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SCANNED JUN 1 7 2014

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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 1545-1150

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

Open to Public Inspection

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

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T 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 83,734	ě	20					 						
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)



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	990-EZ (2013)	5		· · · · · · · · · · · · · · · · · · ·		Page 2
Pa	Balance Sheets (see the instructions	•		D. 4.0		
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	·	<u> </u>
	Onch and an and investments		-		00	(B) End of year
22	Cash, savings, and investments			72,079	23	83,734
23	Land and buildings				24	0
24	Other assets (describe in Schedule O)					0
25	Total assets			72,709	26	83,734
26	Total liabilities (describe in Schedule O)			72,079	$\overline{}$	0
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom				21	83,734
ı aı	Check if the organization used Schedule	•		•	,,,	Expenses
What	is the organization's primary exempt purpose?	O to respond to a	ny quosaon in ano	, <u>u</u>		quired for section (c)(3) and 501(c)(4)
Desc as m perso	ribe the organization's program service accompli- easured by expenses. In a clear and concise mand be benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	I, the number of	494	anizations and section 17(a)(1) trusts, optional others)
	Funding to establish village micro-finance funds and lringa Hope is currently working in 37 villages, 21 fu The operational funds have over 2000 members ben (Grants \$ 37,000) If this amount	nd are operational. 1 efiting more than 10, includes foreign gra	6 villages are in the s 000 men, women and ants, check here .	tart-up stage. I children	288	37,000
	Funding for the micro-finance bank established by Ir and meeting certain Iringa Hope training and operation grants provide the growing capital needed by the bar	onal requirements m nk Loan decisions a	ay borrow additional e made by the villag	funds. These e fund members	00.	
30	(Grants \$ 81,000) If this amount	includes foreign gra	ints, check here .	▶ ✓	298	81,000
31	Other program services (describe in Schedule O)				30a	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ ⊔	316	
	Total program service expenses (add lines 28a t				32	1.0000
Part		·			nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a		(d) Health benefits.		· · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and		Estimated amount of other compensation
Dr. Ti	omas Hendrickson, President and Director	10	0		0	0
Dr Ke	nt Olson, Vice President and Director					
		5	0		0	0
Mr. B	enjamin F. Kilgore, Treasurer and Director					
		5	0	<u> </u>	0	0
Rev F	aul Harris, Director					
		4	0		0	0
Mr. Ti	m Cambell, Director					
		0	0		<u> </u>	0
Ms Pa	tricia Andersen, Director			}	1	
		2	0		0	0
	acı Tappeni, Director					
(start	ng in 2014)	2	0		0	0
				 	+	
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				I	- 1	

33 3 did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schodule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name, Otherwise, explain the change on Schodule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on irines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization seled a Form 990-T for the year? If "Yes," organization is schedule O. Was the organization as certion 501(c)(4) organization subject to section 8033(e) notice. 35b Did the organization are grown in the year? If "Yes," complete Schedule C, Part III	Part				
33 3 did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schodule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name, Otherwise, explain the change on Schodule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on irines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization seled a Form 990-T for the year? If "Yes," organization is schedule O. Was the organization as certion 501(c)(4) organization subject to section 8033(e) notice. 35b Did the organization are grown in the year? If "Yes," complete Schedule C, Part III		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part		
detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35b Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35c Did the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	33	Did the exceptation engage in any explifeant activity not provide reported to the IDS2 If "Vee " provide a		Yes	No
44 Were any significant changes made to the organizing or governing documents? If Yes,** attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If Yes,** to line 35a, has the organization fled a Form 990-T for the year? If Yes,** to regalization in Schedule O (Was the organization a lead of 10 (10(5)), or 50 (10(6)) organization subject to section 603(e)) notices. c Was the organization in Gerotic of 10(14), 63 (10(16)), or 50 (10(6)) organization subject to section 603(e) notices. c Part III (and 10 (10)) and 10 (10) (10) organization subject to section 603(e)) notices organization in Gerotic of 10(14), 63 (10(14)) and 10(14)	55		33		1
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization ited a Form 990-Tor the year? If "No," provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(s)(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 37a Did the organization file Form 1120-POL for this year? b Did the organization file Form 120-POL for this year? b Did the organization file Form 120-POL for this year? b Did the organization have an interest in or a signature or the authority organization file policy for organization have an interest in or a signature or ther authority organization file organization file organization maintain an office out	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
b If "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6031(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<u> </u>
c. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, director undered, as described in the instructions ▶ 37a o	h	•	_		- ✓
during the year? If "Yes," complete applicable parts of Schedule N The terramount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 Did the organization file Form 1120-POL for this year? But the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still obitstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 16 Gross receipts, included on line 9 39a 38a 39a 39		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			✓
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were ary such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a	36		36		1
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38a 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities 9 Section 501(c)(8) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 14 List the states with which a copy of this return is filed ▶ 15 The organization's books are in care of ▶ Ber Killgore Located at ▶ 11201 Jackson Traft Lakeville, MM 55044 16 The organization's books are in care of ▶ Ber Killgore Located at ▶ 11201 Jackson Traft Lakeville, MM 55044 17 Eves," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 43 At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country: ▶ See the	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	יוב		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b f "Yes," complete Schedule L, Part II and enter the total amount involved			37b		✓
Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations are any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T. 11 List the states with which a copy of this return is filed by the organization of the very complete form 886-T. 12 Located at b 17201 Jackson Trail Lakeville, IMN 55044 13 The organization's books are in care of b Ben kilgginge. 14 List the states with which a copy of this return is filed by the organization of the financial account)? If "Yes," enter the name of the foreign country: by See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country: by See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside t	38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
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b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction or per that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ 10 List the states with which a copy of this return is filed ▶ 11 List the states with which a copy of this return is filed ▶ 12 The organization's books are in care of ▶ Ben Kiligore 13 Located at ▶ 17201 Jackson Trail Lakeville, MN 55044 14 List the states with which a copy of this return is filed ▶ 15 Located at ▶ 17201 Jackson Trail Lakeville, MN 55044 16 Yes, "enter the name of the foreign country: ▶ 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 16 At any time during the calendar year, did the organization maintain an office outside the U S.? 17 List the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 18 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 28 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 29 Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 20 Did the organization r	_		j . "		
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Ben Kilgore Telephone no. ▶ 551-592-6225 Located at ▶ 17201 Jackson Trail Lakeville, MN 55044 b 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; lesuch as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S.?	b		'		
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d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ Ben Kilgore Located at ▶ 17201 Jackson Trail Lakeville, MM 55044 55044-4503 b 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 account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U S.? 42b If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b Uid the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Indicated of Indicated Instead of Indicated Instead of Indicated Instead of Indicated Instead of Indicated Indicated Instead of Indicated Instead of Indicated I	·	organization managers or disqualified persons during the year under sections 4912,	, ve 2	Y.V.	
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c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	ž		<u>√</u>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		-		<u> </u>
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of 	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		· .;	_ ✔
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," Form 990 and Schedule R may need to be completed instead of		·		+	✓
TOTAL COURTER COURT INSTITUTION OF THE PROPERTY OF THE PROPERT	45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		,	

Form 99	90-EZ (2	(013)								P	age 4
46	Did t	he organization engage, directly or in	directly, in political o	ampaign activities	s on behal	f of or	in opposi	tion [4	Yes	No
		indidates for public office? If "Yes," c							46		` /
Part	VI	Section 501(c)(3) organizations									
		All section 501(c)(3) organizations	s must answer que	stions 47–49b a	nd 52, ar	nd coi	nplete th	e table	s fo	r line	€S
		50 and 51.			_						
		Check if the organization used Sch	nedule O to respond	to any question	in this Pa	rt VI		<u></u>	<u>.</u>		
										Yes	No
47		he organization engage in lobbying							₄₇		,
	year? If "Yes," complete Schedule C, Part II										✓
48		•		•				<u> </u>	18		✓,
49a		he organization make any transfers to	•	-				<u> </u>	9a		
_ b		es," was the related organization a se							9b		
50		plete this table for the organization's oyees) who each received more than									з кеу
	empi	oyees, who each received more than	TOU,000 OF COMPE				penefits,	e, enter		,, i.e.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contrib	utions t	o employee	(e) Estin			
	(4)	Traine and the or each employee	devoted to position	(Forms W-2/1099-MI	51.3 1	plans, a compen	and deferred	other	comp	ensatı	on
				<u> </u>	- `	Joinpen	- Sation				
None											
	•••										
					_						
											
					1]				
											
f	Total	number of other employees paid over	er \$100.000	. ▶							
51		plete this table for the organization's			ent contra	ctors	who each	receiv	ed n	nore	than
		,000 of compensation from the organ									
	(a)	Name and business address of each independe	ent contractor	(b) Type of	service		(c)	Compen	sation)	
None		••••••									
											
						-					
					·	-	·				
			••								
ď	Total	number of other independent contract	ctors each receiving	over \$100,000	•						
52		ne organization complete Schedule A	-		ons and 4	947(a)	(1)				
-		xempt charitable trusts must attach a					!	► 🗹 Y	es	□ N	lo
		of perjury, I declare that I have examined this re								elief, i	t is
true, con	rect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any k	nowled	ge				
		1 Book 1000						1-2	10	4	
Sign		Signature of officer				Date				1	
Here	}	Ben Kilgore, Treasurer									
		Type or print name and title	To		l Data			0			
Paid		Print/Type preparer's name	Preparer's signature		Date		Check 🔲	ıf PTII	N		
Prepa	arer		L		L		self-employ	/ed			
Use (Only	= :									
May th	a IPS	Firm's address ► discuss this return with the preparer	shown above? See "	netructions		Phon	e no	<u> </u>			
ividy til	- 11 10	alocado uno return with the brehater	SHOWIT ADOVE! SEE II	iou doublis .			· · · ·	· 🗀 🏌	es	L∐ N	U

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 i	dentification	on number	
Iringa	Iringa Hope 27-4496193										
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The o	organization is not	a private found	ation because it is: (Fo	or lines 1	through	11, checi	conly one	e box.)			
1	☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school desc	cribed in section	170(b)(1)(A)(ii). (Atta	ch Sched	lule E.)						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4											
_	•	ne, city, and stat									
5	section 170(t	o)(1)(A)(iv). (Com	•		-				vernmen	tal unit descri	bed in
6			nment or government receives a substantia						nit or from	m the general	nublic
7			(A)(vi). (Complete Pa		its supp	OR HOIH	a govern	mental u	iii Oi iiOi	ii tile general	public
Ω			in section 170(b)(1)(A		mnlata D	art II \					
8 9							om conti	ibutions	mamhar	ahin fasa and	l aroso
9	receipts from support from	activities relate	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	tions-su lated bu	bject to siness ta	certain e exable in	xception: come (le	s, and (2) ss section) no more	e than 331/3%	of its
10	☐ An organization	on organized and	d operated exclusively	to test f	or public	safety. S	ee sect ic	n 509(a)	(4).		
11			nd operated exclusive								
		•	olicly supported organ				•				ection
			describes the type of							-	
	a Type I	b 🗌 Type	• •		•	-		• •		tionally integra	
е			that the organization								
	or section 509	_	ers and other than on	e or mor	e publicly	/ support	ea organ	izations (jeschbed	in section 50	19(a)(1)
f			a written determination	on from	the IDS	that it ic	a Type	I Type	ll or Tvr	no III support	ına
•		check this box					a Type	i, Type		be in support	, []
g	•		he organization acce	nted anv	aift or c	ontributio	on from a	inv of the			. [
9	following pers			p. 0 u u ,	g c. c			,			
	- ·		ndirectly controls, eit	her alone	or toget	ther with	persons	describe	d in (ii) ai	nd Yes	No
			ody of the supported							11g(i)	\top
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(n)	
			a person described in							11g(in)	T^{-}
h			ion about the support								
(1)	Name of supported	(II) EIN	(III) Type of organization		organization		ou notify		s the	(vii) Amount of m	
	organization		(described on lines 1–9 above or IRC section	governing	sted in your document?		nization in of your		tion in col zed in the	support	
			(see instructions))			sup	port?	U	S ?]	
	······			Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)								-			
(D)											
(E)											
			10 A		2023		3900AX640	ALC: CATE	\$2000 C		

Total

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.)

Secti	ion A. Public Support	under the te	3t3 listed bei	ow, picase ec	ompiete i art		
	idar 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.")	o	0	34,413	99,211	133,116	266,740
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1		ĺ		[
	organization's tax-exempt purpose	l	o	о	0	o	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	l 0	О .	о	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	о	О0	o	0	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	0	34,413	99,211	133,116	266,740
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	20,600	24,660	27,753	70,013
b	Amounts included on lines 2 and 3		ļ				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	v 25a4 at 4.5	ar Sure . The	No.	\$7 8 (\$7% (\$25%	352754584470,1-1-2-2-3888	0
8	Public support (Subtract line 7c from line 6.)		1.		94	100	400 707
Secti	on B. Total Support	<u>`a ⊶6'3; </u>	The Artist Control	4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	-A TVY - (M. 1. M. 1	+#Miles	196,727
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	34,413	99,211	133,116	266,740
10a	Gross income from interest, dividends,	-					
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	0	19	25	26	70
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	19	25	26	70
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
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,	0	0	0	0	0	0
	and 12.)	0	o	34,413	99,211	133,116	200 070
14	First five years. If the Form 990 is for the						266,670 501(c)(3)
	organization, check this box and stop he	_			=		. ▶ ☑
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2013 (line 8			3, column (f))		15	%
16	Public support percentage from 2012 Sch			. <u></u> .	<u>.</u> .	16	%
	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2013 (• • • • • • • • • • • • • • • • • • • •		nn (f))	17	%
18	Investment income percentage from 2012					18	<u>%</u>
19a	331/3% support tests—2013. If the organi						B
	17 is not more than 33½%, check this box		_				
b	331/3% support tests—2012. If the organize line 18 is not more than 331/3%, check this be						
20	Private foundation. If the organization du		_		-		_