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Form **990**

Return of Organization Exempt From Income Tax

2013

OMB No 1545-0047

Department of the Treasury

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

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

Open to Public

Internal Revenue Service Information about Form 990 and its instructions is at www irs.gov/form990. Inspection											
<u>A</u>	For t	he 2	201 <u>3 calend</u>	ar year, or tax year beginning , 2013, and ending	9	, 20					
В	Check	ıf app	plicable	C Name of organization Poetice	D Er						
	Addres	s cha	ange	Doing Business As		27-0842642					
	Name	chang	ge	Number and street (or PO box if mail is not delivered to street address) Roo	m/suite	E Telephone number					
	Initial r		•	201 West Washington Avenue	(616) 928-473						
Ē	Termin			City or town, state or province, country, and ZIP or foreign postal code	1,025,962						
Ħ	Amend		etum	Zeeland, MI 49464		G Gross receipts \$					
Ĭ.			pending	F Name and address of principal officer Micah Kephart		G Gross receipts \$					
ш	Applica	allon	pending	11361 Starflower Drive, Holland, MI 49424	I(a) Is this a group re subordinates?	eturn for Yes X No					
			atatus 図								
-	Tax-ex			501(c)(3)	f(b) Are all subordin If "No," attach a	ates included? Yes No list (see instructions) n number					
<u></u>	Websi				1						
K D	art I		anization 🔯 Summar		M State of le	gal domicile MI					
<u> </u>											
	1	_	-	be the organization's mission or most significant activities Poetice engages in							
Se	bring awareness to social injustices through the arts, education and transformation.										
Governance											
Je.		-									
39	2			∞ $lacktriangle$ If the organization discontinued its operations or disposed of more than 25% of its n	et assets.	1					
ಶ	3			oting members of the governing body (Part VI, line 1a)	3	6					
Activities &	4			dependent voting members of the governing body (Part VI, line 1b)	4	5					
ξ	5	T	otal number	of individuals employed in calendar year 2013 (Part V, line 2a)	5	5					
ÇĖ	6	T	otal number	of volunteers (estimate if necessary)	6						
٩	7	a T	otal unrelate	ed business revenue from Part VIII, column (C), line 12	7a	56,234					
		b N	let unrelated	business taxable income from Form 990-T, line 34	7t	0					
					Prior Year	Current Year					
i	8	C	Contributions	s and grants (Part VIII, line th) RECEIVED	1,780,86	1 936,772					
ne	9	P	rogram serv	vice revenue (Part VIII, line 2g)	-	0					
Revenue	10) Ir	nvestment in	ncome (Part VIII, column (A @res 3,4, and 7d)	2	8 210					
2 8	11	С	Other revenu	ie (Part VIII, column (A), lines-6, 6d, 8c, 9c, 10c, and 17e)	2,86						
1_	12	2 T	otal revenue	e - add lines 8 through 11 (must equal Part VIII, column (A) Rige 12)	1,783,74						
j	13			imilar amounts paid (Part IX, colum (A) (I) (B) (1) (1) (1)	1,049,46						
2	14	В	Benefits paid	to or for members (Part IX, column (A), fine 4)		0					
	15	s s	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	166,81	6 218,616					
Expenses	16			fundraising fees (Part IX, column (A), line 11e)	100,01	213,010					
S e				sing expenses (Part IX, column (D), line 25)	·						
× X	17			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	221,34	9 159,441					
-	18		•	es Add lines 13-17 (must equal Part IX, column (A), line 25)	1,437,62						
<u>۵</u>	19			s expenses Subtract line 18 from line 12	346,12	"					
_				·	ning of Current Year						
ets	[20	ı Ta	ntal assets ((Part X, line 16)							
Ass	21			s (Part X, line 26)	360,04						
Š	20 21 22 22 22 22 22 22 22 22 22 22 22 22			r fund balances Subtract line 21 from line 20	2,67						
	art II			re Block	357,37	4 201,434					
$\overline{}$				are that I have examined this return, including accompanying schedules and statements, and to the best of my knowler	dge and belief, it is	<u> </u>					
true,	correct	, and	complete Ded	aration of preparer (other than officer) is based on all information of which preparer has any knowledge							
				1 aux							
Sig	jn		Signature	e of officer		te					
He				erek Owens, COO		7/31/14					
•••			_	print name and title		7 31 11 4					
_											
Pa	id		Print/Type pre	Property strates	_	PTIN PO1 0000E0					
_	epar	er	Diana K		self-employed	P01220952					
	e Or		Firm's name		's EIN	· · · · · · · · · · · · · · · · · · ·					
J	J UI	y	Firm's addres:		ne no						
	. 41			Holland MI 49424		738-0044					
мау	the If	KS d	discuss this	return with the preparer shown above? (see instructions)		· · · · 🗌 Yes 🔯 No					

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Par	t III . Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · 🔲
	Briefly describe the organization's mission	
	Poetice engages in globel conversation to bring awareness to social injustices through	th <u>e</u>
	arts, education and transformation.	
	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	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? · · · · · · · · · · · · · · · · · · ·] No
	If "Yes," describe these changes on Schedule O	
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	
	(Code) (Expenses \$1,003,314 including grants of \$) (Revenue \$)
	Awareness Program through arts and education to minimize social injustices	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		 -
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
40	/ Code / (Expenses # meading grants or # / (Nevertible #	
		
		
4d	Other program services (Describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,003,314	

Form 990 (2013) Poetice
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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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,	ŀ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part 1	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		Х
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		İ	
а				
	complete Schedule D, Part VI	11a	Х	
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		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ĺ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
þ	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ۔ د	٠,	
46	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	46		v
17	and the state of t	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	40	Ψļ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	_X	
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>^</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a Χ b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 prior Forms 990 or 990-EZ? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Х 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 Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ 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 28¢ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 Х 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 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Χ 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 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a Χ 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 Х 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 Χ 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, 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

Form 990 (2013) Poetice 27-0842642 Page 5 Statements Regarding Other IRS Filings and Tax Compliance ance
Yes No Part V Check if Schedule O contains a response or note to any line in this Part V

			Yes	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		Ì	.,
	account)? · · · · · · · · · · · · · · · · · · ·	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		v
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ou .	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		
•	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		_X_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
0	Section 501(c)(7) organizations. Enter		1	
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
ь 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	l		
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
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 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		l	
	the organization is licensed to issue qualified health plans		ŀ	
С	Enter the amount of reserves on hand		ŀ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	lo"		
	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			, .
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			l
	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			,,
.	Are any growness 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?			,,
8	stockholders, or persons other than the governing body?	_7b		X
o	the year by the following			
а	The governing body?		v	i
b	Each committee with authority to act on behalf of the governing body?	8a 8b	_X	Х
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)			71
			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		
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
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by	İ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	_X	_
þ	Other officers or key employees of the organization	15b		_X
	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		Χ_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u></u>	organization's exempt status with respect to such arrangements?	16b	_	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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			
	Micah Kephart (616) 928-4735, 11361 Starflower Drive, Holland, MI 49424			

	 		
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employ	ees, and
1	Independent Contractors		
	Check If Schedule O contains a response or note to any line in this Part VII	· · · · · · · · · · · · · · · · · · ·	· · · · □
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the tax year.	9	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amo . Enter -0- in columns (D), (E), and (F) if no compensation was paid	ount of	
• List all d	of the organization's current key employees, if any See instructions for definition of "key employee"		
who received	organization's five current highest compensated employees (other than an officer, director, trustee, or key emplo reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the nd any related organizations	• ,	
	of the organization's former officers, key employees, and highest compensated employees who received more the operable compensation from the organization and any related organizations	an	

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(C)			(D)	(E)	(F)	
Name and Title	Average hours per							Reportable compensation	Reportable compensation from	Estimated amount of	
	week (list any	box, unless person is both an officer and a director/trustee)						from	related organizations (W-2/1099-MISC)	other	
	hours for					ooth an		the		compensation from the organization	
	related organizations							organization (W-2/1099-MISC)			
·	below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations	
(1) Brian VandenBrink Treasurer	1.00	х		x		_		0	0		
(2) Karyl Morin Secretary	2.00	Х		Х				0	0	(
(3) Mike Smith	1.00_	х						0	0	(
(4) Jeff Johnson	1.00	Х									
Trustee (5) Mitchell Bakker	1.00							0			
Trustee (6) Micah Kephart Executive Director	40.00	X		х				70,124	0		
(7)								70,124	0		
(8)											
(9)											
(10)				-							
(11)											
(12)								-			
(13)								-			
(14)					_						

	990 (2013) Poetice									27-084	2642	F	Page 8
Part	YII Section A. Officers, Directors, Trustees, (A) Name and title	(B) Average hours per week (list any hours for	ge Position (do not check more than one box, unless person is both an officer and director/finishes)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	m i	(F) Estimated amount of other ampensat	of
		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)	o a	from the organization and relate oganization	on ed
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u> _													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u> _													
						-							
(22)_									.				
(23)_													
(25)	Sub-total												
1b	Total from continuation sheets to Part VII, Section	on A -				• •		>					
2	Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable compensation from the organization								70 , 124 an \$100,000 of	-	<u> </u>		0_
											<u> </u>	Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J f			•		-		•	nsated		3		Х
4	For any individual listed on line 1a, is the sum of repo	ortable compe	ensatio										
	organization and related organizations greater than \$								such				
5	Individual								or individual		4	1	X
	for services rendered to the organization? If "Yes," co			-			-			· · · · · · · · · · ·	5		Х
	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compensation												
	year (A)								(B)			(C)	
	Name and business address								Description of	services	Corr	pensatio	<u></u>
		-		_	_								
	Total number of independent contractors (including b	ut not limited	to thos	se lis	sted	abo	ve) wh	0	<u> </u>				
	received more than \$100,000 of compensation from	the organizati	on	<u> </u>									

Form 990 (2013) Page 9 Poetice 27-0842642 Part VIII · Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (D) Revenue excluded from tax under sections 512-514 Unrelated Related or Total revenue exempt function revenue business Contributions, Gifts, Grants and Other Similar Amounts 1a 1b 1c d Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 936,772 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 936,772 **Business Code** Program Service Revenue 2a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 210 210 Income from investment of tax-exempt bond proceeds 5 (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Secunties 7a Gross amount from sales of (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 a 78<u>,191</u> **b** Less direct expenses · · · · · · b 21,957 c Net income or (loss) from fundraising events 56,234 56,234 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses · · · · · · b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a 10,789 **b** Less. cost of goods sold b 10,789 c Net income or (loss) from sales of inventory · · · · · · · ▶

Business Code

0

56,234

210

993,216

11a b c Miscellaneous Revenue

e Total. Add lines 11a-11d · · · · · · · · · · · ▶

12 Total revenue. See instructions · · · · · · · · ▶

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, (D) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 762,614 762,614 Compensation of current officers, directors, 5 trustees, and key employees 70,125 46,152 20,830 3,143 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 122,621 56,865 55,822 9,934 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 16,285 10,876 4,680 729 10 4,414 9,585 4,399 772 11 Fees for services (non-employees) а Legal C 11,117 7,773 2,221 1,123 Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 14,625 14,181 296 148 13 Office expenses 7,938 5,615 1,649 674 14 Information technology 1,666 1,166 333 167 15 16 13,188 9,232 2,638 1,318 17 59,323 41,514 11,861 5,948 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,130 2,638 332 160 20 104 104 21 Depreciation, depletion, and amortization 22 3,556 1,517 1,389 650 23 326 228 65 33 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 445 a Bank/CC Fees 4,557 3,198 914 b Subcontract Labor 24,190 24,190 C Telephone Google Voice 7,185 5,046 1,426 713 Awards Recognition 1,071 609 447 15 All other expenses 7,465 5,501 755 1,209 25 Total functional expenses. Add lines 1 through 24e 1,003,314 1,140,671 110,630 26,727 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 344,102 190,890 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees 5 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 organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Assets 8 9 Prepaid expenses and deferred charges 9 1,518 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 38,801 b Less accumulated depreciation 10b <u>15,944</u> 10c 4,695 34,106 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 360,046 226,514 17 Accounts payable and accrued expenses 2,672 17 25,080 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 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 25 26 2,672 26 25,080 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright \boxed{X} and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 357,374 201,434 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 357,374 201,434 34 Total liabilities and net assets/fund balances

34

360,046

	n 990 (2013) Poetice	27-084	2642_	F	age 12
Pa	Int 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		993,	216
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1	,140,	671
3	Revenue less expenses Subtract line 2 from line 1	. 3		(147,	455)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		357,	374
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		(8,	485)
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		201,	434
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 🔲 Cash 🔯 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?		2	a X	
	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			Į	
	☐ Separate basis ☐ Both consolidated and separate basis			l	
b	Were the organization's financial statements audited by an independent accountant?		21	ь 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			-	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	-	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	3	X
	If the organization changed either its oversight process or selection process during the tax year, explain in				T
	Schedule O.		į.		
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?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			+	1
			31	。	
EEA				rm 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.

2013

OMB No 1545-0047

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 of the organization Employer identification number 27-0842642 Poetice Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). П 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I c Type III-Functionally integrated **d** Type III-Non-funtionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ni) Provide the following information about the supported organization(s) h (i) Name of supported (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of monetary organization the organization in (described on lines 1-9 in col (i) listed in your organization in col support above or IRC section governing document? col (i) of your (r) organized in the support? (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2013 Poetice 27-0842642 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

Cale	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			-			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4 · ·	<u> </u>		<u> </u>		İ	
Sec	tion B. Total Support		70,00				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	-					
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	▶□
Sec	tion C. Computation of Public S				-		
14	Public support percentage for 2013 (line 6, c	olumn (f) divided	by line 11, column (f)) · · · · ·		14	%
15	Public support percentage from 2012 Sched	ule A, Part II, line	14			15	%
16a	33 1/3% support test - 2013. If the organization	ition 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 qualifie	s as a publicly su	pported organization	n			▶ 🔲
b	33 1/3% support test - 2012. If the organization	ition 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	tion qualifies as a	publicly supported of	organization			▶ 🔲
17a	10%-facts-and-circumstances test - 2013.	. If the organization	n did not check a bo	ox on line 13, 16a,	or 16b, and line 14 i	s	
	10% or more, and if the organization meets t	he "facts-and-cırc	umstances" test, ch	neck this box and s	top here. Explain ir	ו	
	Part IV how the organization meets the "facts	s-and-circumstand	ces" test. The organ	nzation qualifies as	a publicly supporte	d	
	organization · · · · · · · · · · · · · · · · · · ·						▶ 🔲
b	10%-facts-and-circumstances test - 2012.					e	
	15 is 10% or more, and if the organization me	eets the "facts-and	d-circumstances" te	est, check this box	and stop here.		
	Explain in Part IV how the organization meets	s the "facts-and-c	rcumstances" test	The organization of	jualifies as a publici	у	
							▶ 🔲
18	Private foundation. If the organization did r	ot check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		
	instructions · · · · · · · · · · · · · · · · · · ·						▶ □

27-0842642

Part III	Suppor	t 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						
Cal	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")	84,956	252,516	375,375	1,780,861	936,547	3,430,255
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	:				ι	
6	Total Add lines 1 through 5	84,956	252,516	375,375	1,780,861	936,547	3,430,255
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						
С	Add lines 7a and 7b · · · · · · · · ·						
	Public support (Subtract line 7c from line 6)						3,430,255
	ction B. Total Support		1				
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	84,956	252,516	375,375	1,780,861	936,547	3,430,255
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				28		28
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				28		28
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • • •			1,200	2,860		4,060
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.)	84,956	252,516	376,575	1,783,749	936,547	3,434,343
	First five years. If the Form 990 is for the org organization, check this box and stop here	<u> </u>		•			▶ 🛚
Se	ction C. Computation of Public Su	· · 					
15	Public support percentage for 2013 (line 8, col	•			}	15	99.88 %
16	Public support percentage from 2012 Schedul ction D. Computation of Investment			•••• ••••	• • • • • • • •	16	%
17	Investment income percentage for 2013 (line 1			mn (f))		17	0.00 %
17 18	Investment income percentage for 2013 (line in Investment income percentage from 2012 Sch		•			18	0.00 % %
	33 1/3% support tests - 2013. If the organization of the support tests in the organization of the support tests in the organization of the support tests in the organization of the organi	tion did not check th	ne box on line 14, a			line	
b	33 1/3% support tests - 2012. If the organiza line 18 is not more than 33 1/3%, check this be	tion did not check a	box on line 14 or li	ne 19a, and line 16	is more than 33 1/	/3%, and	
20	Private foundation. If the organization did no	t check a box on line	e 14, 19a, or 19b, o	heck this box and	see instructions		▶ 🗆

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.

Department of the Treasury Internal Revenue Service

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

2013

OMB No 1545-0047

Open to Public

Inspection

	of the organization	Employer identification number
_	etice	27-0842642
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	<u> </u>
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	3	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · L. Yes L. No
Pa	rt II Conservation Easements	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified history	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser-	vation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	on during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	ear
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 expense statement	t, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des	scribes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and ba	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan	ice sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items	
	(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 art, historical treasures, or other similar assets for financial gain, pro-	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	`

Sched	ule D (Form 990) 2013 Poetice	_ <u></u>					<u>27-084</u>		Page 2
Pa	rt III Organizations Maintaining (Collections	of Art, Hist	orical Tr	reasures,	or Oth	ner Similar A	ssets (co	ontinued)
3,	Using the organization's acquisition, accession, a	and other record	ds, check any of	the following	ng that are a	significa	nt use of its		
	collection items (check all that apply)								
а	a Public exhibition d Loan or exchange programs								
b									
С	Preservation for future generations								
4	Provide a description of the organization's collect	ions and explai	n how they furth	er the orgal	nızatıon's exe	empt puri	pose in Part		
	XIII	•	,						
5	During the year, did the organization solicit or rec	eive donations	of art. historical	reasures.	or other simil	ar			
•	assets to be sold to raise funds rather than to be		•	- •				п	Yes No
Pai	rt IV Escrow and Custodial Arrang		<u> </u>						
	Complete if the organization ar	•	s" to Form 9	90. Part	IV, line 9.	or rep	orted an amo	ount on Fe	orm
	990, Part X, line 21.			,	,	•			
1a	Is the organization an agent, trustee, custodian o	r other intermed	diary for contribu	tions or oth	ner assets no	nt			
,-								🗇	Yes ∏ No
b	If "Yes," explain the arrangement in Part XIII and								
_	Too, oxplain the arrangement are xill and	complete the re	moving table				_	mount	
С	Beginning balance					10		anount	
ď	Additions during the year					1			
	Distributions during the year								
e f	Ending balance								
_	Did the organization include an amount on Form					<u> </u>		П,	Yes No
2a h	If "Yes," explain the arrangement in Part XIII Che		:						
Dai	rt V Endowment Funds.	eck nere ii the e	xpianation nas t	provia	ed III Falt XII				···□
T ai	Complete if the organization a	newered "Ve	e" to Form C	ION Dart	IV/ line 16	n			
	Complete it the organization at	·					<u> </u>		
	Decision of seas belong	(a) Current yea	er (b) Pn	or year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance						· · · · · · · · · · · · · · · · · · ·		
b									
С	Net investment earnings, gains, and								
	losses								
ď	Grants or scholarships		 -			-			· -
е	Other expenditures for facilities and								
_	programs			-		_			
f	Administrative expenses								
g	End of year balance	L			ļ				
2	Provide the estimated percentage of the current		e (line 1g, colun	nn (a)) held	as				
a	Board designated or quasi-endowment	%	•						
þ	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should e								
3a	Are there endowment funds not in the possession	n of the organiz	ation that are he	ld and adm	unistered for	the			
	organization by								Yes No
	(i) unrelated organizations · · · · · · ·			• • • • •		• • • •		· · 3a(i)	ļļ
	(ii) related organizations · · · · · · · · ·					• • • •	• • • • • • • •	· · <u>[3a(ii)</u>	<u> </u>
b	If "Yes" to 3a(II), are the related organizations list	•		• •			• • • • • • • •	<u>3b</u>	<u> </u>
4_	Describe in Part XIII the intended uses of the org		owment funds						
Pa	rt VI Land, Buildings, and Equipn								
	Complete if the organization ar	nswered "Ye	s" to Form 9	90, Part	IV, line 1	la. See	e Form 990, F	Part X, lin	<u>e 10.</u>
	Description of property	(a) Cos	t or other basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Bo	ok value
		(11	nvestment)	(0	other)	d	epreciation		
1a	Land	• • •				ļ			
b	Buildings	• • •							
C	Leasehold improvements	• • •							
d	Equipment	• • •			38,801		4,695		34,106
_е	Other · · · · · · · · · · · · · · · · · · ·	• • • •							
Tota	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Pa	art X, column (B), line 10(c)))		▶		34,106

	(a) Description of security or category	(b) Book value	(c) Method of valuation
I) Financial c	(including name of security)		Cost or end-of-year market value
•	eld equity interests		
) Other	and equity interests		
(A)			
(^) (B)		 	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
) must equal Form 990, Part X, col (B) line 12)	•	
art VIII	Investments - Program Related		IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(2)			
(3)			
4)			
(5)			
(6)			
7)			
8)			
(9)			
) must equal Form 990 Part X, col (B) line 13)	>	
tai (Column (b)	, must equal tomi soo t alt X, cor (b) line to)		
Part IX	Other Assets.		
	Other Assets.	wered "Yes" to Form 990, Part	IV, line 11d. See Form 990, Part X, line 15
	Other Assets.	wered "Yes" to Form 990, Part	IV, line 11d. See Form 990, Part X, line 15
Part IX	Other Assets.		
(1)	Other Assets.		
(1) (2) (3)	Other Assets.		
(1) (2) (3) (4)	Other Assets.		
(1) (2) (3) (4)	Other Assets.		
(1) (2) (3) (4) (5)	Other Assets.		
(1) (2) (3) (4) (5) (6)	Other Assets.		
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets.		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization ans	(a) Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	(a) Description	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lire Other Liabilities.	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lir Other Liabilities. Complete if the organization ans	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25	ne 15)	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column Part X	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column Part X	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column Part X	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (41) (Column Part X	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal (1) (1) Federal (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization ans line 25 (a) Description of liability	ne 15)	(b) Book value

	dule D (Form 990) 2013 Poetice	27-0842642	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	993,216
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	993,216
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		993,216
a	Investment expenses not included on Form 990, Part VIII, line 7b		
		\dashv \mid	
b		_ _	
C		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	993,216
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 1	,140,671
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		,140,671
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,140,6/1
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	⊢ ₄. l	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c	
	rt XIII Supplemental Information	_ 5 1	,140,671
			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part VI, lines 2d and 4b, and Part VII, lines 2d and 4b, lines 3d and 4b, and Part VII, lines 3d and 4b, lines 3d a	irt A, ime	
2, Fa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		_	 .
			*
			
		<u> </u>	

Schedule D (Form 990) 2013

EEA

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047 2013 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

oetice				27-08	342642
		ies Outside tl	ne United States. Compl	ete if the organization an	swered "Yes" on
Form 990, Part					
			ostantiate the amount of its gra		
	gibility for the grants	or assistance, a	nd the selection criteria used to	o award the	
grants or assistance?		• • • • • • • •			· 🛚 Yes 🗌 No
2 For grantmakers. Describe	ın Part V the organ	ızatıon's procedu	res for monitoring the use of it	s grants and other	
assistance outside the Unite		·	-	-	
3 Activities per Region (The f	ollowing Part I, line 3	3 table can be du	plicated if additional space is r	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Middle East and					
(1)North Africa		1	Program services	Education	716,269
Middle East and					
(2)North Africa		1	Program services	Education	47,874
(3)	_				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		-			
10)					
11)					
12)					
13)					
14)					
		-			
15)					
16)					
17)					
3a Sub-total	• •	2			764,143
b Total from continuation sheets to Part I · · · · ·					
c Totals (add lines 3a and 3b		2			754 440
a i orais fada iii ies sa qiili sr	77	1 2	1	İ	764.143

764,143

Page 2

Schedule F (Form 980) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 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

(i) Method of valuation (book, FMV, appraisal,																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement	Wire Trans	Wire Trans														
(e) Amount of cash grant	716,269	47,874														
(d) Purpose of grant	Education	Education														
(c) Region	Middle East and North Africa	Middle East and North Africa														
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as chanties 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 က

EEA

Yes, the organization may be required to file Form 5713, International Boycott Report (see Instructions

EEA

No.

Schedule F (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

2013

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Poetice		_			27-08	12642	
Part I Fundraising Activities Form 990-EZ filers are no				swered "Yes" to I	Form 990, Part IV,	line 17.	
1 Indicate whether the organization rais		•	-	es Check all that appl	ly		
a ☐ Mail solicitations e ☐ Solicitation of non-government grants							
b Internet and email solicitations		f 🗌	Solicitation of	of government grants			
c Phone solicitations		g 🗌	Special fund	Iraising events			
d 🔲 In-person solicitations							
2a Did the organization have a written or					_		
or key employees listed in Form 990,				-		_	
b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the order.	•	iundraisers) p	oursuant to a	greements under whic	h the fundraiser is to be		
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
1							
2							
3							
4							
5						-	
6							
7							
8							
9							
10							
	<u> </u>						
Total							
3 List all states in which the organization registration or licensing	is registered or in	censed to sol	ICIT CONTRIBUTI	ons or has been notifie	ed it is exempt from		
		<u> </u>					
				····			
							
-	-						
						· · · · · · · · · · · · · · · · · · ·	

			tice			-0842642 Page 2
Pa	ırt II	J, J				
•		than \$15,000 of fundraising		nd gross income on Foi	rm 990-EZ, lines 1 and	6b. List events with
		gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala	(a)	None	(add col (a) through col (c))
o)			(event type)	(event type)	(total number)	ļ '''
Revenue	1	Gross receipts · · · · · · · · ·	78,191			78,191
Œ	2	Less Contributions				
	3	Gross income (line 1 minus	· · · · · · · · · · · · · · · · · · ·			
		line 2) · · · · · · · · · · · ·	78,191			70 101
			76,191		-	78,191
	4	Cash prizes · · · · · · · · · · · · · · · · · · ·				
	5	Noncash prizes · · · · · · ·	1,404			1,404
uses	6	Rent/facility costs · · · · · · · ·	1,000			1,000
Direct Expenses	7	Food and beverages	7,656			7,656
Direct	8	Entertainment	5,100			5,100
	9	Other direct expenses · · · · ·	6,797			6,797
	10	Direct expense summary Add lines		• • • • • • • • • • • • • • • • • • • •		21,957
De	11 Irt II	Net income summary Subtract line		W/#4- E 000 D-		56,234
Г	11 11	Gaming. Complete if the of than \$15,000 on Form 990		res to Form 990, Par	n IV, line 19, or reporte	a more
		than \$13,000 on Form 990	J-EZ, lifte ba.	415411		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ě.			 			
ď	1	Gross revenue				
es	2	Cash prizes · · · · · · · · ·				
seuses	3	Nanash swass				
X	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No			
	7	Direct expense summary Add lines	2 through 5 in column (d)			
		Not goming upoemo summers. Cultur	ant line 7 from line 1, and in	(d)		
	8	Net gaming income summary Subtr	act line / from line 1, colum	ııı (a) · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u></u>
9	Ent	ter the state(s) in which the organizati	on operates gaming activiti	ac		
a		he organization licensed to operate ga	·			· · · · · Yes No
b		No," explain.	and the second s			105 10
		•				
	_					· · · · · · · · · · · · · · · · · · ·
10a	We	ere any of the organization's gaming li	censes revoked, suspende	d or terminated during the ta	ax year?	· · · · · Yes No
t	lf "	Yes," explain:				
						

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

2013

li

Open to Public Inspection

Employer Identification number

Poetice 27-0842642
01. Committee meeting documentation (Part VI, line 8b)
Committees are comprised of current employees with minimal Board of Director involvement.
02. Form 990 governing body review (Part VI, line 11)
Form 990 for 2012 was reviewed by Board of Directors before submitting
03. CEO, executive director, top management comp (Part VI, line 15a)
Compensation is determined and voted on by the Board of Directors.
04. Governing documents, etc, available to public (Part VI, line 19)
Documents are available upon request
05. Explanation of other changes in net assets or fund balances (Part XI,
Sorrections made to Fund Balance for adjustments not made in 2012 in the amount of
Rounding in the amount of 11.00.
Net Changes due to CPA Audit, 2012 expenses paid in 2013 adjusted to Unrestricted Net
Assets per CPA:
6,727.50 Accounting Services for 2012 billed and paid in 2013
1,529.00 Program services for 2012 paid in 2013
Total Adjustment = (8,485)

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No	1545-0°	172
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2013

	Boomood or dominy to willow and form rollated
Poetice	FORM 990 - 1
D	1

ntema	1 Revenue Service	(99)	► See separate	instructions.	>	Attach to y	your tax return	ı.		Sequence No	179
Name(s) shown on return				Business or	activity to which	h this form relates			Identifying number	_
	tice				FOR	M 990	- 1			27-08426	42
Pai	ti Elect	ion To Expens	e Certain Pro	operty Und	er Sect	ion 179					_
	Note:	If you have any liste	d property, compl	lete Part V befo	re you con	nplete Part I.					
1	Maximum amou	int (see instructions)						1		
2	Total cost of sec	ction 179 property p	laced in service (s	see instructions	s) · ·				2		_
3	Threshold cost	of section 179 prop	erty before reduct	tion in limitation	(see instr	uctions)			3		-
4	Reduction in lim	nitation Subtract line	3 from line 2 If a	zero or less, en	ter -0-				4	-	
5	Dollar limitation	for tax year Subtrac	ct line 4 from line	1 If zero or les	s, enter -0	- If married t	filing				
		instructions					-		5		
6		(a) Description of p				isiness use only		cted cost	-		
					,_,		<u> </u>				
7	Listed property	Enter the amount fr	om line 29 ·			7	,				
8	Total elected co	st of section 179 pro	perty Add amou	nts in column (d	c), lines 6	and 7 .			8		
9	Tentative deduc	tion Enter the sma	ller of line 5 or lin	e8 • • • ·					9		
10	Carryover of dis	allowed deduction f	rom line 13 of you	ır 2012 Form 4	562 •				10		
11	Business incom	e limitation Enter th	ne smaller of busi	ness income (n	ot less tha	n zero) or lin	ne 5 (see inst	ructions)	11		
12		ense deduction. Ad		•		,			12		
13	·	allowed deduction to	•			▶ 1:					
Note		t II or Part III below					!			l	
Pai		ial Depreciatio				iation (D	o not include li	sted pro	perty)	(See instructions.)	
14		ation allowance for o						, ,	,,,	<u>(</u>	
	during the tax ye	ear (see instructions	s) • • • • • •	·					14		
15		t to section 168(f)(1	•						15		
16		ion (including ACRS	•						16	1.	911
Par		RS Depreciati		lude listed prop	erty) (See	e instructions	 ;)				
			,		ection A		.,				
17	MACRS deduct	ions for assets plac	ed in service in ta	ıx years beginni	ng before	2013 -			17		_
18		ng to group any asse					e general				
	asset accounts,			-	-		•				
		Section B - Assets							Svste	em	
	(a) Classification	of property	(b) Month and year placed in	(c) Basis for dep (business/investri	nent use	(d) Recovery period	(e) Convention	(f) Meti	nod	(g) Depreciation ded	uction
19a	3-year property	,	service	only-see instruc	Juons)						
b	5-year property		#50				 	ļ			578
	7-year property	=	1 1				 			1	
ď	10-year property		1 427	,				-			067
	15-year property		1								
f	20-year property		1								
g	25-year property					25 yrs.		S/		-	
	Residential renta					27 5 yrs.	MM	Si			
••	property	-				27 5 yrs	MM	S/			
i	Nonresidential re	eal				39 yrs	MM	S/			
•	property	Cai		······································		39 yı s	MM	S/			
		ection C - Assets	Placed in Social	o During 2012	Tay Voca	lleina tha f	l-,			tom	 -
m a	Class life	ection o - Assets	riaced in Servic	burning 2013	lax real	Using the A	Alternative De			stem	
	12-year	·				12		S/	•		
	40-year					12 yrs	NANA	S/			
		mary (See instru	ctions \		_	40 yrs	MM	S/	_		
21		Enter amount from							24		
22		unts from line 12, lir		7 lines 10 and 1	20 in colum	on (a) and b	no 21 Enter	• • •	21		
-									3.	7	E E C
23		appropriate lines of	-	-	•		TUCTIONS	···	_22		556
		vn above and placed	•	•	ar, enter th	20	,				

·	Federal Supporting Statements	2013 PG01
lame(s) as shown on return		FEIN
Poetice		27-0842642

FORM 4562 - LINE 19B

Statement #50

BASIS	RP	CV	METHOI)	DEDUCTION
663	5	$\overline{M}Q$	200	DB	232
235	5	MQ	200	DB	82
220	5	MQ	200	DB	55
1,396	5	MQ	200	DB	209
ΤΟΤΑΙ.					578

FORM 4562 - LINE 19C

1,067

PG01 Statement #51

BASIS	RP	CV	METHOI)	DEDUCTION
 358	7	\overline{M}_{Q}	200	DB	90
259	7	MQ	200	DB	65
327	7	MQ	200	DB	82
800	7	MQ	200	DB	86
510	7	MQ	200	DB	55
360	7	MQ	200	DB	39
195	7	MQ	200	DB	7
601	7	MQ	200	DB	21
623	7	MQ	200	DB	22
9,083	7	MQ	200	DB	324
3,415	7	MQ	200	DB	122
3,634	7	MQ	200	DB	130
681	7	MQ	200	DB	24

TOTAL

990	Overflow Statement	2013 Page 1
me(s) as shown on return	- Common Statement	FEIN Page 1
petice		27-0842642
	Other Exp Program	
escription		Amount
aint and Repairs		\$ 3,619
ostage		1,882
	Total	: \$ 5,501
	other Expense Admin	
escription		Amount
aint and Repairs		\$ 723
ostage		486
	Total	: \$ 1,209
	Fund Raising Other Expense	
escription		Amount
Maint and Repairs		\$ 505
ostage		250
	Total	: <u>\$</u> 755