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Form **990**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](http://www.irs.gov/form990).

OMB No 1545-0047

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

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

**C** Name of organization

CHARITY WORKS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
4600 KIETZKE LANE N254

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
RENO, NV 89502**F** Name and address of principal officer:

4600 KIETZKE LANE N254, RENO, CA 89502

**D** Employer identification number

91-1830363

**E** Telephone number  
949-553-1066**G** Gross receipts \$ 485,881.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status. ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1997 **M** State of legal domicile CA**Part I Summary****1** Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH & HOPE THROUGH DONATIONS TO 501(C)(3) CHARITIES.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e) **REVENUE****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.**17** Other expenses (Part IX, column (A), lines 11a-11d, **NOV 25 2014**)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20**Prior Year****Current Year**

28,553. 17,154.

0. 0.

75,808. 887.

617,941. &lt;15,111.&gt;

722,302. 2,930.

280,400. 310,894.

0. 0.

0. 0.

0. 0.

50,318. 46,530.

330,718. 357,424.

391,584. &lt;354,494.&gt;

**Beginning of Current Year****End of Year**

468,597. 113,365.

20,501. 19,763.

448,096. 93,602.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

JOHN P. ADAMS, CEO

Date

11/13/14

Type or print name and title

**Paid**

Print/Type preparer's name

C. TUCKER CHEADLE

Preparer's signature

Date

11/10/14

Check ☐

self-employed

PTIN

P00437424

**Preparer**

Firm's name ▶

C. TUCKER CHEADLE, A LAW CORP.

Firm's EIN ▶

90-0107187

**Use Only**

Firm's address ▶

1000 QUAIL ST. STE. 100  
NEWPORT BEACH, CA 92660

Phone no 949-553-1066

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

☒ Yes ☐ No

7/16/23

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO PROVIDE HEALTH &amp; HOPE THROUGH DONATIONS TO 501(C)(3) CHARITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 310,894. including grants of \$ 310,894.) (Revenue \$ \_\_\_\_\_)  
PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR  
POOR AND UNDERPRIVILEGED BY GIVING TO ORGANIZATIONS SERVING THEM**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 310,894.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		<b>X</b>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If so, complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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). <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2013)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.		
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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	3	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	3	
<b>2</b> 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?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Were officers, directors, or trustees and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **C. TUCKER CHEADLE - 949-553-1066**  
**1000 QUAIL ST., STE. 100, NEWPORT BEACH, CA 92660**

**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**

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

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

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

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

[illegible]



Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
---	---	---

		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		0

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants and similar amounts not included above	1f	17,154.			
	g Noncash contributions included in lines 1a-1f \$					
	h <b>Total.</b> Add lines 1a-1f		17,154.			
	<b>Program Service Revenue</b>	Business Code:				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g <b>Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		14,098.			14,098.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	269,522.			
	b Less: cost or other basis and sales expenses		282,733.			
	c Gain or (loss)		<13,211.>			<13,211.>
	d Net gain or (loss)		<13,211.>			<13,211.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	185,107.			
	b Less: direct expenses	b	200,218.			
	c Net income or (loss) from fundraising events		<15,111.>			<15,111.>
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code:				
11 a						
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d						
12 <b>Total revenue.</b> See instructions		2,930.	0.	0.	<14,224.>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 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 and organizations in the United States. See Part IV, line 21	310,894.	310,894.		
2 Grants and other assistance to individuals in 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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVESTMENT EXPENSES	17,743.		17,743.	
b COMPUTER SERVICES	6,505.		6,505.	
c BANK CHARGES	5,475.		5,475.	
d INSURANCE	4,924.		4,924.	
e All other expenses	11,883.		11,883.	
25 Total functional expenses. Add lines 1 through 24e	357,424.	310,894.	46,530.	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)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	51,082.	1	13,873.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	417,515.	11	99,492.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	468,597.	16	113,365.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	20,501.	17	19,763.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	20,501.	26	19,763.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	448,096.	32	93,602.
33 Total net assets or fund balances	448,096.	33	93,602.	
34 Total liabilities and net assets/fund balances	468,597.	34	113,365.	

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	357,424.
3	Revenue less expenses Subtract line 2 from line 1	3	<354,494.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	448,096.
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	93,602.

**Part 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. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization

## CHARITY WORKS

Employer identification number

91-1830363

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      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 it 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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

[illegible]

**LHA 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.")	316,043.	10,701.	35,778.	28,553.	17,154.	408,229.
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 <b>Total.</b> Add lines 1 through 3	316,043.	10,701.	35,778.	28,553.	17,154.	408,229.
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 <b>Public support.</b> Subtract line 5 from line 4						408,229.

**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	316,043.	10,701.	35,778.	28,553.	17,154.	408,229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,116.	1,429.	3,721.	9,170.	14,098.	32,534.
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.)	159,499.	13,463.	2,457.	723.	<28,322.>	147,820.
11 <b>Total support.</b> Add lines 7 through 10						588,583.

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** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	69.36 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	79.39 %
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

**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 year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**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 ▶ ☐

**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 ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



## Part IV

Also complete this part for any additional information. (See instructions).

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

### Open To Public Inspection

Name of the organization

## CHARITY WORKS

Employer identification number  
91-1830363

## Part 1

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PLATINUM (event type)	GIFT OF LOVE II (event type)	NONE (total number)	
Revenue	1 Gross receipts	137,386.	47,721.		185,107.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	137,386.	47,721.		185,107.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	106,660.	93,559.		200,219.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				200,219.
	11 Net income summary. Subtract line 10 from line 3, column (d)				<15,112.>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- Address ►

Address 

Description of services provided ▶

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: **\$** \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**CHARITY WORKS**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCING THE INTERESTS OF ANIMALS P.O. BOX 5066 PALM SPRINGS, CA 92263	37-1422821	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
ANGEL VIEW CRIPPLED CHILDREN'S FOUNDATION - 12379 MIRACLE HILL ROAD - DESERT HOT SPRINGS, CA 92240	95-1861861	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
ANIMAL SAMARITANS 72-715 LA CANADA WAY THOUSAND PALMS, CA 92276	95-3171867	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
BARBARA SINATRA CHILDREN'S CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	33-0136550	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
BIG BROTHERS BIG SISTERS OF THE DESERT - 42-600 COOK STREET, SUITE #110 - PALM DESERT, CA 92211	33-0683335	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
COLLEGE OF THE DESERT FOUNDATION 43500 MONTEREY AVENUE PALM DESERT, CA 92260	95-3829219	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

332101  
10-29-13

Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92263	33-0068583	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
DESERT ARC 73-255 COUNTRY CLUB DRIVE PALM DESERT, CA 92260	95-6006700	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
DESERT BEST FRIENDS CLOSET 75048 GERALD FORD DR. PALM DESERT, CA 92211	26-2388221	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
DESERT CANCER FOUNDATION 74091 LARREA ST. PALM DESERT, CA 92260	33-0648823	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
DESERT SAMARITANS FOR SENIORS P.O. BOX 10967 PALM DESERT, CA 92255	33-0762300	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
DESERT SYMPHONY 72925 FRED WARING DR. PALM DESERT, CA 92260	95-3871126	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
FIND FOOD BANK, INC. P.O. BOX 10080 INDIO, CA 92202	33-0006007	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
GILDA'S CLUB DESERT CITIES CALIFORNIA - 67-625 EAST PALM CANYON DRIVE, SUITE 7A - CATHEDRAL CITY, CA 92234	33-0911108	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
GUIDE DOGS OF THE DESERT P.O. BOX 1692 PALM SPRINGS, CA 92263	23-7296531	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND

Schedule I (Form 990)

## Schedule I (Form 990) CHARITY WORKS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIZELL SENIOR CENTER 480 S. SUNRISE WAY PALM SPRINGS, CA 92262	33-0696687	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
OLIVE CREST - COACHELLA VALLEY 73725 EL PASEO PALM DESERT, CA 92260	95-2877102	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
PAWS AND HEARTS 74854 VELIE WAY PALM DESERT, CA 92260	91-2096569	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
PEGASUS RIDING ACADEMY 354508 PEGASUS COURT PALM DESERT, CA 92211	95-3774003	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
SHELTER FROM THE STORM 73555 ALESSANDRO DR., SUITE D PALM DESERT, CA 92260	33-0293124	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
STROKE RECOVERY CENTER 2800 E. ELAJO DRIVE PALM SPRINGS, CA 92262	95-3402464	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
TEMPLE ISAIAH FUND 332 WEST ALEJO ROAD PALM SPRINGS, CA 92262	95-1691285	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
THE LGBT COMMUNITY CENTER OF THE DESERT - 611 S. PALM CANYON DR. - PALM SPRINGS, CA 92264	33-0937301	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
THE LIVING DESERT 47-900 PORTOLA AVENUE PALM DESERT, CA 92260	95-3385354	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOOLS FOR TOMORROW 75105 MERLE DR. #600 PALM DESERT, CA 92211	33-0889045	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
UNITED CEREBRAL PALSY - INLAND EMPIRE - 35-325 DATE PALM DRIVE - CATHEDRAL CITY, CA 92234	33-0118715	501(C)(3)	10,500.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND
BOYS & GIRLS CLUBS OF AMERICA 3939 ATLANTIC AVENUE, SUITE 215 LONG BEACH, CA 90807	35-2129067	501(C)(3)	10,000.	0.			PROMOTE HEALTH AND HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND

Schedule I (Form 990)



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2:**

EXPLANATION: THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE AMOUNTS AND

SELECTION CRITERIA USED TO MAKE CHARITABLE DONATIONS (NOT GRANTS) TO

501(C)(3) ORGANIZATIONS.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: ADVANCING THE INTERESTS OF ANIMALS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE

COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE

**Part IV** Supplemental Information

GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT:

ANGEL VIEW CRIPPLED CHILDREN'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: ANIMAL SAMARITANS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: BARBARA SINATRA CHILDREN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF THE DESERT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE OF THE DESERT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DESERT AIDS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: DESERT ARC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: DESERT BEST FRIENDS CLOSET

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: DESERT CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: DESERT SAMARITANS FOR SENIORS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM  
PROMOTE HEALTH AND  
HOPE TO THE COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND  
UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DESERT SYMPHONY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: FIND FOOD BANK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: GILDA'S CLUB DESERT CITIES CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: GUIDE DOGS OF THE DESERT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: MIZELL SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: OLIVE CREST - COACHELLA VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE

Schedule I (Form 990)

**Part IV** Supplemental Information

COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: PAWS AND HEARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: PEGASUS RIDING ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: SHELTER FROM THE STORM

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: STROKE RECOVERY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE ISAIAH FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE LGBT COMMUNITY CENTER OF THE DESERT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: THE LIVING DESERT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: TOOLS FOR TOMORROW

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY - INLAND EMPIRE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

NAME OF ORGANIZATION OR GOVERNMENT: BOYS &amp; GIRLS CLUBS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE HEALTH AND HOPE TO THE  
COMMUNITY INCLUDING PROVIDING RELIEF FOR POOR AND UNDERPRIVILE  
GED BY CONTRIBUTING TO ORGANIZATIONS THAT SERVE THEM

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CHARITY WORKS

Employer identification number  
91-1830363

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF THE ORGANIZATION'S FINAL FORM 990 INCLUDING REQUIRED  
SCHEDULES AS ULTIMATELY FILED WITH THE IRS WAS PROVIDED TO EACH VOTING  
MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ITS FILING WITH THE  
IRS SO THEY CAN REVIEW IT AND MAKE COMMENTS OR REQUEST CHANGES PRIOR TO THE  
FILING OF THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THIS IS DISCUSSED AND MONITORED AT EVERY MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION DOES NOT PAY ANY COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF  
INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC PROVIDING COPIES ON  
REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.



51MT A

Account No.  
540-02148

Taxpayer No.  
91-1830363

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CHARITY WORKS DBA

## 2013 ANNUAL STATEMENT SUMMARY

The following sections are provided to facilitate your review and the preparation of your tax return.

The 2013 Proceeds from Broker and Barter Exchange Transactions section includes both sales of positions for "covered securities" and "noncovered securities." A covered security includes those with a purchase date within the following timeline: Equities acquired on or after January 1, 2011 and Mutual Funds acquired on or after January 1, 2012. Legislation requires reporting the gross proceeds of the sales of "covered" and "noncovered" securities and the adjusted cost basis for "covered securities." Any sale of a security that is considered a "noncovered security" will still be included in this section with the adjusted cost basis (where available).

In calculating gain (loss), unless otherwise noted, it was assumed that the oldest position was liquidated first, and that you have made an election to amortize the premium paid on the purchase of taxable bonds. Under the Cost Basis Reporting Regulations, brokers need not track wash sale activity for substantially identical securities, transactions across accounts, or between covered and non-covered securities. However, you as a taxpayer still have to track and report wash sales as you have in the past which would include all of the aforementioned transaction types. Securities distributed from a retirement account reflect the tax basis on the date of distribution. Other methods for calculating gain (loss) are available. The cost basis for most Original Issue Discount ("OID") obligations includes the accretion of OID. For purposes of allocating original purchase price to the components of an equity unit consisting of a purchase contract and a debt security subject to a remarketing event, we assumed that the fair market value of the debt security on purchase date was equal to its adjusted issue price. The difference between your original cost and the amount allocable to the debt component was allocated to the purchase contract. In making adjustments to the cost basis of the purchase contract, it was assumed that the unit holder included contract adjustment payments in income when received.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

### 1099-B 2013 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS

1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
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#### SHORT TERM CAPITAL GAINS AND LOSSES - 1099-B Line 1c.

#### COVERED TRANSACTIONS - 1099-B Line 6b. (cost basis reported to the IRS)

ISHARES MSCI AUSTRALIA INDEX FUND CUSIP Number 464286103

53.0000	Sale	08/09/12	01/10/13	1,360.50	1,256.63	0.00	103.87	
28.0000	Sale	08/09/12	01/28/13	726.02	663.88	0.00	62.14	
3.0000	Sale	08/09/12	07/15/13	69.83	71.13	0.00	(1.30)	
1.0000	Sale	06/03/13	10/23/13	26.77	24.88	0.00	1.89	
Security Subtotal				2,183.12	2,076.52	0.00	166.60	

ISHARES MSCI CDA INDX FD CUSIP Number 464286509

95.0000	Sale	08/09/12	01/10/13	2,764.92	2,568.80	0.00	196.12	
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ISHARES MSCI SWITZERLAND INDEX FUND CUSIP Number 464286749

7.0000	Sale	06/14/12	01/10/13	195.01	158.95	0.00	36.06	
83.0000	Sale	08/09/12	01/10/13	2,312.34	1,961.29	0.00	351.05	
6.0000	Sale	08/09/12	07/15/13	178.51	141.78	0.00	36.73	
Security Subtotal				2,685.86	2,262.02	0.00	423.84	





**Merrill Lynch**  
Bank of America Corporation

STMT A

Account No.  
540-02148

Taxpayer No.  
91-1830363

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CHARITY WORKS DBA

# **1099-B** **2013 ANNUAL STATEMENT SUMMARY** **2013 PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS**

1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>ISHARES MSCI SWEDEN INDEX FUND</b>								
		CUSIP Number	464286756					
3.0000	Sale	06/14/12	01/10/13	91.40	74.82	0.00	16.58	
28.0000	Sale	08/09/12	01/10/13	853.16	786.24	0.00	66.92	
	<b>Security Subtotal</b>			<b>944.56</b>	<b>861.06</b>	<b>0.00</b>	<b>83.50</b>	
<b>ISHARES MSCI GERMANY INDEX FUND</b>								
		CUSIP Number	464286806					
11.0000	Sale	06/14/12	01/10/13	274.29	213.02	0.00	61.27	
1.0000	Sale	07/26/12	01/10/13	24.93	19.68	0.00	5.25	
97.0000	Sale	08/09/12	01/10/13	2,418.77	2,007.46	0.00	411.31	
6.0000	Sale	08/09/12	07/15/13	153.89	124.17	0.00	29.72	
14.0000	Sale	01/28/13	10/23/13	410.75	359.94	0.00	50.81	
1.0000	Sale	06/03/13	10/23/13	29.35	26.38	0.00	2.97	
	<b>Security Subtotal</b>			<b>3,311.98</b>	<b>2,750.65</b>	<b>0.00</b>	<b>561.33</b>	
<b>ISHARES MSCI HONG KONG INDEX FUND</b>								
		CUSIP Number	464286871					
34.0000	Sale	08/09/12	01/10/13	682.71	587.74	0.00	94.97	
1.0000	Sale	10/03/12	07/15/13	18.79	18.36	0.00	0.43	
7.0000	Sale	01/28/13	10/23/13	142.94	141.40	0.00	1.54	
1.0000	Sale	06/03/13	10/23/13	20.42	19.88	0.00	0.54	
	<b>Security Subtotal</b>			<b>864.86</b>	<b>767.38</b>	<b>0.00</b>	<b>97.48</b>	
<b>ISHARES MSCI NETHERLANDS INDEX FUND</b>								
		CUSIP Number	464286814					
3.0000	Sale	06/14/12	01/10/13	62.90	49.31	0.00	13.59	
33.0000	Sale	08/09/12	01/10/13	692.01	588.72	0.00	103.29	
	<b>Security Subtotal</b>			<b>754.91</b>	<b>638.03</b>	<b>0.00</b>	<b>116.88</b>	
<b>ISHARES MSCI ITALY INDEX FUND</b>								
		CUSIP Number	464286855					
6.0000	Sale	06/14/12	01/10/13	85.20	62.45	0.00	22.75	
1.0000	Sale	07/26/12	01/10/13	14.20	10.09	0.00	4.11	
47.0000	Sale	08/09/12	01/10/13	667.41	524.52	0.00	142.89	
5.0000	Sale	08/09/12	01/28/13	72.94	55.80	0.00	17.14	
1.0000	Sale	08/09/12	07/15/13	12.10	11.16	0.00	0.94	
1.0000	Sale	06/03/13	10/23/13	15.50	13.52	0.00	1.98	
	<b>Security Subtotal</b>			<b>867.35</b>	<b>677.54</b>	<b>0.00</b>	<b>189.81</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>ISHARES MSCI SPAIN INDEX FUND</b>								
		CUSIP Number	464286764					
5.0000	Sale	06/14/12	01/10/13	159.99	118.99	0.00	41.00	
1.0000	Sale	07/26/12	01/10/13	31.99	21.61	0.00	10.38	
30.0000	Sale	08/09/12	01/10/13	960.00	724.20	0.00	235.80	
1.0000	Sale	08/09/12	01/28/13	97.97	72.42	0.00	25.55	
		08/09/12	07/15/13	28.36	24.14	0.00	4.22	
	<b>Security Subtotal</b>			<b>1,278.31</b>	<b>951.36</b>	<b>0.00</b>	<b>316.95</b>	
<b>ISHARES MSCI FRANCE INDEX FUND</b>								
		CUSIP Number	464286707					
15.0000	Sale	06/14/12	01/10/13	355.41	283.16	0.00	72.25	
1.0000	Sale	07/26/12	01/10/13	23.69	19.05	0.00	4.64	
114.0000	Sale	08/09/12	01/10/13	2,701.19	2,324.07	0.00	377.12	
12.0000	Sale	08/09/12	01/28/13	293.99	244.64	0.00	49.35	
7.0000	Sale	08/09/12	07/15/13	170.33	142.71	0.00	27.62	
	<b>Security Subtotal</b>			<b>3,544.61</b>	<b>3,013.63</b>	<b>0.00</b>	<b>530.98</b>	
<b>ISHARES MSCI TAIWAN INDEX FUND</b>								
		CUSIP Number	464286731					
72.0000	Sale	08/09/12	01/10/13	989.99	911.20	0.00	78.79	
11.0000	Sale	08/09/12	01/28/13	145.30	139.21	0.00	6.09	
10.0000	Sale	07/15/13	10/23/13	143.84	140.66	0.00	3.18	
	<b>Security Subtotal</b>			<b>1,279.13</b>	<b>1,191.07</b>	<b>0.00</b>	<b>88.06</b>	
<b>ISHARES MSCI UNITED KINGDOM INDEX FUND</b>								
		CUSIP Number	464286699					
6.0000	Sale	06/14/12	01/10/13	109.79	96.47	0.00	13.32	
1.0000	Sale	07/26/12	01/10/13	18.29	16.30	0.00	1.99	
279.0000	Sale	08/09/12	01/10/13	5,105.64	4,750.42	0.00	355.22	
20.0000	Sale	08/09/12	07/15/13	371.29	340.53	0.00	30.76	
	<b>Security Subtotal</b>			<b>5,605.01</b>	<b>5,203.72</b>	<b>0.00</b>	<b>401.29</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>ISHARES MSCI SOUTH KOREA INDEX FUND</b>								
		CUSIP Number	464286772					
	2.0000 Sale	06/14/12	01/10/13	126.81	108.03	0.00	18.78	
	29.0000 Sale	08/09/12	01/10/13	1,838.86	1,674.17	0.00	164.69	
	4.0000 Sale	08/09/12	01/28/13	235.71	230.92	0.00	4.79	
	6.0000 Sale	07/15/13	10/23/13	386.77	329.75	0.00	57.02	
	<b>Security Subtotal</b>			<b>2,588.15</b>	<b>2,342.87</b>	<b>0.00</b>	<b>245.28</b>	
<b>ISHARES NASDAQ BIOTECH INDEX FUND</b>								
		CUSIP Number	464287556					
	28.0000 Sale	08/09/12	01/10/13	4,103.04	3,711.96	0.00	391.08	
<b>ISHARES IBOXX \$ INVT GRADE CORP BD FUND</b>								
		CUSIP Number	464287242					
	41.0000 Sale	08/09/12	01/10/13	4,953.92	4,897.86	0.00	56.06	
	1.0000 Sale	08/09/12	07/15/13	114.02	119.46	0.00	(5.44)	
	5.0000 Sale	01/28/13	07/15/13	570.14	598.70	0.00	(28.56)	
	<b>Security Subtotal</b>			<b>5,638.08</b>	<b>5,616.02</b>	<b>0.00</b>	<b>22.06</b>	
<b>ISHARE BARCLYS 20+ YR TREAS INDEX FUND</b>								
		CUSIP Number	464287432					
	8.0000 Sale	08/09/12	01/10/13	950.62	996.48	0.00	(45.86)	
<b>ISHARES MSCI SOUTH AFRICA INDEX FUND</b>								
		CUSIP Number	464286780					
	1.0000 Sale	06/14/12	01/10/13	69.87	63.70	0.00	6.17	
	12.0000 Sale	08/09/12	01/10/13	838.55	809.04	0.00	29.51	
	4.0000 Sale	08/09/12	01/28/13	261.23	269.68	0.00	(8.45)	
	2.0000 Sale	07/15/13	10/23/13	134.97	119.56	0.00	15.41	
	<b>Security Subtotal</b>			<b>1,304.62</b>	<b>1,261.98</b>	<b>0.00</b>	<b>42.64</b>	
<b>ISHARES BARCLAYS TIPS BO PROTECTED SECS FD</b>								
		CUSIP Number	464287176					
	14.0000 Sale	08/09/12	01/10/13	1,695.94	1,686.02	0.00	9.92	
<b>VANGUARD CONSUMER STAPLES ETF</b>								
		CUSIP Number	92204A207					
	15.0000 Sale	08/09/12	01/10/13	1,351.58	1,352.80	1.22 (W)	0.00	
	85.0000 Sale	08/09/12	01/10/13	7,658.97	7,665.88	0.00	(6.91)	
	<b>Security Subtotal</b>			<b>9,010.55</b>	<b>9,018.68</b>	<b>1.22</b>	<b>(6.91)</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
VANGUARD CONSUMER DISCRETIONARY ETF								
		CUSIP Number	92204A108					
176.0000	Sale	08/09/12	01/10/13	13,774.77	12,499.96	0.00	1,274.81	
2.0000	Sale	08/09/12	06/03/13	180.75	142.05	0.00	38.70	
Security Subtotal				13,955.52	12,642.01	0.00	1,313.51	
VANGUARD MATERIALS ETF								
		CUSIP Number	92204A801					
37.0000	Sale	08/09/12	01/10/13	3,240.40	2,956.30	0.00	284.10	
VANGUARD INFORMATION TECH ETF								
		CUSIP Number	92204A702					
65.0000	Sale	08/09/12	01/10/13	4,600.08	4,632.48	32.40 (W)	0.00	
303.0000	Sale	08/09/12	01/10/13	21,443.48	21,594.51	0.00	(151.03)	
Security Subtotal				26,043.56	26,226.99	32.40	(151.03)	
VANGUARD ENERGY ETF								
		CUSIP Number	92204A306					
4.0000	Sale	06/14/12	01/10/13	422.75	373.11	0.00	49.64	
126.0000	Sale	08/09/12	01/10/13	13,316.67	13,157.73	0.00	158.94	
Security Subtotal				13,739.42	13,530.84	0.00	208.58	
VANGUARD INDUSTRIAL ETF								
		CUSIP Number	92204A603					
1.0000	Sale	06/14/12	01/10/13	73.67	64.29	0.00	9.38	
268.0000	Sale	08/09/12	01/10/13	19,745.81	18,182.78	0.00	1,563.03	
3.0000	Sale	08/09/12	06/03/13	248.75	203.54	0.00	45.21	
Security Subtotal				20,068.23	18,450.61	0.00	1,617.62	
WISDOMTREE TRUST JAPAN HEDGED EQUITY FD								
		CUSIP Number	97717W851					
37.0000	Sale	06/14/12	01/10/13	1,404.86	1,155.10	0.00	249.76	
3.0000	Sale	07/26/12	01/10/13	113.90	92.48	0.00	21.42	
144.0000	Sale	08/09/12	01/10/13	5,467.58	4,609.87	0.00	857.71	
38.0000	Sale	08/09/12	01/28/13	1,470.59	1,216.49	0.00	254.10	
5.0000	Sale	08/09/12	06/03/13	226.51	160.07	0.00	66.44	
7.0000	Sale	08/09/12	07/15/13	342.66	224.09	0.00	118.57	
6.0000	Sale	10/03/12	07/15/13	293.71	188.11	0.00	105.60	
Security Subtotal				9,319.81	7,646.21	0.00	1,673.60	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>SPDR BARCLAYS INTL TREASURY BOND ETF</b>								
		CUSIP Number	78464A516					
	21,000 Sale	08/09/12	01/10/13	1,271.32	1,253.70	0.00	17.62	
	1,000 Sale	08/09/12	01/28/13	60.03	59.70	0.00	0.33	
	1,000 Sale	08/09/12	07/15/13	56.51	59.70	0.00	(3.19)	
	<b>Security Subtotal</b>			<b>1,387.86</b>	<b>1,373.10</b>	<b>0.00</b>	<b>14.76</b>	
<b>POWERSHARES GLOBAL EXCHANGE TRADED FD TR</b>								
		CUSIP Number	73936T573					
	9,000 Sale	07/26/12	01/10/13	281.33	267.11	0.00	14.22	
	45,000 Sale	08/09/12	01/10/13	1,406.67	1,358.55	0.00	48.12	
	5,000 Sale	08/09/12	01/28/13	154.89	150.95	0.00	3.94	
	6,000 Sale	08/09/12	07/15/13	163.93	181.14	0.00	(17.21)	
	<b>Security Subtotal</b>			<b>2,006.82</b>	<b>1,957.75</b>	<b>0.00</b>	<b>49.07</b>	
<b>POWERSHARES BARCLAYS 3-7 YEA TRSY BD FD</b>								
		CUSIP Number	464288661					
	10,000 Sale	08/09/12	01/10/13	1,229.90	1,228.70	0.00	1.20	
<b>POWERSHARES BARCLAYS MBS BOND FUND</b>								
		CUSIP Number	464288588					
	1,000 Sale	06/14/12	01/10/13	107.06	108.31	0.00	(0.35)	
	90,000 Sale	08/09/12	01/10/13	9,716.64	9,781.18	0.00	(64.54)	
	23,000 Sale	08/09/12	01/28/13	2,476.12	2,499.64	0.00	(23.52)	
	5,000 Sale	08/09/12	07/15/13	522.79	543.40	0.00	(20.61)	
	<b>Security Subtotal</b>			<b>12,823.51</b>	<b>12,932.53</b>	<b>0.00</b>	<b>(109.02)</b>	
<b>VANGUARD INTERMEDIATE TERM BOND ETF</b>								
		CUSIP Number	921937819					
	8,000 Sale	06/14/12	01/10/13	703.13	707.72	4.59 (W)	0.00	
	8,000 Sale	06/14/12	01/10/13	703.14	707.73	0.00	(4.59)	
	1,000 Sale	07/26/12	01/10/13	87.89	90.19	0.00	(2.30)	
	131,000 Sale	08/09/12	01/10/13	11,513.84	11,666.39	0.00	(152.55)	
	8,000 Sale	08/09/12	07/15/13	667.08	712.45	0.00	(45.37)	
	<b>Security Subtotal</b>			<b>13,675.08</b>	<b>13,884.48</b>	<b>4.59</b>	<b>(204.81)</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>VANGUARD SHORT TERM BOND</b>								
3.0000	Sale	08/14/12	01/10/13	242.96	243.14	0.00	(0.18)	
63.0000	Sale	08/09/12	01/10/13	5,102.27	5,113.37	0.00	(11.10)	
39.0000	Sale	08/09/12	01/28/13	3,153.08	3,155.42	0.00	(2.34)	
<b>Security Subtotal</b>				<b>8,498.31</b>	<b>8,521.93</b>	<b>0.00</b>	<b>(23.62)</b>	
<b>MARKET VECTORS RUSSIA</b>								
26.0000	Sale	08/09/12	01/10/13	781.04	722.54	0.00	58.50	
3.0000	Sale	08/09/12	01/28/13	92.90	83.37	0.00	9.53	
1.0000	Sale	06/03/13	10/23/13	29.59	25.74	0.00	3.85	
5.0000	Sale	07/15/13	10/23/13	147.95	132.99	0.00	14.96	
<b>Security Subtotal</b>				<b>1,051.48</b>	<b>964.64</b>	<b>0.00</b>	<b>86.84</b>	
<b>SPDR S P CHINA</b>								
20.0000	Sale	08/09/12	01/10/13	1,534.37	1,303.51	0.00	230.86	
9.0000	Sale	08/09/12	01/28/13	679.48	586.58	0.00	92.90	
4.0000	Sale	07/15/13	10/23/13	299.55	263.83	0.00	35.72	
<b>Security Subtotal</b>				<b>2,513.40</b>	<b>2,153.92</b>	<b>0.00</b>	<b>359.48</b>	
<b>SPDR BARCLAYS HIGH YIELD BOND ETF</b>								
75.0000	Sale	08/09/12	01/10/13	3,087.94	2,982.75	0.00	105.19	
<b>POWERSHARES PREFERRED PORTFOLIO</b>								
19.0000	Sale	08/09/12	01/10/13	283.11	281.58	0.00	1.53	
55.0000	Sale	08/09/12	01/28/13	815.63	815.10	0.00	0.53	
1.0000	Sale	08/09/12	07/15/13	14.17	14.82	0.00	(0.65)	
<b>Security Subtotal</b>				<b>1,112.91</b>	<b>1,111.50</b>	<b>0.00</b>	<b>1.41</b>	
<b>WISDOMTREE INDIA EARNINGS</b>								
30.0000	Sale	08/09/12	01/10/13	596.11	513.60	0.00	82.51	
11.0000	Sale	08/09/12	01/28/13	219.99	188.32	0.00	31.67	
1.0000	Sale	06/03/13	10/23/13	16.71	17.82	0.00	(1.11)	
6.0000	Sale	07/15/13	10/23/13	100.33	99.93	0.00	0.40	
<b>Security Subtotal</b>				<b>933.14</b>	<b>819.67</b>	<b>0.00</b>	<b>113.47</b>	



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1c. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>ISHARES MSCI BRAZIL FREE INDEX FUND</b>								
		CUSIP Number	464286400					
1.0000	Sale	06/14/12	01/10/13	56.80	50.67	0.00	6.13	
32.0000	Sale	08/09/12	01/10/13	1,817.64	1,751.68	0.00	65.96	
4.0000	Sale	08/09/12	01/28/13	225.69	218.96	0.00	6.73	
1.0000	Sale	06/03/13	10/23/13	50.82	51.35	0.00	(0.53)	
9.0000	Sale	07/15/13	10/23/13	457.45	387.48	0.00	69.97	
	<b>Security Subtotal</b>			<b>2,608.40</b>	<b>2,460.14</b>	<b>0.00</b>	<b>148.26</b>	
<b>MARKET VECTORS EMRG MKTS LOCAL CURRENCY DEBT ETF</b>								
		CUSIP Number	57060U522					
23.0000	Sale	06/14/12	01/10/13	631.56	573.01	0.00	58.55	
1.0000	Sale	07/26/12	01/10/13	27.45	26.04	0.00	1.41	
79.0000	Sale	08/09/12	01/10/13	2,169.32	2,080.07	0.00	89.25	
13.0000	Sale	08/09/12	01/28/13	355.54	342.30	0.00	13.24	
21.0000	Sale	08/09/12	07/15/13	511.64	552.40	0.00	(40.76)	
	<b>Security Subtotal</b>			<b>3,695.51</b>	<b>3,573.82</b>	<b>0.00</b>	<b>121.69</b>	
<b>EMERGING GLOBAL SHARES DOW JONES</b>								
		CUSIP Number	268461779					
6.0000	Sale	10/23/13	11/27/13	159.39	166.20	0.00	(6.81)	
<b>ISHARES INC CORE MSCI EMERGING MKTS ETF</b>								
		CUSIP Number	46434G103					
13.0000	Sale	10/23/13	11/27/13	648.89	662.12	0.00	(13.23)	
<b>HEALTH CARE SELECT SPDR</b>								
		CUSIP Number	81369Y209					
379.0000	Sale	08/09/12	01/10/13	15,828.90	14,589.80	0.00	1,239.10	
7.0000	Sale	08/09/12	06/03/13	337.35	269.47	0.00	67.88	
	<b>Security Subtotal</b>			<b>16,166.25</b>	<b>14,859.27</b>	<b>0.00</b>	<b>1,306.98</b>	
<b>SECTOR SPDR FINANCIAL</b>								
		CUSIP Number	81369Y605					
463.0000	Sale	08/09/12	01/10/13	7,941.71	6,906.94	0.00	1,034.77	
3.0000	Sale	08/09/12	01/28/13	52.20	44.75	0.00	7.45	
12.0000	Sale	08/09/12	06/03/13	237.17	179.01	0.00	58.16	
	<b>Security Subtotal</b>			<b>8,231.08</b>	<b>7,130.70</b>	<b>0.00</b>	<b>1,100.38</b>	
<b>Covered Short Term Capital Gains and Losses Subtotal</b>				<b>217,572.43</b>	<b>205,781.97</b>	<b>38.21</b>	<b>11,828.67</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>NET SHORT TERM CAPITAL GAINS AND LOSSES</b>				217,572.43	205,781.97	38.21	11,828.67	

**LONG TERM CAPITAL GAINS AND LOSSES - 1099-B Line 1c.**

**COVERED TRANSACTIONS - 1099-B Line 6b. (cost basis reported to the IRS)**

ISHARES MSCI AUSTRALIA INDEX FUND CUSIP Number 464286103

1.0000 Sale	01/17/11	01/10/13	25.66	25.71	0.00 (Y)	(0.05)
4.0000 Sale	08/09/12	10/23/13	107.07	94.84	0.00	12.23
15.0000 Sale	10/03/12	10/23/13	401.55	357.60	0.00	43.95
<b>Security Subtotal</b>			<b>534.28</b>	<b>478.15</b>	<b>0.00</b>	<b>56.13</b>

ISHARES MSCI CDA ETF CUSIP Number 464286509

7.0000 Sale	01/21/11	07/15/13	191.96	219.87	0.00 (Y)	(27.91)
7.0000 Sale	01/21/11	10/23/13	204.56	219.88	0.00 (Y)	(15.32)
<b>Security Subtotal</b>			<b>396.52</b>	<b>439.75</b>	<b>0.00</b>	<b>(43.23)</b>

ISHARES MSCI SWEDEN CUSIP Number 464286756

1.0000 Sale	01/21/11	07/15/13	31.72	33.04	0.00 (Y)	(1.32)
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ISHARES MSCI GERMANY CUSIP Number 464286806

8.0000 Sale	08/09/12	10/23/13	234.71	165.57	0.00	69.14
6.0000 Sale	10/03/12	10/23/13	176.04	137.22	0.00	38.82
<b>Security Subtotal</b>			<b>410.75</b>	<b>302.79</b>	<b>0.00</b>	<b>107.96</b>

ISHARES MSCI HONG KONG CUSIP Number 464286871

3.0000 Sale	10/03/12	10/23/13	61.25	55.08	0.00	6.17
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ISHARES MSCI NETHERLANDS

2.0000 Sale	01/21/11	07/15/13	44.43	43.61	0.00 (Y)	0.82
1.0000 Sale	01/21/11	10/23/13	25.03	21.81	0.00 (Y)	3.22
4.0000 Sale	08/09/12	10/23/13	100.13	71.36	0.00	28.77
4.0000 Sale	10/03/12	10/23/13	100.14	75.28	0.00	24.86
<b>Security Subtotal</b>			<b>269.73</b>	<b>212.06</b>	<b>0.00</b>	<b>57.67</b>

205743.76





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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>ISHARES MSCI ITALY CAPPED</b>								
		CUSIP Number	464286855					
16.0000	Sale	08/09/12	10/23/13	247.99	178.42	0.00	69.57	
1.0000	Sale	10/03/12	10/23/13	15.50	12.42	0.00	3.08	
	<b>Security Subtotal</b>			<b>263.49</b>	<b>190.84</b>	<b>0.00</b>	<b>72.65</b>	
<b>ISHARES MSCI SPAIN CAPPED</b>								
		CUSIP Number	464286764					
11.0000	Sale	08/09/12	10/23/13	418.38	265.54	0.00	152.84	
<b>ISHARES MSCI FRANCE</b>								
		CUSIP Number	464286707					
16.0000	Sale	08/09/12	10/23/13	448.15	326.18	0.00	121.97	
19.0000	Sale	10/03/12	10/23/13	532.19	404.89	0.00	127.30	
	<b>Security Subtotal</b>			<b>980.34</b>	<b>731.07</b>	<b>0.00</b>	<b>249.27</b>	
<b>ISHARES MSCI TAIWAN</b>								
		CUSIP Number	464286731					
29.0000	Sale	08/09/12	10/23/13	417.11	367.01	0.00	50.10	
<b>ISHARES MSCI UNITED KINGDOM</b>								
		CUSIP Number	464286599					
10.0000	Sale	08/09/12	10/23/13	202.72	170.27	0.00	32.45	
<b>ISHARES MSCI SOUTH KOREA CAPPED</b>								
		CUSIP Number	464286772					
11.0000	Sale	08/09/12	10/23/13	709.05	635.03	0.00	74.02	
1.0000	Sale	10/03/12	10/23/13	64.46	59.08	0.00	5.38	
	<b>Security Subtotal</b>			<b>773.51</b>	<b>694.11</b>	<b>0.00</b>	<b>79.40</b>	
<b>ISHARES NASDAQ BIOTECH ETF</b>								
		CUSIP Number	464287556					
1.0000	Sale	08/09/12	11/27/13	222.93	132.57	0.00	90.36	
<b>ISHARES MSCI SOUTH AFRICA</b>								
		CUSIP Number	464286780					
4.0000	Sale	08/09/12	10/23/13	269.91	269.68	0.00	0.23	
1.0000	Sale	10/03/12	10/23/13	67.47	66.05	0.00	1.42	
	<b>Security Subtotal</b>			<b>337.38</b>	<b>335.73</b>	<b>0.00</b>	<b>1.65</b>	
<b>VANGUARD CONSUMER DISCRETIONARY ETF</b>								
		CUSIP Number	92204A100					
1.0000	Sale	08/09/12	11/27/13	106.34	71.02	0.00	35.32	

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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>VANGUARD INFORMATION</b>								
	TECH ETF							
3.0000	Sale	08/09/12	11/27/13	258.31	213.81	0.00	44.50	
<b>VANGUARD INDUSTRIAL ETF</b>								
2.0000	Sale	08/09/12	10/23/13	185.03	135.69	0.00	49.34	
3.0000	Sale	08/09/12	11/27/13	292.09	203.54	0.00	88.55	
	<b>Security Subtotal</b>			<b>477.12</b>	<b>339.23</b>	<b>0.00</b>	<b>137.89</b>	
<b>VANGUARD INTERMEDIATE TERM BOND ETF</b>								
4.0000	Sale	10/09/11	07/15/13	333.53	351.06	0.00 (Y)	(17.53)	
8.0000	Sale	07/02/12	07/15/13	667.07	703.39	0.00 (Y)	(36.32)	
	<b>Security Subtotal</b>			<b>1,000.60</b>	<b>1,054.45</b>	<b>0.00</b>	<b>(53.85)</b>	
<b>MARKET VECTORS RUSSIA</b>								
10.0000	Sale	08/09/12	10/23/13	295.89	277.90	0.00	17.99	
<b>SPDR S P CHINA</b>								
8.0000	Sale	08/09/12	10/23/13	599.08	521.41	0.00	77.67	
1.0000	Sale	10/03/12	10/23/13	74.88	65.21	0.00	9.67	
	<b>Security Subtotal</b>			<b>673.96</b>	<b>586.62</b>	<b>0.00</b>	<b>87.34</b>	
<b>WISDOMTREE INDIA EARNINGS</b>								
11.0000	Sale	08/09/12	10/23/13	183.91	188.32	0.00	(4.41)	
<b>ISHARES MSCI BRAZIL CAPPED</b>								
10.0000	Sale	08/09/12	10/23/13	508.25	547.40	0.00	(39.15)	
3.0000	Sale	10/03/12	10/23/13	152.47	162.36	0.00	(9.89)	
	<b>Security Subtotal</b>			<b>660.72</b>	<b>709.76</b>	<b>0.00</b>	<b>(49.04)</b>	
<b>HEALTH CARE SELECT SPDR</b>								
4.0000	Sale	08/09/12	11/27/13	221.28	153.98	0.00	67.30	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
1.0000 Sale	SECTOR SPDR FINANCIAL	01/17/11	01/10/13	17.15	16.79	0.00 (Y)	0.36	
3.0000 Sale		08/09/12	11/27/13	64.71	44.75	0.00	19.96	
	Security Subtotal			81.86	61.54	0.00	20.32	

Covered Long Term Capital Gains and Losses Subtotal

9,280.10

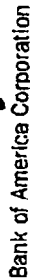
8,064.64

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1,215.46

## NONCOVERED TRANSACTIONS - 1099-B Line 6a. (cost basis not reported to the IRS)

ISHARES MSCI AUSTRALIA INDEX FUND		CUSIP Number	464286103					
6.0000 Sale		01/03/11	01/10/13	154.01	147.11	0.00 (Y)	6.90	
15.0000 Sale		09/21/11	01/10/13	385.04	325.62	0.00	59.42	
	Security Subtotal			539.05	472.73	0.00	66.32	
ISHARES MSCI CDA INDX FD		CUSIP Number	464286509					
20.0000 Sale		01/03/11	01/10/13	582.08	631.50	49.42 (W)	0.00	
3.0000 Sale		01/03/11	01/10/13	87.31	94.72	0.00	(7.41)	
	Security Subtotal			669.39	726.22	49.42	(7.41)	
ISHARES MSCI SWITZERLAND INDEX FUND		CUSIP Number	464286749					
13.0000 Sale		01/03/11	01/10/13	362.17	327.69	0.00	34.48	
ISHARES MSCI SWEDEN INDEX FUND		CUSIP Number	464286756					
3.0000 Sale		01/03/11	01/10/13	91.40	95.45	4.05 (W)	0.00	
ISHARES MSCI GERMANY INDEX FUND		CUSIP Number	464286806					
12.0000 Sale		01/03/11	01/10/13	299.22	291.46	0.00	7.76	
ISHARES MSCI HONG KONG INDEX FUND		CUSIP Number	464286871					
8.0000 Sale		09/21/11	01/10/13	160.63	127.09	0.00	33.54	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss/Disallowed	Gain or (Loss)	Remarks
<b>ISHARES MSCI NETHERLANDS INDEX FUND</b>								
3.0000	Sale	01/03/11	01/10/13	62.90	63.31	0.41 (W)	0.00	
1.0000	Sale	01/03/11	01/10/13	20.97	21.10	0.00	(0.13)	
	<b>Security Subtotal</b>			<b>83.87</b>	<b>84.41</b>	<b>0.41</b>	<b>(0.13)</b>	
<b>ISHARES MSCI ITALY INDEX FUND</b>								
8.0000	Sale	01/03/11	01/10/13	113.60	132.08	0.00	(18.48)	
<b>ISHARES MSCI SPAIN INDEX FUND</b>								
4.0000	Sale	01/03/11	01/10/13	127.99	146.68	0.00	(18.69)	
<b>ISHARES MSCI FRANCE INDEX FUND</b>								
17.0000	Sale	01/03/11	01/10/13	402.80	421.17	0.00	(18.37)	
<b>ISHARES MSCI TAIWAN INDEX FUND</b>								
23.0000	Sale	01/03/11	01/10/13	316.24	363.13	0.00	(46.89)	
1.0000	Sale	01/03/11	01/10/13	13.74	16.92	0.00 (Y)	(3.18)	
	<b>Security Subtotal</b>			<b>329.98</b>	<b>380.05</b>	<b>0.00</b>	<b>(50.07)</b>	
<b>ISHARES MSCI UNITED KINGDOM INDEX FUND</b>								
64.0000	Sale	01/03/11	01/10/13	1,171.18	1,111.68	0.00	59.50	
<b>ISHARES MSCI SOUTH KOREA INDEX FUND</b>								
7.0000	Sale	01/03/11	01/10/13	443.86	433.00	0.00	10.86	
<b>ISHARES NASDAQ BIOTECH INDEX FUND</b>								
3.0000	Sale	01/03/11	01/10/13	439.60	284.88	0.00	154.72	
2.0000	Sale	09/21/11	01/10/13	293.07	196.77	0.00	96.30	
	<b>Security Subtotal</b>			<b>732.67</b>	<b>481.65</b>	<b>0.00</b>	<b>251.02</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
ISHARES IBOX \$ INVT GRADE CORP BD FUND								
2.0000	Sale	01/03/11	01/10/13	241.65	217.46	0.00	24.19	
7.0000	Sale	12/05/11	01/10/13	845.79	783.44	0.00	62.35	
	Security Subtotal			1,087.44	1,000.90	0.00	86.54	
ISHARE BARCLYS 20+ YR TREAS INDEX FUND								
2.0000	Sale	01/03/11	01/10/13	237.65	188.40	0.00	49.25	
ISHARES MSCI SOUTH AFRCA INDEX FUND								
3.0000	Sale	01/03/11	01/10/13	209.63	225.43	0.00	(15.80)	
ISHARES BARCLAYS TIPS BO PROTECTED SECS FD								
4.0000	Sale	01/03/11	01/10/13	484.54	429.64	0.00	54.90	
1.0000	Sale	12/05/11	01/10/13	121.13	116.40	0.00	4.73	
	Security Subtotal			605.67	546.04	0.00	59.63	
VANGUARD CONSUMER STAPLES ETF								
24.0000	Sale	01/03/11	01/10/13	2,162.53	1,763.46	0.00	399.07	
VANGUARD CONSUMER DISCRETIONARY ETF								
32.0000	Sale	01/03/11	01/10/13	2,504.50	1,964.41	0.00	540.09	
5.0000	Sale	09/21/11	01/10/13	391.32	298.55	0.00	92.77	
	Security Subtotal			2,895.82	2,262.96	0.00	632.86	
VANGUARD MATERIALS ETF								
8.0000	Sale	01/03/11	01/10/13	700.62	671.45	0.00	29.17	
3.0000	Sale	09/21/11	01/10/13	262.73	218.16	0.00	44.57	
	Security Subtotal			963.35	889.61	0.00	73.74	



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1a. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
VANGUARD INFORMATION								
TECH ETF		CUSIP Number 92204A702						
74.0000	Sale	01/03/11	01/10/13	5,237.01	4,626.11	0.00	610.90	
11.0000	Sale	09/21/11	01/10/13	778.47	665.50	0.00	112.97	
Security Subtotal				6,015.48	5,291.61	0.00	723.87	
VANGUARD ENERGY ETF								
FDS		CUSIP Number 92204A306						
18.0000	Sale	01/03/11	01/10/13	1,902.38	1,818.00	0.00	84.38	
10.0000	Sale	09/21/11	01/10/13	1,056.87	956.00	0.00	100.87	
Security Subtotal				2,959.25	2,774.00	0.00	185.25	
VANGUARD INDUSTRIAL ETF								
FDS		CUSIP Number 92204A603						
48.0000	Sale	01/03/11	01/10/13	3,536.56	3,150.72	0.00	385.84	
23.0000	Sale	09/21/11	01/10/13	1,694.60	1,324.26	0.00	370.34	
Security Subtotal				5,231.16	4,474.98	0.00	756.18	
SPDR BARCLAYS INTL TREASURY BOND ETF								
FDS		CUSIP Number 78464A516						
5.0000	Sale	01/03/11	01/10/13	302.69	292.45	0.00	10.24	
2.0000	Sale	12/05/11	01/10/13	121.07	118.93	0.00	2.14	
Security Subtotal				423.76	411.38	0.00	12.38	
ISHARES BARCLAYS 3-7 YEA TRSY BD FD								
FDS		CUSIP Number 464288661						
1.0000	Sale	09/21/11	01/10/13	122.98	121.97	0.00	1.01	
1.0000	Sale	09/21/11	01/10/13	122.98	121.39	0.00	1.59	
2.0000	Sale	12/05/11	01/10/13	245.98	242.68	0.00	3.30	
Security Subtotal				491.94	486.04	0.00	5.90	
ISHARES BARCLAYS MBS BON FUND								
FDS		CUSIP Number 464288588						
20.0000	Sale	01/03/11	01/10/13	2,159.25	2,106.71	0.00	52.54	
9.0000	Sale	12/05/11	01/10/13	971.66	968.28	0.00	3.38	
Security Subtotal				3,130.91	3,074.99	0.00	55.92	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
<b>VANGUARD INTERMEDIATE TERM BOND ETF</b>								
		CUSIP Number	921937819					
7.0000	Sale	01/03/11	01/10/13	615.24	577.71	0.00	37.53	
4.0000	Sale	09/21/11	01/10/13	351.56	353.22	1.66 (W)	0.00	
5.0000	Sale	12/05/11	01/10/13	439.45	435.30	0.00	4.15	
<b>Security Subtotal</b>				<b>1,406.25</b>	<b>1,366.23</b>	<b>1.66</b>	<b>41.68</b>	
<b>VANGUARD SHORT TERM BOND</b>								
		CUSIP Number	921937827					
15.0000	Sale	01/03/11	01/10/13	1,214.82	1,206.07	0.00	8.75	
7.0000	Sale	12/05/11	01/10/13	566.91	568.12	0.00	(1.21)	
<b>Security Subtotal</b>				<b>1,781.73</b>	<b>1,774.19</b>	<b>0.00</b>	<b>7.54</b>	
<b>MARKET VECTORS RUSSIA</b>								
		CUSIP Number	57060U506					
7.0000	Sale	01/03/11	01/10/13	210.27	270.12	0.00	(59.85)	
1.0000	Sale	01/03/11	01/10/13	30.03	39.79	0.00 (Y)	(9.76)	
<b>Security Subtotal</b>				<b>240.30</b>	<b>309.91</b>	<b>0.00</b>	<b>(69.61)</b>	
<b>SPDR S P CHINA</b>								
		CUSIP Number	78463X400					
7.0000	Sale	01/03/11	01/10/13	537.02	543.88	0.00	(6.86)	
<b>SPDR BARCLAYS HIGH YIELD BOND ETF</b>								
		CUSIP Number	78464A417					
16.0000	Sale	01/03/11	01/10/13	658.76	637.71	0.00	21.05	
5.0000	Sale	01/03/11	01/10/13	205.86	198.13	0.00 (Y)	7.73	
<b>Security Subtotal</b>				<b>864.62</b>	<b>835.84</b>	<b>0.00</b>	<b>28.78</b>	
<b>POWERSHARES PREFERRED PORTFOLIO</b>								
		CUSIP Number	73936T565					
13.0000	Sale	01/03/11	01/10/13	193.69	183.76	0.00	9.93	
2.0000	Sale	01/03/11	01/10/13	29.80	28.55	0.00 (Y)	1.25	
4.0000	Sale	12/05/11	01/10/13	59.59	54.97	0.00	4.62	
<b>Security Subtotal</b>				<b>283.08</b>	<b>267.28</b>	<b>0.00</b>	<b>15.80</b>	
<b>WISDOMTREE INDIA EARNINGS</b>								
		CUSIP Number	97717W422					
5.0000	Sale	01/03/11	01/10/13	99.34	133.22	0.00	(33.88)	
1.0000	Sale	01/03/11	01/10/13	19.86	27.48	0.00 (Y)	(7.62)	
1.0000	Sale	01/03/11	01/10/13	19.86	28.83	0.00 (Y)	(8.97)	
<b>Security Subtotal</b>				<b>139.06</b>	<b>189.53</b>	<b>0.00</b>	<b>(50.47)</b>	



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1e. Quantity	Transaction Description	1b. Date of Acquisition	1a. Date of Sale or Exchange	2a. Amount	3. Cost Basis	5. Wash Sale Loss Disallowed	Gain or (Loss)	Remarks
ISHARES MSCI BRAZIL FREE INDEX FUND								
9.0000	Sale	01/03/11	01/10/13	511.21	697.23	0.00	(186.02)	
HEALTH CARE SELECT SPDR								
51.0000	Sale	01/03/11	01/10/13	2,130.00	1,629.24	0.00	500.76	
24.0000	Sale	09/21/11	01/10/13	1,002.35	788.96	0.00	213.39	
	Security Subtotal			3,132.35	2,418.20	0.00	714.15	
SECTOR SPDR FINANCIAL								
41.0000	Sale	01/03/11	01/10/13	703.26	668.30	0.00	34.96	
64.0000	Sale	09/21/11	01/10/13	1,097.77	798.58	0.00	299.19	
	Security Subtotal			1,801.03	1,466.88	0.00	334.15	

Noncovered Long Term Capital Gains and Losses Subtotal

42,639.05

55.54

38,490.33

55.54

4,204.26

NET LONG TERM CAPITAL GAINS AND LOSSES

51,919.15

55.54

46,554.97

55.54

5,419.72

TOTAL SALES PROCEEDS FOR CAPITAL GAINS AND LOSSES  
TOTAL REPORTED SALES PROCEEDS269,491.58  
269,491.58

46,499.43

(W) This transaction has been identified as a "Wash Sale" based on IRS regulations. The Wash Sale Loss Disallowed column reflects the deferred loss amount. The cost basis of the related transaction(s) has been adjusted by the deferred loss amount from either the cost basis on purchases or proceeds from short sales. Please refer to the Instructions for Form 8949 for how to report the deferred loss amount and applicable adjustment code.

(Y) The gain or loss of this transaction includes an adjustment to basis for the deferred loss amount on one or more previous "Wash Sales."

2013 REALIZED CAPITAL GAIN AND LOSS SUMMARY TOTAL = 17,248.39

COVERED SHORT TERM GAINS/LOSSES	NONCOVERED SHORT TERM GAINS/LOSSES	COVERED LONG TERM GAINS/LOSSES	NONCOVERED LONG TERM GAINS/LOSSES
11,828.67	0.00	1,215.46	4,204.26