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HTA

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.

OMB No 1545-0047

Open to Public Inspection

<u>A</u> _	For the	2013 cat	endar year, or tax year beginning		1/2013	, and e	nding	4/3	0/2014	
<u>B</u>	Check if	applicable		RICK C. COLLIN	NS T/W FBO	TENNIS		D Employe	r identifi	cation number
$\Box$	Address	change	Doing Business As							
	Naa ab		Number and street (or P O box if mai	is not delivered to s	treet address)	Room/suite		59-662923	1	
닏	Name ch	ange	1 W 4th St 4th Floor MAC D400	0-041		L		E Telephon	e numbe	r
Ш	Initial retu	um	City or town		State	ZIP code		888-730-49	22	
	Terminat	ad	Winston Salem		NC	27101-381	8	000-730-48	-	
님	i Gillillat	.60	Foreign country name Fo	reign province/state/	county	Foreign postal	code			
Ш	Amended	d return						G Gross red	eipts \$	283,293
П	Application	on pending	F Name and address of principal officer	-			H/a) is th	ns a group return	for subord	inates? Yes No
ш	приса	on poneing	WELLS FARGO BANK, N A. 1		ELOOP MAA	C D4000 04				
_							1	e all subordinat		
<u> </u>	Tax-exem	npt status	501(c)(3) X 501(c) ( 4	) ◀ (insert no )	4947(a)(1)	or 527	"	"No," attach a li	IST (See I	nstructions)
<u>J</u>	Website	: ► N/A	·				H(c) Gr	oup exemption	number	<u> </u>
K	Form of o	rganization	Corporation Trust A	ssociation Oth	er ▶	L Yea	er of form	ation 19	65 M SI	tate of legal domicile FL
1	Part I	Sui	mmary							
	1	Briefly d	lescribe the organization's mission	on or most signif	icant activitie	es. MISS	SIONIS	S TO PROM	OTE F	OLO AND TENNIS AS
8			RT, ESPECIALLY FOR YOUNG							
ä	İ	77.91.91	11,131,131,151,131,131,130,13							
Governance		Ob 1- 41	L. L							•••••••
ò	2		his box 🎤 🔛 if the organization			or aispose	a of mo	ore than 25%		net assets.
9	3		of voting members of the gover						3	
Š	4		of independent voting members						4	1
Ę	5		ımber of individuals employed in		013 (Part V,	line 2a) .			5	0
Activities &	6		imber of volunteers (estimate if r						6	0
⋖	7a		related business revenue from F						7a	0
	<u> </u>	Net unre	elated business taxable income t	rom Form 990-1	Γ <u>, line 34 .</u>	<u> </u>			7b	<u> </u>
	1 _							Prior Year		Current Year
9	8		utions and grants (Part VIII, line	•					0	0
Revenue	9	Progran	n service revenue (Part VIII, line	2g).	ロにへに1	17CD:			0	0
ě	10	Investm	ent income (Part VIII, column (A	), lines 3, <b>4</b> , a <u>nd</u>	をして	<u>v</u> <u>u</u>		2	1,445	32,978
Œ	11	Other re	evenue (Part VIII, column (A), line	es 5, 6d, \$c, \$c,	10c, and 11	e) d	7		0	0
	12	Total rev	<u>enue—add lines 8 through 11 (mus</u>	t equal Parti¥III, o	olumn (A), lin	e 12) (d	Ы	2	1,445	32,978
	13	Grants a	and similar amounts paid (Part I)	(, column (孫) lır	1eg/IL3)Ø 8	7 ZV14 1	מ	10	6,000	17,000
	14	Benefits	paid to or for members (Part IX		0	0				
Ş	15	Salaries,	other compensation, employee ber	nefits (Part IX, col	umn (A) lines	5-10) 7		1	1,739	
ž	16a	Professi	ional fundraising fees (Part IX, c	olumn (A) line 1	RODE	<b>∀</b> , O !			0	0
Expenses	ь	Total fur	ndraising expenses (Part IX, coli	ımn (D), line 25	) <b>&gt;</b>	o	( (		20.20	
Щ	17		xpenses (Part IX, column (A), lin						871	13,449
	18		penses. Add lines 13–17 (must					2	8,610	30,449
	19		e less expenses. Subtract line 1		(* 17,				7,165	2,529
٦,						<del></del>	Beginn	ning of Curren		End of Year
sets or	E 20	Total as	sets (Part X, line 16)				<b>G</b>		3,176	715,610
Ass	21								0	0
Net As	22		ets or fund balances. Subtract lir					71:	3,176	715,610
	art II		nature Block							<del>_</del>
Unc	er penalt	les of penur	ry, I declare that I have examined this retu	m, including accomp	anying schedule	es and stateme	nts, and	to the best of n	ny knowle	edge
ano	Dellet, It	is true, com	ect, and complete Declaration of prepare	(other than officer) i	s based on all ir	ntormation of wi	hich prep	parer has any ki		
Sig	gn		Signature of officer							7/22/2014
He	ere		•			O) (D		Date		
			JOHN SULENTIC		<del></del>	SVP	wells	<u>Fargo Bank</u>	N.A.	···-
_		I Pro	Type or print name and title t/Type preparer's name	Preparer's sign	natura		I Det			LOTIN
Pa	id		v rype preparers mame	riepalei s sigi	lature		Date	" lo	heck [	X II PTIN
			SEPH J. CASTRIANO	selle	· <u>'</u>		7/2		elf-emplo	
	eparei		o's name ► PricewaterhouseCoo	pers, LLP				Firm's EIN	13-40	
US	e Only	v —	n's address ▶ 600 GRANT ST, PIT		15219-2777			Phone no		55-6000
N4-	v tha If							. none no	- 12-U	
_	<del></del>		ss this return with the preparer s	<del></del>	ee mistructioi	15)	<u>· · ·                                  </u>	• • • • •	• • •	X Yes No
Fo	r Paper	work Redi	uction Act Notice, see the separat	e instructions.						Form <b>990</b> (2013)

22NEP

Form 5	990 (2013)		59-6629231	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	describe the organization's mission:	<del></del>	<u> </u>
•		ON IS TO PROMOTE POLO AND TENNIS AS A SPORT, ESPECIALLY FOR YOUNG PLAYERS		
				• • • • • • • • • • • • • • • • • • • •
	_			
2		e organization undertake any significant program services during the year which were not listed on	П.,	
	•	or Form 990 or 990-EZ?	☐ Yes	X No
3		e organization cease conducting, or make significant changes in how it conducts, any program		
•		es?	. Yes	X No
		," describe these changes on Schedule O.		22, 1.0
4	Descri	be the organization's program service accomplishments for each of its three largest program service	es, as measured	by
		ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	illocations to oth	ers,
	the tot	al expenses, and revenue, if any, for each program service reported.		
4a	(Codo	) (Expenses \$ 21,006 including grants of \$ 17,000 ) (Revenue		
<b>4</b> a	MISSI	ON IS TO PROMOTE POLO AND TENNIS AS A SPORT ESPECIALLY FOR YOUNG PLAYERS	, p	)
		•		
		•••••••••••••••••••••••••••••••••••••••		
41.	(0.1			
4b		) (Expenses \$ including grants of \$ ) (Revenue		
		•••••••••••••••••••••••••••••••••••••••		
				•••••
				•
4c	(Code	:) (Expenses \$ including grants of \$) (Revenue	<b>)</b> \$	)
				• • • • • • • • • • • • • • • • • • • •
				· · · · · · · · · · · · · · · · · · ·
4d	Other	program services. (Describe in Schedule O.)		
	(Expe	nses \$0 including grants of \$0) (Revenue \$	0)	

21,006

4e Total program service expenses

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ĺ	ŀ
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	٣		Ĥ
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۳		<del>  ^</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>⊢</b>	_	<del>  ^-</del>
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<b>⊢</b> °		<del>  ^</del>
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		l 🗸
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<del> </del>		X
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		000 p.	X
11	VII, VIII, IX, or X as applicable.	**	<b>1</b>	
_		حفتم	are i	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	ـ مدا		
L		11a		Х
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	١		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	١.,		٠.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l		i
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<u>11e</u>		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l		
_	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	IV Checklist of Required Schedules (continued)	•		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	<u> </u>	<u> </u>	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c	L	ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			١.,
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	1 26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.	26		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			â
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		١
~~	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II			١.,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		l
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	133		X
•	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1000		Ë
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		1
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	agn	10040

гаг	Check if Schedule O contains a response or note to any line in this Part V		ſ	$\Box$
	Shook it Solloude Sollium a responde of note to any line in this rait v	<del></del>	Yes	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	N/A	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	LJ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ш	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1 1	
	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1.5	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		# 1 % S	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	$\vdash$	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\vdash$	<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			T ·
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	2 200000-14	3.3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	i I		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<b>3</b>	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	$\longrightarrow$	X
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\vdash$	X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	$\vdash$	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	353	100	8 :
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			KE.
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.		ESS	19
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	3		
a	Initiation fees and capital contributions included on Part VIII, line 12			k /
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		35	2
a b	Gross income from members or shareholders			2
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	42-		
b	the state of the s	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	.,,,,		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee inst	tructi	ions.
Sect	ion A. Governing Body and Management		<u> </u>	<u></u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	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			
	Enter the number of voting members included in line 1a, above, who are independent	- 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	- 43	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		LX_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		LX_
6	Did the organization have members or stockholders?	6		X.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Ιx
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			79.
	the year by the following:	*	47	
а	The governing body?	8a	Х	<b>└</b>
b	Each committee with authority to act on behalf of the governing body?	8b	X	Ь
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			]
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		I X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	<u>оае.)</u> Т	Yes	T
102	Did the organization have local chapters, branches, or affiliates?	10a	169	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	l loa		┢┷
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		ł
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<del>                                     </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			3 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	一
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			${}$
	describe in Schedule O how this was done	12c	X	İ
13	Did the organization have a written whistleblower policy?	13	X	Г
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	7	TH	15.25
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	À.	£I:	11.7
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		LX_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	38.		
	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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c	)(3)s c	nly)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
4-	Own website X Another's website X 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 provided to the study of the stu	policy,	and	
20	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: ► Wells Fargo Bank N.A. 888-730-493  1 W 4TH ST 4TH FLOOR MAC D4000-041, WINSTON SALEM, NC 27101-3818	<u></u>		

Form 990 (2013)	FREDERICK C. COLLINS T/W FE	O TENNIS								59-66292	31	Page 7
Part VII	Compensation of Officers, Direct	ctors, Trustee	s, K	ey	Em	plo	yees	s, H	lighest Comp			
<del></del>	Employees, and Independent C	ontractors										_
	Check if Schedule O contains a re	esponse or not	e to	any	lin	e in	this	Pa	<u>rt VII</u>	<u>.</u>		
Section A.	Officers, Directors, Trustees, Key E	Employees, and	l Hig	hes	t C	om	pens	atec	Employees			
1a Complete to organization's	this table for all persons required to be tax vear.	listed. Report o	ompe	ensa	atior	ı foı	r the	cale	ndar year endin	g with or within	the	
_	of the organization's <b>current</b> officers, o	directors, trustee	es (wi	neth	er i	ndiv	/idua	ls o	r organizations).	regardless of a	mount	
	ion Enter -0- in columns (D), (E), and								,,	J		
	of the organization's <b>current</b> key empl	•								•		
	organization's five current highest co											
	reportable compensation (Box 5 of Fo and any related organizations.	m vv-z and/or t	OOX /	OI I	-orr	11 11	799-1/	/IIO	or more than	\$ 100,000 from t	ne	
• List all	of the organization's <b>former</b> officers, k								d employees wh	o received more	than	
	eportable compensation from the orgation from the orgation of the organization's former directors	-			_				hy as a former di	rector or trustee	of the	
	more than \$10,000 of reportable comp										OI LIIE	
_	n the following order: individual trustee		_	_				-	_			
compensated	employees; and former such persons.	•										
Check the	s box if neither the organization nor ar	ny related organ	ızatıo	n co	omp	ens	ated	any	current officer,	director, or trust	ee.	
					((	<b>3)</b>						
	(A)	(B)	ا ارمہ ۔			tion	than •		(D)	<b>(E)</b>	<b>(E</b>	
	(A) Name and Title	Average	box,	unles	ss pe	rson	is boti	n an	Reportable	(E) Reportable	( <b>F</b> Estim	ated
		hours per week (list any			_	_	or/trus or ≖		compensation from	compensation from related	amou oth	
		hours for related	nd iv	nstiti	Officer	(ey e	mg ig	Former	the organization	organizations (W-2/1099-MISC)	compen	
		organizations	Individual to	Tion I	"	da	st a	ª	(W-2/1099-MISC)	(VV-2/1099-WII3C)	organiz	ation
		below dotted line)	individual trustee or director	altn		Key employee	] Mg				and re organiz	
		·	8	Institutional trustee		-	Highest compensated employee					
				Ľ			<u> 2</u>					
	FARGO BANK, N.A.	4 00	1	١								
TRUSTEE		<u></u>		X	<u> </u>		<del> </del>	<u> </u>	12,298			
(2)		<b></b>	ł			l						
(3)												
								_				
(4)												
(5)												
(6)												
(7)					$\vdash$	$\vdash$		$\vdash$				
(8)												
(9)									,			
(10)				$\vdash$							-	
(11)		l		$\vdash$	$\vdash$	<u> </u>		_				
						<u> </u>		L				
(12)		1	I	ı	ı	ı	I		1	1	ı	

Pa	irt VII	Section A. Officers, Directors, To	rustees, Key Ei	mplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntınued)	
		(B) Average hours per week (list any	(do r box,	not cl unle: er an	Pos neck ss pe d a c	C) intion more erson direct	e than is bot	one h an tee)	Reportable compensation	(E) Reportable compensation from related	(F) Estima amoun othe	ited it of	
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from t organiza and rela organiza	sation he ation ated
(15)								_					
(16)												<del></del>	
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)												-	
(25)							-				···.		
C		on om continuation sheets to Part VII, and lines 1b and 1c)							<b>▶ ▶</b>	12,298 0 12,298			0
2	Total nu	mber of individuals (including but not le compensation from the organization	limited to those	listed	abo	ove n	 ) wh	no red				1	
3	Did the	organization list any <b>former</b> officer, di e on line 1a? <i>If "Yes," complete Sche</i>	rector, or trustee								d	Yes	No X
4		individual listed on line 1a, is the sum nization and related organizations gre										4	X
5	Did any	person listed on line 1a receive or access rendered to the organization? If "											
Sect		dependent Contractors	res, complete.	SCITO	uuie	, J <i>i</i>	or s	ucn į	Jers	<u> </u>	<del></del>	5	<u> </u>
1	Complet	e this table for your five highest comp sation from the organization. Report c	ensated indepe	nden r the	t co	ntra	ictoi ar ye	rs tha	ıt re	ceived more thang with or within	n \$100,000 of the organization	n's tax	_
		(A) Name and business add	iress							(B) Description of ser	vices	(C) Compensatio	n
NON	E												0
									lacksquare				0
							<del></del>		$\vdash$			<u> </u>	0 0
											-		<u>u</u>
2		mber of independent contractors (incline \$100,000 of compensation from the	_	nited	to th	nose	e lis	ted a	bov	e) who received			

	VIII	Check 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
ង ង	1a	Federated campaigns		0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0				
A E	С	Fundraising events		0				
ia ii	d	Related organizations		0				
Sign S	е	Government grants (contributions		0				Į.
	f	All other contributions, gifts, grant						
풀릴	_	similar amounts not included abor		0	:			ļ
S E	9	Noncash contributions included in lin		0				
	h	Total. Add lines 1a–1f	· · · · · · · · · · · · · · · · · · ·	Business Code	0			
e l	2a				0			
8	b				0			i ·
Program Service Revenue	С				0			
	d				. 0			
Ĕ	е				0			
8	f	All other program service revenue			0			
ă.	g	Total. Add lines 2a-2f	<u> </u>		. 0		* ;	
	3	Investment income (including divi						
	_	other similar amounts)			16,044			16,044
	4	Income from investment of tax-ex	•		0		·•	
	5	Royalties	(ı) Real		0	<u> </u>		
1	•	<u> </u>	(I) Real	(II) Personal		1.49	(\$\frac{1}{2}\).	
	6a	Gross rents			, ,	***		` ¥ *
	b	Less: rental expenses	0		`.			
	c d	Rental income or (loss) L	U	0	0			<u> </u>
	_	Gross amount from sales of	(i) Secunties	(II) Other				
	'a	assets other than inventory.	267,249		* /	<u>۱</u>		144
	h	Less: cost or other basis	201,243			·		
	_	and sales expenses	250,315	o	-			
	С	Gain or (loss)	16,934			à.		
	d	Net gain or (loss)			16,934			16,934
		- , ,						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18	a	0		or our of the state of the stat	,	***
¥		Less: direct expenses		0				
		Net income or (loss) from fundrais	-	<u>, , , , , , , , , , , , , , , , , , , </u>	0			
	9a	Gross income from gaming activity						
		See Part IV, line 19.		0	6			
		Less: direct expenses		0				
		Net income or (loss) from gaming	i activities .	▶	0			
	าบล	Gross sales of inventory, less returns and allowances	_					
				0				
		Less: cost of goods sold Net income or (loss) from sales o						
		Miscellaneous Revenue	r inventory	Business Code	0		<del></del>	
	11a			Duamesa Code	0			<b></b>
	b				0			<u> </u>
	C				0			<del>                                     </del>
	A	All other revenue			0			
	e	Total. Add lines 11a–11d			0			
	_	Total revenue. See instructions			32 978	0	0	32 978

Form 9	90 (2013) FREDERICK C COLLINS T/W FBO TEN	NIS		59-662	29231 Page <b>10</b>
	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete al	l columns All other	organizations mus	t complete column	(A)
	Check if Schedule O contains a response or note	to any line in this F	Part IX		$\square$
	not include amounts reported on lines 6b, 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	· · · · · · · · · · · · · · · · · · ·	<u> </u>	J	
Ť	organizations in the United States. See Part IV, line 21	17,000	17,000		
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	ļ			
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			i	
	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)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	_			
_	section 401(k) and 403(b) employer contributions)	0		<del></del>	<u> </u>
9	Other employee benefits	0	<del></del>		
10	Payroll taxes	0			<u></u>
11	Fees for services (non-employees):  Management	o			
a	Legal	0		. ———	<del> </del>
b	Accounting	932	932		
d	Lobbying	0	932		<del></del>
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	hanna Shiring and a same and		
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0		<del>-</del> ·	<del></del>
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0	<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	_		
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered	34	* 5	: ¢# -	/
	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.)	240			<u> </u>
a	FOREIGN TAXES PAID	219	0.071	219	
b	TRUSTEE FEES	12,298	3,074	9,224	<del>-</del>
ч С	•	0			
d	All other expenses	0			<del></del>
	All other expenses  Total functional expenses. Add lines 1 through 24e.	30,449	21,006	0.440	0
25 26	Joint costs. Complete this line only if the	30,449	∠1,∪∪6	9,443	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here			ĺ	
	following SOP 98-2 (ASC 958-720)				
				1	

Pa	irt X	Balance Sheet					
		Check if Schedule O contains a response o	r note to	any line in this Part X	<u></u>		<u></u>
					(A) Beginning of year		(B) End of year
	1				0	1	0
,	2	Savings and temporary cash investments			30,977	2	30,198
	3	Pledges and grants receivable, net		0	•	0	
	4		<u>.</u>	0	4	0	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compens					
	_	Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pers	•	1			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
u)		sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions). Complete Part II of Sche		•			
Assets	-	Notes and loans receivable, net				6 7	
Ass	7 8	Inventories for sale or use					0
	9	Prepaid expenses and deferred charges			0		0
		Land, buildings, and equipment: cost or	i i		<u> </u>	-	V
	'04	• • •	10a	o	i j	g gin	
	Ь	Less: accumulated depreciation		0		10c	0
	11	Investments—publicly traded securities			682,199		685,412
	12	Investments—other securities See Part IV, line		0		0	
	13	Investments—program-related. See Part IV, lir			0		0
	14	Intangible assets		0		0	
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line	<u>34) [</u>	713,176	16	715,610
	17	Accounts payable and accrued expenses .		0	17	0	
	18	Grants payable	<b>-</b>	···-	18		
	19	Deferred revenue		0		0	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete				21	
ies	22	Loans and other payables to current and forme					
鬟		trustees, key employees, highest compensated			* *		
Liabilities		disqualified persons. Complete Part II of Scher		-		22	
_	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelat			0		0
	25	Other liabilities (including federal income tax, p		·			<u> </u>
	23	parties, and other liabilities not included on line	-				
		Part X of Schedule D		· · · · · · · · · · · · · · · · · · ·	0	25	0
	26	Total liabilities. Add lines 17 through 25			0		0
- ses		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33	58), che		193	2 *	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Sugar Suga Sugar Sugar Sugar Sugar Sugar Sugar Sugar Sugar Sugar Sugar Suga Sugar Sugar Sugar Sugar Sugar Sugar Sugar Sugar Sugar Sugar S	27	-				27	
3ag	28	Temporarily restricted net assets			<del> </del>	28	
ğ	29	Permanently restricted net assets		<b>)</b> -		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.					
şţs	30	Capital stock or trust principal, or current funds	s .		713,176	30	715,610
,55	31	Paid-in or capital surplus, or land, building, or		<b>)</b>	7.0,110	31	7,10,010
يد	32	Retained earnings, endowment, accumulated		<b>)</b> -		32	
ž	33	<del>-</del>		[	713,176		715,610
	34	Total liabilities and net assets/fund balances	<u></u>	<u> </u>	713,176		715,610
							Form <b>990</b> (2013)

Form 9	990 (2013) FREDERICK C COLLINS T/W FBO TENNIS	59	-6629231	Pag	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-		2,978
2	Total expenses (must equal Part IX, column (A), line 25)	2			,449
3	Revenue less expenses. Subtract line 2 from line 1	3		2	2,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		713	3,176
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			-95
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		715	,610
Part	XII Financial Statements and Reporting			1	_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<del></del>		Ш
_				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				3. S.
_	Schedule O.		40	(e. 7 m)	W 845
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	50000 XX	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			97	
	reviewed on a separate basis, consolidated basis, or both:		1 34		
	Separate basis Doth consolidated and separate basis		3.2		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		24		
	separate basis, consolidated basis, or both:		200	13	
	Separate basis Consolidated basis Both consolidated and separate basis				4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of	10.2	10	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		224		
	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?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	200	/2012\

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization FREDERICK C COLLINS T/W FBO TENNIS

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

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

OMB No. 1545-0047 2013 Open to Public	Inspection
---------------------------------------	------------

Employer identification number

59-6629231

		Yes	]	'Yes" to Form 990,
Part I General Information on Grants and Assistance	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?	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,
Par	_		2	Par

Part IV, line 21, for any recipient that received	any recipient tl		more than \$5,000. Part II can be duplicated if additional space is needed.	can be duplicated i	f additional space is	needed.	, ces 101 030,
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
(1) POLO TRAINING FOUNDATION 70 CLINTON STREET	36-2605713	501(C)(3)	8,500				PROMOTE POLO
(2) PALM BEACH TENNIS ASSOCIATED BOX 2029	59-6184482	501(C)(3)	8,500				PROMOTE TRAINING
(3)							
(4)							
(5)							
(9)							
(i)							
(8)							
(6)							
(10)							
(11)							
(12)							
	n 501(c)(3) and	government organiz	zations listed in the line	1 table .			2
3 Enter total number of other organizations listed in the line	organizations lis	ted in the line 1 table				•	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

Schedule I (Form 990) (2013)

59-6629231

FREDERICK C COLLINS TW FBO TENNIS

Schedule I (Form 990) (2013)

Page 2 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 snace is needed Part III

	(f) Description of non-cash assistance					nformation		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	(e) Method of valuation (book, FMV, appraisal, other)		,			information required in Part I, line 2, Part III, column (b), and any other additional information		:					
	(d) Amount of non-cash assistance					2, Part III, column (b)			1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: : : : : : : : : : : : : : : : : : :	
	(c) Amount of cash grant			-		urred in Part I, line 2	-SELECTED ORGANIZATIONS						, , , , , , , , , , , , , , , , , , ,
I space is needed	(b) Number of recipients						PRE-SELECTED O			•	1	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
rafi III cali de duplicated II additional space is needed	(a) Type of grant or assistance					Part IV Supplemental Information. Provide the	Part I Line 2 ORGANIZATION MAKES GRANTS TO PRE						

Schedule I (Form 990) (2013)

## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number

FREDERICK C COLLINS T/W FBO TENNIS	59-6629231
Form 990, Part VI, Section B, Line 11B THE TRUSTEE RECEIVED AND REVIEWS	THE FORM 990
Form 990, Part VI, Section B, Line 12C: THE ORGANIZATION COMPLIES WITH TH	E SAME POLICY AND
ENFORCEMENT OF TRUSTEE	
Form 990, Part VI, Section C, Line 19 NO DOCUMENTS AVAILABLE TO THE PUBL	<u>lic</u>
Form 990, Part XI, Line 9 NET ADJUSTMENTS INCLUDE COST BASIS, MUTUAL F	FUND TIMING DIFFERENCE,
PY RETURN OF CAPITAL ADJUSTMENT	•••••
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	••••••

Schedule O (Form 990 or 990-EZ) (2013)	Page	<u> Z</u>
Name of the organization	Employer identification number	
FREDERICK C COLLINS T/W FBO TENNIS	59-6629231	
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Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

									Gross	88 8	Cost, other basis and expenses	other		
						Ī	Total Publ	Total Public Securities		267,24		1		
						ĭ	Total Non-Public Securities Total Other Sales	other Sales		0 0		00		
		Check if	Check if									Expense		
		- G	gain/loss is	Check if					_	Cost or other basis	ner basis	of sale and		
,	:		non public	purchasel is a		Date	Acquisition	Date	Gross sales		Donated	improve-		Description of
1 AOR MANAGED FITTIRES S	CUSIP#	secuntres	securities	pusiness	Purchaser	acquired 7/12/2013	method	sold 10/9/2013	7 321	Cost 7 581	value	ments	Depreciation	Basis Method
ARTISAN INTERNATIONAL	04314H204	×				8/26/2011		7/10/2013	3,448	2,660				
3 ARTISAN INTERNATIONAL F	04314H204	×				8/26/2011		10/9/2013	1,261	921				
7	04314H204	×		+		8/26/2011		1/21/2014	2,088	1,412				
6 ARTISAN MID CAP FUND-IN	04314H600	××				2/11/2013		10/9/2013	2,158	2,0/5				
Т	04314H600	×				2/11/2013		4/22/2014	3.739	3,127				
8 CREDIT SUISSE COMM RET	22544R305	×				9/1/2011		10/9/2013	7,298	9,452				The second secon
	22544R305	×				9/1/2011		4/22/2014	3,018	3,650				
10 DIAMOND HILL LONG-SHOR		×				9/1/2011		7/10/2013	5,130	3,979				
12 DODGE & COX INT STOCK	256206103	××				7/12/2006		10/9/2013	2,139	2,517				
13 DODGE & COX INTL STOCK		×				7/12/2006		1/21/2014	1,382	1,234				
14 DODGE & COX INCOME FD		×				2/11/2013		7/10/2013	10,556	10,902				And the second s
15 DODGE & COX INCOME FD		×				2/11/2013		1/21/2014	1,489	1,512	Ì			THE PROPERTY OF THE PROPERTY O
16 DREYFUS EMG MKT DEBT I	261980494	×				5/25/2011		10/9/2013	427	451				
17 DRETFUS EMG MKT DEBT I		××				8/28/2011		10/9/2013	398	717				
19 DREYFUS FMG MKT DEBT	1	××				8/10/2012		10/9/2013	10 289	10 652				
20 DRIEHAUS ACTIVE INCOME		×				2/11/2013		1/21/2014	4.011	3,988		-		
21 DRIEHAUS ACTIVE INCOME	262028855	×				7/12/2013		1/21/2014	3,236	3,215				
	367829884	×				8/10/2012		7/10/2013	18,564	18,147				
23 GATEWAY FUND - Y #1986	367829884	×				2/11/2013		7/10/2013	8,434	8,335				
	411511504	×>				2/11/2013		7/10/2013	15,269	14,103				
7	411511504	<b>\</b>				8/10/2012		10/0/2013	151	124				
27 HARBOR CAPITAL APRCTIC	411511504	×				5/25/2011		10/9/2013	3,099	2,376				and the second s
28 HARBOR CAPITAL APRCTIC	1 1	×				11/21/2012		1/21/2014	1,274	918				
29 HARBOR CAPITAL APRCTIC		×				5/25/2011		1/21/2014	2,407	1,630				
30 ISHARES CORE S & P 500 E	46428/200	×;				8/30/2011		7/10/2013	332	244				
32 ISHARES CORE S& P 500 F	1.	××		-		8/8/2017		1/21/2013	1 110	10,360				
33 KALMAR GR W/ VAL SM CA	1	×				2/11/2013		1/21/2014	1,955	1,502				
KEELEY SMALL	487300808	×				5/10/2012		1/21/2014	273	179				
35 KEELEY SMALL CAP VAL FO	487300808	×				12/17/2010		1/21/2014	728	471				
Т	518550655	×				9/1/2011		4/22/2014	11,842	13,770				
	51855(2655	× >				2/14/2012		4/22/2014	1,993	2,142				
1	518550655	<×				1/23/2014		4/22/2014	2.576	2,526				
40 MFS VALUE FUND-CLASS I	552983694	×				5/10/2012		7/10/2013	1,748	1,403				
$\overline{}$	552983694	×				2/11/2013		7/10/2013	6,249	5,641				
$\neg$	552983694	×				5/25/2011		7/10/2013	4,240	3,386				
44 ASS CLOBAL ALTERNATIVE	552983694 63872T005	×>				5/25/2011		1/21/2014	1,824	1,330				AMPHICA PROPERTY OF THE PROPER
45 OPPENHEIMER DEVELOPIN	683974505	×				5/25/2011		10/9/2013	6,003	5 729				
	693390700	×				8/10/2012		7/10/2013	5,856	6.279				
$\overline{}$	693390700	×				5/10/2012		7/10/2013	3,811	4,018				
48 RIDGEWORTH SEIX HY BD-	76628T645	×				2/14/2012		1/21/2014	203	199				
$\neg \tau$	766287645	×				7/12/2013		1/21/2014	5,894	6,008				
50 RIDGEWORTH SEIX HY BD-	76628T645	×;	+	1		8/26/2011		1/21/2014	11,522	10,950				
53 T ROWF PRICE SHORT TER	7795701045	<b>&lt;</b> >		-		2/11/2013		4/22/2014	7,664	7 744				
53 SPDR DJ WILSHIRE INTERN	78463X863	×				5/23/2011		4/22/2014	934	872				
	922042858	×				12/17/2010		10/9/2013	5,734	6,596				
55 VANGUARD FTSE EMERGIN	922042858	×				277/2013		1/21/2014	6,208	6,948				
	922042858	×		-		12/17/2010		1/21/2014	5,186	6,219				

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

				[					-	_[	Ţ	$\neg$
								Description of	Basis Method			
									Depreciation			
Cost, other	basis and expenses	250,315	0	0	Expense	of sale and	cost of	ımprove-	ments			
Cost,	basis and					Cost or other basis	(Enter one field only)	Donated	value			
SS	es	267,249	0	0		Cost or ot	(Enter one		Cost	681	382	
Gross	sales		,					Gross sales	price	792	432	8,683
<b>!</b>		Total Public Securities	Total Non-Public Securities	Total Other Sales				Date	sold	4/22/2014	4/22/2014	
		Total Publ	otal Non-Publ	Total				Acquisition	method			
			ř					Date	acquired	11/19/2012	10/9/2013	
									Purchaser			•
						Check If	purchaser	S S	pusiness			
					Check If Check If	gain/loss is   gain/loss is   Check if	from sale from sale of	of public non public	securities			
					Check If	gain/loss is	from sale	of public	secunties	×	×	×
									CUSIP #	922908553	922908553	
									Description	57 VANGUARD REIT VIPER	58 VANGUARD REIT VIPER	59 L/T CAPITAL GAIN DIVIDENT

Security Type	EIN 59-6679731	CUSIP 999997944	Asset Name SECLIRED MARKET DEPOSIT ACCOUNT	FMV Fe	Fed Cost 22601.04
Savings & Temp Inv	59-6629231	99999944	SECURED MARKET DEPOSIT ACCOUNT	7596.93	7596 93
			Total Savings & Temp Inv	30197.97	30197.97
invest - Other	59-6629231	04314H204	ARTISAN INTERNATIONAL FUND #661	35517.85	24287.94
Invest - Other	59-6629231	256210105	DODGE & COX INCOME FD COM #147	53526.64	50330.1
Invest - Other	59-6629231	411511504	HARBOR CAPITAL APRCTION-INST #2012	52935.85	35012.88
Invest - Other	59-6629231	589509108	MERGER FD SH BEN INT #260	23998.23	23616.32
Invest - Other	59-6629231	693390700	PIMCO TOTAL RET FD-INST #35	54099.96	52090.86
Invest - Other	59-6629231	693390882	PIMCO FOREIGN BD FD USD H-INST #103	18162.95	17347.25
Invest - Other	59-6629231	77957P105	T ROWE PRICE SHORT TERM BD FD #55	44611.52	44839.7
Invest - Other	59-6629231	04314H600	ARTISAN MID CAP FUND-INS #1333	31385.62	24577.02
Invest - Other	59-6629231	315920702	FID ADV EMER MKTS INC- CL I #607	11700 64	11632.11
Invest - Other	59-6629231	464287200	ISHARES CORE S & P 500 ETF	14486.78	10129.28
Invest - Other	59-6629231	51855Q655	LAUDUS MONDRIAN INTL FI-INST #2940	18295.07	20344.32
Invest - Other	59-6629231	277923728	EATON VANCE GLOBAL MACRO - I #0088	11850.41	12135.72
Invest - Other	59-6629231	256206103	DODGE & COX INT'L STOCK FD #1048	36565.07	23978.15
Invest - Other	59-6629231	552983694	MFS VALUE FUND-CLASS I #893	36155.58	25813.9
Invest - Other	59-6629231	261980494	DREYFUS EMG MKT DEBT LOC C-1 #6083	28251.65	28927.04
Invest - Other	59-6629231	262028855	DRIEHAUS ACTIVE INCOME FUND	31716.27	31306.72
Invest - Other	59-6629231	339128100	JP MORGAN MID CAP VALUE-I #758	22106.4	14341.1
Invest - Other	59-6629231	63872T885	ASG GLOBAL ALTERNATIVES-Y #1993	19688.72	20054.94
Invest - Other	59-6629231	922908553	VANGUARD REIT VIPER	28883.58	21416.66
Invest - Other	59-6629231	922042858	VANGUARD FTSE EMERGING MARKETS ETF	13472.56	14178.78
Invest - Other	59-6629231	4812C0803	JPMORGAN HIGH YIELD FUND SS #3580	11967.79	11952.98
Invest - Other	59-6629231	77958B402	T ROWE PRICE INST FLOAT RATE #170	7938 74	7969.63
Invest - Other	59-6629231	683974505	<b>OPPENHEIMER DEVELOPING MKT-Y #788</b>	39764.29	37797.73
Invest - Other	59-6629231	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	28242.62	26253.39
Invest - Other	59-6629231	252645833	DIAMOND HILL LONG-SHORT FD CL I #11	16635.82	12048.57
Invest - Other	59-6629231	76628T645	RIDGEWORTH SEIX HY BD-I #5855	20119.91	18947.1
Invest - Other	59-6629231	483438305	KALMAR GR W/ VAL SM CAP-INS #4	14694.63	11516.69
Invest - Other	59-6629231	22544R305	CREDIT SUISSE COMM RET ST-I #2156	38271.67	42769.36
Invest - Other	59-6629231	487300808	KEELEY SMALL CAP VAL FD CL I #2251	15181.21	9795.85
			Total Invest - Other	780228.03	685412.09

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