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## Form **990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

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

Open to Public Inspection

<u>A</u>	A For the 2013 calendar year, or tax year beginning , 2013, and ending ,												
В	Check i	f applicable	C							D Employ	er Ident	ification Number	
	L Ad	ldress change	UNITED MAG			E HOLDI	NG				<u> 2859</u>		
	Na	ame change	3508 VICK							E Telepho	one numb	per	
	Ini	tial return	SIMI VALLI	EY, CA	93063					805	-341	-6583	
	Пте	rminated											
	Amended return G Gross receipts \$											\$ 56	5,281.
												TVI	
	SAME AS C ABOVE  H(b) Are all subordinates included?   Yes   No												
_	Tay	exempt status		₹ 501(c) (	2 ) <b>▼</b> (in	sert no )	4947(a)(1) or	r 527	if 'No,'	attach a list	(see ins	tructions)	
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			ITEDMAGYAR			T							7
K		of organization	X Corporation	Trust	Association	Other >		Year of formati	on 201	1   101 3	state of H	egal domicile C	<u>A</u>
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Ş	7 a	Total unrelate	ed business reve	enue from l	Part VIII, coli	umn (C), lin	e 12				7 a		0.
	Ь	Net unrelated	t business taxab	le income	from Form 9	90-T, line 34	1				7 b		0.
									Р	rior Year		Current \	rear
-	8	Contributions	and grants (Pa	rt VIII, line	1h)								
Revenue	9	Program serv	rice revenue (Pa	art VIII, line	: 2g)							5(	6,281.
š	10	Investment in	ncome (Part VIII	, column (/	A), lines 3, 4	, and 7d)							
æ	11	Other revenue	e (Part VIII, colu	ımn (A), lıı	nes 5, 6d, 8c	, 9c, 10c, ar	nd 11e)						
			e – add lines 8					ine 12)				56	6,281.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)											7,585.	
	14												
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)											
en	h		tal fundraising expenses (Part IX, column (D), line 25)										
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	'/	Talah awa ara	ses (Part IX, coll es Add lines 13	ullill (A), ill	nes marmu,	, 111-24 <del>0</del> ) ( aalumb (A	. Rec	FIVER		<del></del>	∤		8,696.
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8 8		Revenue less	expenses Sub	tract line i	8 from line I			1 4 4	1221			F ( )	0.
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ot Assots nd Balanc	20		(Part X, line 16)						<u>  8  </u>	100,0			0,000.
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Und	er penali	ties of perjury, I de	eclare that have ena erer (other man office	mined this return is based on	irn, including acc all information of	companying sche	dules and state has any knowle	ements, and to te edge	he best of m	ny knowledge	and belie	ef, it is true, corre	ct, and
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_			ns return with th								<del></del>	X Yes	No
ВА	A For	Paperwork R	Reduction Act N	otice, see	he separate	instructions	·	TEE	A0113L 11	/08/13		Form 99	90 (2013)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) UNITED MAGYAR HOUSE TITLE HOLDING	45-285	9443	P	age 2
Par	·				
	Check if Schedule O contains a response or note to any line in this Part III				
1	Briefly describe the organization's mission				_
	HOLDING TITLE OF UNITED MAGYAR HOUSE AND GIVE CHARITY TO UNITED	MAGYAR	HOUSE_		
2	Did the organization undertake any significant program services during the year which were not listed on the price	or		-	
	Form 990 or 990-EZ?		Yes	X	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 sei	rvices?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the organization's program service accomplishments for each of its three largest program serv	ices, as mea	sured by	expens	ses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and a	llocations t	0	
	others, the total expenses, and revenue, if any, for each program service reported	-			
		<del></del>	•••		
4 a		Revenue \$_			)
	HOLDING TITLE OF UNITED MAGYAR HOUSE AND GIVE CHARITY TO UNITED	MAGYAR	HOUSE_		
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4 t	(Code) (Expenses \$ including grants of \$) (R	evenue \$_			)
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				<b>_</b>	
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		. <b> </b>			
4.	Other program services (Describe in Schedule O )				
<b>→</b> t	(Expenses \$ including grants of \$ ) (Revenue \$			)	
	Total program service expenses ► 0.			<u>′</u>	
BAA		<u>-</u>	Form	990 (	2013)

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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or $X$ as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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	11 b		Х
(	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	11 c		Х
	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
t	o 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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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	_	Х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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)	17		Х
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		X
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		Х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_X
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь		

Note. All Form 990 filers are required to complete Schedule O

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 organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule 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 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X 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 Х 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L, Part I 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 Χ 26 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 Χ 27 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ Schedule N. Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X and V, line 1 34 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

38 BAA

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### UNITED MAGYAR HOUSE TITLE HOLDING 45-2859443 Page 5 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 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners 1 c 2a 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 n b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b 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? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х **4** a h If 'Yes' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 2 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 t Organizations that may receive deductible contributions under section 170(c). **%** 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? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. łá. a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. 11 a 246 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13h which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13c

14a

14b

Form 990 (2013) UNITED MAGYAR HOUSE TITLE HOLDING 45-2859443 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' 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 this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 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 Х 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 of other person? 3 X 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 x 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10Ь operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X b Other officers of key employees of the organization 15<sub>b</sub> 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 X taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MIKLOS PEREHAZY 3508 VICKI COURT SIMI VALLEY CA 93063 805-341-6583

TEEA0106L 07/02/13

Form 990 (2013)

Form <b>990</b> (2013)	UNITED	MAGYAR	HOUSE	TITLE	HOLDING

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

- 1 a 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

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)							
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MIKLOS PEREHAZY PRESIDENT & CEO	0	Х		Х				0.	0.	0.
(2)										
(3)										<del></del>
(4)										
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(11)										
(12)										
(13)										
(14)						-				

Part VII   Section A. Officers, Directors, Trus	tees,	Key	En	npi	oye	es,	and	d Highest Con	pensated Emp	oyee	S (cont	inued)
	. (B)			•	C)						•	
(A)	Average					e than	one	(D)	(E)		(F)	
Name and title	hours per	officer and a director/			or/trus	itee)	Reportable compensation from	Reportable compensation from	amo	stimate unt of o	ther	
	(list any hours	or director	<u>ls</u>	Officer	é	Highest com employee	ਕੂ	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	1	npensat rom the	<b>:</b>
	for	birec o	nstitutional trustee	g	Key employee	ojoye	<u> </u> ₹			ar	ganızatı ıd relate	ed
•	organiza tions	हि ह	ᇍ		ğ	e on	_			-	anızatıc	nis.
•	below dotted	Iste	J.S.		ŏ	npensated	l					
	line)	``	8			aica	1					
(15)			-	_		-						
(13)												
(16)						-						
								-				
(17)												
(18)												
40		_			_							
(19)							i					
(20)					-							
(21)	<del></del>	-				-					<del></del>	
	1	1			•							
(22)												
					<u> </u>							
(23)												
(24)												
(24)					-							
(25)							Н					
1 b Sub-total	l						▶	0.	0.	······	-	0.
c Total from continuation sheets to Part VII, Section	A						•	0.	0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not limited to	those li	sted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0											V	L N.
										Γ	Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or tru: <i>ındıvıdu</i> :	stee, <i>al</i>	key	em	ploy	/ee,	or h	lighest compensat	ed employee	3		X
4 For any individual listed on line 1a, is the sum of re			mne	nea	tion	and	oth.	er compensation t	rom.			
the organization and related organizations greater	than \$1	50,00	002	If 'Y	'es'	com	oleti	e Schedule J for	10111		-	- 1
such individual										4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen <i>comple</i>	satio te Sc	n fre chea	om a lule	any <i>J fo</i> .	unre r suc	late h p	d organization or <i>erson</i>	individual	5	-	X
Section B. Independent Contractors	'								<del> </del>	<del></del>	L	
Complete this table for your five highest compensation from the organization. Report compensation.	ted inde	pen	dent	cor	ntrac	ctors	tha	t received more th	nan \$100,000 of			
		116 6	21011	u <i>ai</i> )	yeai	CHUII	ig v	(B)	<del></del>		C)	
( <b>A)</b> Name and business addre:	ss							Description of		Compe	nsatio	าก
						•			-			
2 Total number of independent contractors (including but		ted to	tho	se li	isted	abov	ve) v	wno received more	tnan			
\$100,000 of compensation from the organization		EEAO								Form	000	(2012)

·	Check if Schedule O contains a response or note to any	line in this Part V	/IIL		
1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e				
NTRIBUTIONS ND OTHER SIM	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$		* * * * *		٠
Öξ	h Total. Add lines 1a-1f	·			
PROGRAM SERVICE REVENUE	2 a BALLROOM_RENTAL BADVERTISING C	55,841. 440.	55,841. 440.	A STATE OF THE STA	
IGRAM SERV	d e f All other program service revenue				
P.80	g Total. Add lines 2a-2f	56,281.	· ·		٠
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>				
ļ	(i) Real (ii) Personal  6 a Gross rents b Less rental expenses c Rental income or (loss)		- 3		
	assets other than inventory	**		y, (\$\frac{4}{5}\$) \$\frac{4}{5}\$	3 4 49
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	٠	, 4:	· .	, , , , , , , , , , , , , , , , , , ,
R REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			Analysis of the state of the st	. ?
OTHER	b Less direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities	·	***	**************************************	
	See Part IV, line 19  b Less. direct expenses  c Net income or (loss) from gaming activities			. t	
	10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b Less cost of goods sold				1
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b		~		
	d All other revenue  e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	56,281.	56,281.	0.	0.
BAA	TEEA0	0109L 07/08/13			Form 990 (2013)

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r			omplete column (A)	
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments		охропосо	general expenses	скрепаса
•	and organizations in the United States. See	7 505	7 505		
_	Part IV, line 21 Grants and other assistance to individuals in	7,585.	7,585.		
· 2	the United States See Part IV, line 22			* *	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				······································
Ł	Legal	588.	588.		
(	: Accounting	450.	450.		
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees		<del></del>		-
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	75.	75.	-	
13	Office expenses				· · · -
14	Information technology				
15	Royalties				•
16	Occupancy				
17	Travel				·· <u>-</u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			==	
21	Payments to affiliates				····
22	Depreciation, depletion, and amortization				<del></del>
	Insurance Other expenses Itemize expenses not	3,776.	3,776.		7
24	covered above (List miscellaneous expenses	¥′ 5 + 1	45		, ,
	of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$		¥
a	LAWSUIT SETTLEMENT	12,500.	12,500.		
	REFUNDS SECURITY DEPOSITS	8,475.	8,475.		
c	UTILITIES	7,302.	7,302.		·
	SECURITY SERVICES	6,991.	6,991.		
	All other expenses SEE SCH. Q	8,539.	8,539.		
25	Total functional expenses Add lines 1 through 24e	56,281.	56,281.	0.	0.
26	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)				

		Check if Schedule O contains a response or note to	any line in this Part X	•		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			. 3	
1	4-	Accounts receivable, net			4	
	5	trustees, key employees, and highest compensated en Part II of Schedule L	officers, directors, mployees. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions).		. 6	Van har statement ( 1886 Ann.	
Ą	7	Notes and loans receivable, net			7	
S S E T S	8	Inventories for sale or use		<del></del>	8	
Ţ	9	Prepaid expenses and deferred charges			9	
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 200,000.	*, *,	¥ 14	# 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less accumulated depreciation	10ь 100,000.	100,000.	10 c	100,000.
	11	Investments – publicly traded securities		2017 2017	11	
	12	Investments – other securities See Part IV, line 11			12	
H	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	100,000.	16	100,000.
-	17	Accounts payable and accrued expenses	<del>5. 1/</del>	100/000.	17	100,000.
	18	Grants payable		18		
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities _			20	
A	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
LIABILITI	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons	<	22	
<u>[</u> ]	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
E S	24	Unsecured notes and loans payable to unrelated third	parties		24	-
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	s to related third parties, plete Part X of Schedule D	100,000.	25	100,000.
$\Box$	26	Total liabilities. Add lines 17 through 25		100,000.	26	100,000.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► and complete			t V
A SS	27	Unrestricted net assets			27	
Ę	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
P.		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck here ►			
PZC	30	Capital stock or trust principal, or current funds			30	
- 1	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
Ř	32	Retained earnings, endowment, accumulated income,	or other funds		32	
<b>B女し女文に近</b> の	33	Total net assets or fund balances		0.	33	0.
Ĕ	34	Total liabilities and net assets/fund balances		100,000.	34	100,000.
RΔ	Δ		·····			Form 990 (2013)

Forr	1990 (2013) UNITED MAGIAR HOUSE TITLE HOLDING	45-28594	145 -		age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<b>E</b> J			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		56,2	281.
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,2	281.
3	Revenue less expenses Subtract line 2 from line 1	3			0.
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		_	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			0.
Pa	t 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 X Cash Accrual Other			. ;	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			* .	
2	a 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 reseparate basis, consolidated basis, or both	viewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate			
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
			-		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		*	,	2
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3 a		Х
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	1 990	(2013)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UN	TED MAGYAR HOUSE TITLE HOLDIN	IG		45-2859443	
Par	t   Organizations Maintaining Dono	or Advised Funds or Other	er Similar Fu	nds or Accounts.	
1	Complete if the organization ans	wered 'Yes' to Form 990,	Part IV, line	6.	
		(a) Donor advised f	unds	(b) Funds and other acco	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dorare the organization's property, subject to the			onor advised funds Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?				No
₽år	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990.	Part IV, line	7.	
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., r	_	¬' ' . * '	of an historically important land a	rea
	Protection of natural habitat	· • •	Preservation (	of a certified historic structure	
	Preservation of open space	L	_		
2	Complete lines 2a through 2d if the organization b	neld a qualified conservation cont	ribution in the fori	m of a conservation easement on th	e
	last day of the tax year				
				Held at the End of th	e Tax Year
-	Total number of conservation easements			2 a	-
	Total acreage restricted by conservation ease			2 b	
	: Number of conservation easements on a certi			2 c	-
C	Number of conservation easements included i structure listed in the National Register			2 d	
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, o	or terminated by t	he organization during the	
4	Number of states where property subject to conse	rvation easement is located >		_	
5	Does the organization have a written policy re		, inspection, ha		
	and enforcement of the conservation easemer			Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conserv	ation easements	during the year	
7	Amount of expenses incurred in monitoring, inspect ▶\$	ecting, and enforcing conservation	easements durir	ng the year	
8	Does each conservation easement reported or and section $170(h)(4)(B)(ii)$ ?	n line 2(d) above satisfy the rec	quirements of se	ction 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	to the organization's financial s	tatements that c	lescribes the organization's accor	nd unting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical 1 wered 'Yes' to Form 990,	<b>reasures, or</b> Part IV, line	Other Similar Assets. 8.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education	, or research in fu	nue statement and balance shee urtherance of public service, provide	t works of
ŧ	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	SFAS 116 (ASC 958), to report public exhibition, education, or	rt in its revenue research in furthe	statement and balance sheet wo erance of public service, provide the	rks of art,
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>-</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nstorical treasures, or other simila 116 (ASC 958) relating to these	ar assets for finan e items	icial gain, provide the following	
a	Revenues included in Form 990, Part VIII, line	:1		<b>►</b> \$	
<u>t</u>	Assets included in Form 990, Part X			▶\$	

Schedule D (Form 990) 2013 UNIT	ED MAGYAF	R HOUSE TITLE Fections of Art, Hist	HOLDING orical Treasures, o	45-285 r Other Similar Ass	
3 Using the organization's acquisition items (check all that apply)	i, accession, a	nd other records, check	any of the following that a	are a significant use of its	collection *
□ poù la la balante	•	<b>d</b> □ Loan	or exchange programs		•
TH1		e HOthe			
Ho waster for future come	- rations	<b>e</b> □ Ouie			<del></del>
4 Provide a description of the organia		ions and explain how the	ey further the organization	's exempt purpose in	
Part XIII  5 During the year, did the organization	tion collect or	rocewe denotions of a	ort historical transuras	or other cimilar accets	
5 During the year, did the organiza to be sold to raise funds rather t	han to be ma	intained as part of the	organization's collection	17	Yes No
Part IV Escrow and Custodia	l Arrangen	nents. Complete if	the organization ar	swered 'Yes' to For	m 990, Part IV,
line 9, or reported an	amount on	Form 990, Part X	, line 21.		
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	in, or other intermedial	ry for contributions or ot	her assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII a	and complete the follow	ving table.	l	
3		,	3		Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2 a Did the organization include an a	amount on Fo	rm 990, Part X, line 21	?		Yes No
b If 'Yes,' explain the arrangement	t in Part XIII	Check here if the expla	antion has been provide	d in Part XIII	_
Part V Endowment Funds. C	complete if	the organization a	nswered 'Yes' to Fo	rm 990, Part IV, lin	e_10.
	(a) Current	year (b) Prior ye	ar (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance	L				
<ol><li>Provide the estimated percentag</li></ol>		nt year end balance (li	ne 1g, column (a)) held	as	
a Board designated or quasi-endowm					
<b>b</b> Permanent endowment ►					
c Temporarily restricted endowmer		<del></del> %			
The percentages in lines 2a, 2b,	and 2c should	d equal 100%			
3a Are there endowment funds not in	the possession	of the organization that	are held and administere	d for the	
organization by					Yes No
(i) unrelated organizations.					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(ii), are the related of	•	·			3b
4 Describe in Part XIII the intended		<u> </u>	nent funds		
Part VI Land, Buildings, and			000 D- + N/ L	11 0 - 5 000	D-4-V 1 10
Complete if the organ	ization ans	wered yes to For	m 990, Part IV, line	Tia See Form 990	
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			100,000.		100,000.
<b>b</b> Buildings			100,000.	100,000.	0
c Leasehold improvements					
<b>d</b> Equipment					
e Other					
Total. Add lines 1a through 1e (Colum	nn (d) must ed	qual Form 990, Part X,	column (B), line 10(c))		100,000.
BAA				Schedu	le <b>D</b> (Form 990) 2013

(a) Description of security or category (including name of security)	(t	) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			<del></del>	
(2) Closely-held equity interests.				
(3) Other				
(A)				
(B)				
(C)	`			-
(D)				
(E)				
(F)				
(G)				
(H)		i i		
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			ASS	
Part VIII Investments - Program Related.		<del> </del>	N/A	
Complete if the organization answered	'Yes'	to Form 990,	Part IV, line 11c. See Form 990, Part X, line	
(a) Description of investment type	(b)	Book value	(c) Method of valuation Cost or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)				
(10)				
Total (Column (b) must equal Form 990, Part X, column (B) line 13)				
Part IX Other Assets.		N/A		
			Part IV, line 11d. See Form 990, Part X, line	
	scription	n	(b) Book valu	ıe
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)	-			
(9)		-		
(10)	•			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line	15)	<b>&gt;</b>	
Part X Other Liabilities.		<del></del>		
Complete if the organization answered 'Yes' to Fo	rm 990	, Part IV, line 11e	or 11f. See Form 990, Part X, line 25	
(a) Description of liability		(b) Book value	* * * * * * * * * * * * * * * * * * *	
(1) Federal income taxes				
(2) CAPITAL STOCK OR PRINCIPLE FUND		100,000	<u>'.  </u>	
(3)				
(4)				
(5)				
(6)				
(7)	_			
(8)				
(9)			-	
(10)	+	7.		
(11)		100 000	<del>.  </del>	
LOTAL ALDRIGHO ID LIMITED CONSTITUTE OF A CONS	▶	100,000	L. I	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	dund- 1:			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foctax positions under FIN 48 (ASC 740). Check here if the text of the footnote?		the organization's final		

Schedule D (Form 990) 2013_UNITED MAGYAR HOUSE TITLE HOLDING	45-2859443 Page	e <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		_
a Net unrealized gains on investments	-	
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	_
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	,	_
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII )		
c Add lines 4a and 4b.	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	,	_
a Donated services and use of facilities 2 a	-	
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )  4b		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	_
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	Part V, any additional information	

BAA

Schedule **D** (Form 990) 2013

### **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

Employer identification number

Open to Public Inspection

UNITED MAGYAR HOUSE TITLE HOLDING	45-2859443
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
FORM 990 WAS PROVIDED TO THE ORGANIZATION GOVERNING	G BODY FOR REWIEV BEFORE IT WAS
FILING.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMEN	TS PUBLICLY AVAILABLE
THE ORGANIZATION UPON REQUEST PROVIDE GOVERNMENT DO	DCUMENTS AND FINANCIAL STATEMENTS
FOR THE MEMBERS AND THE PUBLIC.	
	· <b>-</b>
	· <del> </del>

2013

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

UNITED MAGYAR HOUSE TITLE HOLDING

45-2859443

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A) (B) PROGRAM		(C) MANAGEMENT	(D)
_		TOTAL	SERVICES	& GENERAL	FUNDRAISING
BUILDING MAINTENANCE CLEANING FIRE PROTECTION FRANCHISE TAX BOARD PLUMBING AND MAINTENANCE PROPERTY TAX		926. 1,100. 406. 1,947. 350. 3,810.	926. 1,100. 406. 1,947. 350. 3,810.		
PROFERIT TAX	TOTAL \$	8,539.	\$ 8,539.	\$ 0.	\$ 0.