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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

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

Open to Public Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending December 31 20 13 January 1 D Employer identification number C Name of organization Sigma Beta XI Inc В Check if applicable Address change Doing Business As 30-0779014 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 909-645-8534 22551 Country Gate Road City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return G Gross receipts \$ Moreno Valley, CA 92557 F Name and address of principal officer Application pending Corey Jackson H(a) Is this a group return for subordinates? Yes Vo No H(b) Are all subordinates included? Tyes No. 22551 Country Gate Rd , Moreno Valley Ca 92557 If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or 501(c) (501(c)(3) Tax-exempt status Website: ▶ www.sigmabetaxi.com H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation 2001 M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: The mission of Sigma Beta Xi Inc. is to establish strong families and communities by building an organization of diverse men who will exemplify leadership and professionalism Activities & Governance based upon the principles of Wisdom, Brotherhood, Service, Excellence, Endurance, and Unity 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 50 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Vear Current Vesi Contributions and grants (Part VIII, line 1h). 8 0 4500 Revenue 9 Program service revenue (Part VIII, line 2g) 0 11401.42 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0.01 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 86.12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0 15987.55 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0 14285.15 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) olio 14285 15 19 Revenue less expenses. Subtract line 18 from line 12 0 0 1702 40 Beginning of Current Year ഗ g 20 Total assets (Part X, line 16) 0 2809.66 21 Total liabilities (Part X, line 26) . 2809 66 22 Net assets or fund balances. Subtract line 21 from line 20 0 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here 0 Cc Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I If Paid self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

🗌 Yes 🔲 No

Form 990 (2013)

Part I	V Checklist of Required Schedules			
]	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>,</u>
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		<u>·</u> ✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	7		<u>·</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		<u> </u>
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		√
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		✓
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.		`, ^ %I,	First Committee
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		✓
	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		✓
	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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		For	n 99 0	(2013)

Part	Checklist of Required Schedules (continued)			
04	Dilling the state of the state		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		√
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
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	,	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-	_	
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
		For	₂ 990	(2013)

Form **990** (2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		ļ
•	reportable gaming (gambling) winnings to prize winners?	1c	✓_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [6] [7] [8] [8] [8] [9] [9] [9] [9] [9	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		V
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		/
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	 	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).	05		<u> </u>
'а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ř.	
_	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		V
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		Į.	
	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		1
9	Sponsoring organizations maintaining donor advised funds.	-		 •
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			l
100	· · · · · · · · · · · · · · · · · · ·	12a	ļ <u>.</u>	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 00000000000000000000000000000000000		 	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	1
u	Note. See the instructions for additional information the organization must report on Schedule O.		<u> </u>	Ť
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	I ✓

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"
r at L	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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 11			* %
	If there are material differences in voting rights among members of the governing body, or	2/0	- 1	
	of the governing body delegated broad authority to an executive committee or similar	10 P	· Y	
L	committee, explain in Schedule O.	35	- 1 sts	7.3
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 11		100	
-	any other officer, director, trustee, or key employee?	2		التنسسينة ﴿
3	Did the organization delegate control over management duties customarily performed by or under the direct			- -
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	_6		✓_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		
L	one or more members of the governing body?	7a		-
þ	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	العادية	17 4
_	the year by the following.			
а	The governing body?	8a	√	1.2.3
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode., Yes	
10a	Did the experience have local charters bronches or offlicted?	10a	162	No
b	Did the organization have local chapters, branches, or affiliates?	IVa	_	 •
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.5	X.	. 2
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13 14		
15	Did the process for determining compensation of the following persons include a review and approval by		. 1	V
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, ;	
a	The organization's CEO, Executive Director, or top management official	15a		/
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1,	3/	1
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		✓
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	401		اا
Scot	organization's exempt status with respect to such arrangements?	16b		✓_
17	ion C. Disclosure 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	n 501/	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551	-,,-,,	
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ▶			

orm		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	or any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck as pe	rson	e than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Corey Jackson Chair	0			1				0	0	
(2) John Gil										
Vice-Chair			<u> </u>	✓				0	0	(
(3) Christian Rivera										
Secretary		-	<u> </u>	✓				0	0	
(4) Paul Solorzano				١.						
Treasurer	ļ			1				0	0	(
(5) Jacob Horn Member		1						0	0	(
(6) Kevin Moore										
Member	1	✓						0	0	(
(7) Mark Fields										
Member		✓						0	0	
(8) Jeffrey Bunkley										
Member		✓						0	o	·
(9) Israel Beltran										
Member		✓						0	0	(
(10) Alfonso Ramirez										
Member	<u> </u>	1						0	0	
(11) De Son										
Member		1		<u></u>				0	0	
(12)										
(13)	ļ									-
(14)							-			
		L	.l	<u> </u>	Ι.	l		1		

Part	VII Section A. Officers, Directors, Trus	tees, Key E │	mploy	yees		nd H C)	lighe	st C	ompensated E	mployees (continued)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	more rson	e than o is both or/trust	ı an	(D) Reportable compensation	(E) Reportab	n from	(F) Estimated amount of
		week (list any hours for related lorganizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)						-		-			_	
(20)						\vdash		-			_	
(21)								-				
(22)												
(23)						_		_				
(24)						-				<u> </u>		
(25)						_						·
	Sub-total	<u> </u>										
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						· ·	>	0 0	000		000
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				ted	above	e) w	ho received m	ore than \$1	00,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc								est compe	ensated [Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th		150,	,000)? [f "Ye					4
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any				dividual	5
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization Reyear.											
	(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) mpensation
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	· Viria	

Part		Statement of Rever				!! #	Don't VIII		
		Check if Schedule O	contains a	resp	onse or note to		(B)	(C)	<u> </u>
		x	* 1	24		(A) Total revenue	Related or	(C) Unrelated	Revenue excluded from tax
ľ					* **	,	exempt function	business revenue	under sections
<u>L' & </u>	. • (<u></u>		<u> </u>	y 1 15	30 / 400	revenue	*>	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	_	1a	0	7		្រ វ វ វ វ វ វ វ វ វ វ	
Gra lou	b	Membership dues .		1b	86.12		A 000-7		
A P	С	Fundraising events .		1c	0				
ig la	d	Related organizations		1d	0				
	е	Government grants (cont		1e	0			1 3 4 4 4 7	
r S	f	All other contributions, gif				354 356			
혈		and similar amounts not incl		1f	4500 00				1 A
Contributions, and Other Sim	g	Noncash contributions include	ed in lines 1a-1	f. \$ _	0				
SE	h	Total. Add lines 1a-1f	· <u>.</u>		<u> ▶</u>	4586.12			1.0.1981.2081.1.1.1
ne re					Business Code	and an interest of the second		and Land	التقيد عشد ناك
Program Service Revenue	2a	Mentor Services			611710	11401 41			
æ	b			L					
ice	С								
Šel	d								
Ē	е								
gra	f	All other program serv	rice revenue	9					
Pro	g	Total. Add lines 2a-2f			🕨		# . * * * * * * * * * * * * * * * * * *	· Land Land	
	3	Investment income (including o	divide	ends, interest,				
		and other similar amo			🕨	0	0	0	0
	4	Income from investment	t of tax-exem	ipt bo	nd proceeds ▶	0	0	0	0
	5	Royalties	<u>.</u>		<u> </u>	0	0	0	0
			(ı) Real		(II) Personal		10 may 1		
	6a	Gross rents .		0	0				
	b	Less. rental expenses		0	0				
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss) .		•	0	0	0	0
	7a	Gross amount from sales of	(i) Securition	es	(II) Other] #- ** ,. *.*			
		assets other than inventory		0	0				
	b	Less' cost or other basis					[2, " ·		
		and sales expenses .		0	0		The second At Mar		
	С	Gain or (loss)		0	0			o miliam camera Aliania.	1229 Branson . 22 . Mar
	d	Net gain or (loss) .			▶	0	0	0	0
ø.						Act Sayletin "			
venue	8a	Gross income from fu	ındraısıng						
Š		events (not including \$		<u>0</u>					
æ		of contributions reporte						Lagran Maria	
Other R				-	c	<u></u>			
₹		Less direct expenses			0	<u> </u>		, , , , , , , , , , , , , , , , , , , ,	
		Net income or (loss) f			events . >	,) / *.^^`	0	0
	9a	Gross income from ga	-			**	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		* * * * *
		•		_		D ** ,	*	* 1	* *
	b	Less. direct expenses)			
	С	Net income or (loss) f	-		vities ▶		0	0	
	10a	Gross sales of in							
	ļ	returns and allowance		а	<u> </u>	<u> </u>			
	b	Less: cost of goods s						<u> </u>	
	<u>c</u>	Net income or (loss) f		of inve			0	0	0
	<u></u>	Miscellaneous F	revenue		Business Code	 	-	-	
	11a								
	b				<u> </u>		+	 	
	C.	All attack			<u> </u>		 	+	
	d	All other revenue .			<u> </u>	 		 	
	1 e	Total. Add lines 11a-					+	-	
	12	Total revenue. See i	nstructions	· ·	<u> P</u>	l	<u> </u>	<u> </u>	Form 990 (2013)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete co	olumn (A).					
	Check If Schedule O contains a response or note to any line in this Part IX									
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	o	0		. ,1					
2	Grants and other assistance to individuals in			,						
	the United States. See Part IV, line 22	o	0							
3	Grants and other assistance to governments,			,,						
	organizations, and individuals outside the			**	. `					
	United States. See Part IV, lines 15 and 16	0	0	*						
4	Benefits paid to or for members	0	0		<u>*</u>					
5	Compensation of current officers, directors,									
	trustees, and key employees	0	0	0	0					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	0	0	0	0					
7	Other salaries and wages	0	0	0	0					
8	Pension plan accruals and contributions (include			1						
_	section 401(k) and 403(b) employer contributions)	0	0	0	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	0	0	0	0					
11	Fees for services (non-employees)									
a	Management		0	0	0					
b	Legal	0	0	0	0					
C	Accounting	0	0	0	0					
d	Lobbying	0	<u>0</u>	0	0					
e f	Professional fundraising services See Part IV, line 17 Investment management fees	0			0					
g	Other (If line 11g amount exceeds 10% of line 25, column	U	0	0	0					
9	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	0	<u>0</u>	0	0					
13	Office expenses	1740 14	0	0	0					
14	Information technology	0	0	0	0					
15	Royalties	0	0	0	0					
16	Occupancy	0	0	0	0					
17	Travel	322.03	0	0	0					
18	Payments of travel or entertainment expenses	022.00		<u>×</u>	≚					
	for any federal, state, or local public officials	o	0	o	0					
19	Conferences, conventions, and meetings .	0	0	O	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	927 39	0	0	0					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Events/Meeting Meals	8393.80								
b	Bank Charges	38 15								
C	Utilities	600.00								
d	Subcontractors	2263.64								
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	14285.15								
26	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720) Infollowing SOP 98-2 (ASC 958-7200) Infollowing SOP 98-2 (ASC 958-7200) Infollo									

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1702.40 Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Loans and other receivables from current and former officers, directors, × trustees, key employees, and highest compensated employees 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 (海湖流) **Assets** Notes and loans receivable, net Inventories for sale or use . . . O Prepaid expenses and deferred charges . Land, buildings, and equipment, cost or ,/II: other basis. Complete Part VI of Schedule D 10c 10b Less accumulated depreciation . b Investments—publicly traded securities . Investments-other securities. See Part IV, line 11 . Investments—program-related See Part IV, line 11... Other assets. See Part IV, line 11 . . . Total assets. Add lines 1 through 15 (must equal line 34) . ol Accounts payable and accrued expenses Deferred revenue Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets or Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. o Capital stock or trust principal, or current funds Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . ol Total net assets or fund balances . 0 34 Total liabilities and net assets/fund balances .

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Form 99	0 (2013)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .	·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86.12
2	Total expenses (must equal Part IX, column (A), line 25)	2		142	285.15
3	Revenue less expenses Subtract line 2 from line 1	3		96	99.03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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			0
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☑ Other Quick Books		_ ,		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın 🏻 🖟	100	
	Schedule O		الله	2.122	7
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		·	2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled i	or 📑		
	reviewed on a separate basis, consolidated basis, or both:		-		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				24.5
b	Were the organization's financial statements audited by an independent accountant?	•	`	2b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	∌d on	a \		
	separate basis, consolidated basis, or both.			2.14	3 6
	☐ 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 or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		——————————————————————————————————————	?c │	✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 🕌		100
	Schedule O.		. 📙		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	ın i	l '	l .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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the Single Audit Act and OMB Circular A-133?.