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Form 990-EZ

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013

Department of the Treasury
Internal Revenue ServiceUnder 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-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection**A For the 2013 calendar year, or tax year beginning****, 2013, and ending****B Check if applicable**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C

Synergistic, Inc.
5801 Allentown Road #205
Camp Spring, MD 20746

D Employer identification number

52-1813478

E Telephone number

301-899-9123

**F Group Exemption
Number****G Accounting Method** Cash Accrual Other (specify) ► _____**I Website:** ► N/A**J Tax-exempt status (check only one) —** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**H Check** ► **If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Form of organization:** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 96,500.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p> b Less: cost or other basis and sales expenses</p> <p> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Gaming and fundraising events</p> <p> a Gross income from gaming (attach Schedule G if greater than \$15,000)</p> <p> b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</p> <p> c Less direct expenses from gaming and fundraising events</p> <p> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p> b Less: cost of goods sold</p> <p> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe in Schedule O)</p> <p>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</p>	<p>1 96,500.</p> <p>2</p> <p>3</p> <p>4</p> <p>5a</p> <p>5b</p> <p>5c</p> <p>6a</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>7a</p> <p>7b</p> <p>7c</p> <p>8</p> <p>9 96,500.</p> <p>10</p> <p>11</p> <p>12 101,729.</p> <p>13 16,555.</p> <p>14 750.</p> <p>15</p> <p>16 24,534.</p> <p>17 143,568.</p> <p>18 -47,068.</p> <p>19 -10,352.</p> <p>20</p> <p>21 -57,420.</p>
EXPENSES	<p>10 Grants and similar amounts paid (list in Schedule O)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe in Schedule O)</p> <p>17 Total expenses. Add lines 10 through 16</p> <p>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</p> <p>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</p> <p>20 Other changes in net assets or fund balances (explain in Schedule O)</p> <p>21 Net assets or fund balances at end of year Combine lines 18 through 20</p>	<p>RECEIVED</p> <p>NOV 25 2014</p> <p>OGDEN, UT</p> <p>See Schedule O</p>
ASSETS		<p>IRS-OSC</p>

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

Form 990-EZ (2013)

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Part II Balance Sheets (see the instructions for Part II)

Balance Sheets (See the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,669.22	1,464.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	9,669.25	1,464.
26 Total liabilities (describe in Schedule O)	20,021.26	58,884.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-10,352.27	-57,420.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule 0

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	See Schedule O		
(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>			28a
103,581.			
29			
(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>			29a
30			
(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>			30a
31	Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>			31a
32	Total program service expenses (add lines 28a through 31a)		103,581.

Part IV List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No
33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Yes No
35a X

b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Yes No
35b

35c Yes No
35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.
b Did the organization file Form 1120-POL for this year? Yes No
37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b N/A

39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities. Yes No
39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
section 4911 ► 0. ; **section 4912** ► 0. ; **section 4955** ► 0.
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes No
40b X

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes No
40e X

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► Sabre Y Derby Telephone no ► 301-899-9123
 Located at ► 5801 Allentown Road Camp Spring MD ZIP + 4 ► 20746 Yes No
42b X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ► Yes No
42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
 If 'Yes,' enter the name of the foreign country. ► Yes No
42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** N/A Yes No
43 N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44a X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O Yes No
44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
45a X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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 Here	<i>Linda K. Curtis</i>		Date <i>11/14/2014</i>
	Signature of officer	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Linda K. Curtis	Preparer's signature <i>Linda K. Curtis, CPA</i>	Date <i>11/14/2014</i>
	Firm's name ► TIMOTHY R CURTIS CPA		Check <input type="checkbox"/> if self-employed
	Firm's address ► 763 OSPREY LANE FRONT ROYAL, VA 22630-8338		PTIN P01217321
			Firm's EIN ► 464107683
			Phone no 703-560-0597

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545 0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Name of the organization

Synergistic, Inc.

Employer identification number

52-1813478

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?	(vi) Is the organization in column (i) organized in the U.S.?	(vii) Amount of monetary support
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%

16a 33-1/3% support test—2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33-1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)*	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	75,500.	26,000.	112,442.	91,200.	96,500.	401,642.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	75,500.	26,000.	112,442.	91,200.	96,500.	401,642.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	75,000.	26,000.	112,442.	91,200.	96,500.	401,142.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	75,000.	26,000.	112,442.	91,200.	96,500.	401,142.
8 Public support (Subtract line 7c from line 6.)						500.

Section B. Total Support

Calendar year (or fiscal yr beginning in)*	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	75,500.	26,000.	112,442.	91,200.	96,500.	401,642.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total Support. (Add lines 9, 10c, 11 and 12)	75,500.	26,000.	112,442.	91,200.	96,500.	401,642.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0.12 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	93.40 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00 %
19a 33-1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33-1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Name of organization

Synergistic, Inc.

Employer identification number

52-1813478

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Palm HHP, LLC	\$ 63,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
	5801 Allentown Road		(Complete Part II for noncash contributions.)
	Camp Springs, MD 20746		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Jian, LLC	\$ 20,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
	5801 Allentown Road		(Complete Part II for noncash contributions.)
	Camp Springs, MD 20746		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Brian & Sabrae Derby	\$ 12,500.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
	5801 Allentown Road		(Complete Part II for noncash contributions.)
	Camp Springs, MD 20746		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Synergistic, Inc.

Employer identification number

52-1813478

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Provide disease prevention and health care education and research health care
education, academic enrichment and job readiness training.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Providing academic enrichment, life skills training, work readiness training,
alcohol and other drug use prevention, public health issues education for
economically disadvantaged youth.

Training includes basic skills, which focuses on fundamental knowledge and skills
necessary to function productively in society. Provides career
exploration/awareness, skills training, career planning and placement,
interpersonal violence prevention, food safety and computer literacy.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

2013

Schedule O - Supplemental Information

Page 2

Client SYNERGIS

Synergistic, Inc.

52-1813478

11/14/14

01:10PM

Form 990-EZ, Part I, Line 16
Other Expenses

Auto Expense	\$ 2,928.
Charitable Contributions	3,400.
Dues & Subscriptions	1,000.
Insurance	4,985.
Interest	926.
Office Expenses	6,453.
REcruitment	271.
Taxes	240.
Telephone & Internet	1,901.
Travel	2,430.
Total	\$ <u>24,534.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	\$ 20,021.	\$ 16,197.
Unsecured Notes and Loans Payable	0.	42,687.
Total	\$ <u>20,021.</u>	\$ <u>58,884.</u>

2013

Form 8868 Attachment

Page 1

Client SYNERGIS

Synergistic, Inc.

52-1813478

11/14/14

01 10PM

Explanation of Extension

More time is needed to complete the tax return and make sure it is accurate. Additional reporting is required due to the fact the organization is a 501(c) (3) and we need to ensure all information is gathered and reported properly on the tax return.

Application for Extension of Time To File an
Exempt Organization Return► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II on page 2 of this form

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or Print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions Synergistic, Inc.	Employer identification number (EIN) or 52-1813478
	Number, street, and room or suite number. If a P O box, see instructions 5801 Allentown Road #205	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Camp Spring, MD 20746	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Sabrae Y Derby

Telephone No. ► 301-899-9123

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2014, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- calendar year 20 13 or
- tax year beginning , 20 , and ending , 20 .

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u> </u> 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u> </u> 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u> </u> 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or Print File by the extended due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions Synergistic, Inc.	Employer identification number (EIN) or 52-1813478
	Number, street, and room or suite number. If a P O box, see instructions TIMOTHY R CURTIS CPA 763 OSPREY LANE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FRONT ROYAL, VA 22630-8338	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Sabrina Y Derby -----
Telephone No ► 301-899-9123 ----- Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 20 14.
- For calendar year 2013, or other tax year beginning _____, 20 ___, and ending _____, 20 _____.
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension See Attachment

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

BAA

FIFZ0502L 12/31/13

Form 8868 (Rev 1-2014)