yes, the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	🗆	Yes	X	No
EEA			Schedu	e F (For	m 990) 201:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

26-2223257

Logosdor Inc.

01. Form 990 governing body review (Part VI, line 11)
The Organization's top financial official reviews the Form 990 and a copy of the final
Form 990 is provided to the voting members of the governing body prior to its filing with
the Internal Revenue Service.
02. Conflict of interest policy compliance (Part VI, line 12c)
The Organization's conflict of interest policy is distributed to each member of the
Organization's governing body, its officers and certain staff who influence the actions of
the Organization or its Board, or make commitments on their behalf. Each such individual
provides a statement indicating that they have received, read, understood and agreed to
comply with the policy and that either they have no relationships or interests that
present a conflict of interest or that they have fully disclosed as required by policy all
relationships or interests that may present a conflict of interest.
03. CEO, executive director, top management comp (Part VI, line 15a)
The Organization currently does not compensate its President or Vice-President.
04. Other officer or key employee compensation (Part VI, line 15b
The President and Vice-President reviews other officer and staff compensation annually.
•
05. Governing documents, etc, available to public (Part VI, line 19)
The Organization will make these documents available upon request.

(g) Sec 512(b)(13) cntrled entity? Schedule R (Form 990) 2013 Yes × OMB No. 1545-0047 **2013** Direct controlling entity **Open to Public** Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Inspection Employer identification number Direct controlling entity ε 26-2223257 End-of-year assets ¥ × • Public charity status (if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Total income Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ਉ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Exempt Code section Related Organizations and Unrelated Partnerships 501 (c) (3) (c) Legal dom (state or foreign country) ► Attach to Form 990. ► See separate instructions. Legal dom (state or foreign country) AS Primary activity <u>@</u> Outreach to children Primary activity one or more related tax-exempt organizations during the tax year For Paperwork Reduction Act Notice, see the instructions for Form 990. Name, address, and EIN (if applicable) of disregarded entity Name, address, and EiN of related organization Hornsby, NSW Australia 2077 (1) Logosdor Ltd., 152 George St Logosdor Inc. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part Part II € 13 3 3 6 3 3 3 3

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Page 2 owner-(i) Sec 12(b)(13) ٥ ۷ ghg ₹ ₹ controlled entity identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Yes No Yes anaging Gen or pertner? Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets € Share of **6** Yes No (h) Disprop-ortionate alloca tions? Share of total Share of end-of-year assets emoons $\boldsymbol{arepsilon}$ Œ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp, S corp, or trust) (f) Share of total income € because it had one or more related organizations treated as a partnership during the tax year. excluded from tax under sections 512-514) Predominant income (related, unrelated, (d)
Direct controlling
entity Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Legal domicile (state or foreign Pnmary activity 9 Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2013 Part III Part IV Ξ |8 18 3 <u>@</u> 8 ල E |€ ାତ

Part V

Раде

ŝ Schedule R (Form 980) 2013 Method of determining amount involved Yes × × 4 ę ξ 두 9 7 ₽ **4** 48 g Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Amount involved 3 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? type (a-s) <u>e</u> Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (I) interest (II) annuities (III) royalties or (Iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Name of related organization Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ε **=** 0 0 ¥ ۵ € Ξ (2) (3) 3 9 EEA ~

or Inc.

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Logosdor Inc.

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(8)	(q)	3	(P)	(e)	€	(B)	Ð	8	8	3
Name, address, and ElN of entity	Pnmary activity	•	Predominant	Are all partners	ı,	÷	Disprop-	Code V-UB!	Gen or	
		(state or foreign	unrelated, excluded from tax under	501(c)(3) organi- zations?		year assets	onionate alloca- tions?	of Schedule K-1 (Form 1065)	managing partner?	ship
		country)	section 512-514)	Yes No			Yes No		Yes No	
(1)										
(5)										
(3)										
(4)										
(5)										
(9)										
(1)										
(8)										
(6)										
(10)										
(11)										
(12)										