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'_{Form} 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury

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

Inter	nal Revenu			Information at							20/004		pection	
<u> </u>				or tax year begi		7/1/201		, and e	nding		30/2014	ication num		
$\overline{}$		applicable	C Name of or Doing Busi		artna Torok C	haritable Trus	<u> </u>			D Employ	eridenui	icauon num	Der	
ш	Address	change		nd street (or PO box	of mail is not de	wared to street as	idrocc) [loom/suite		23-783976	20			
	Name ch	ange		Roth, Esquire,			101633)	OOMBUILE		E Telepho		er		
$\overline{\Box}$	initial retu	ım	City or tow		123 1401013	State	<u>_</u>	IP code		1		•		
ᆜ	miliai ieu	J111	Allentown	т		PA		8102		<u>610-434-1</u>	<u>517</u>			
Ш	Terminate	ed		ountry name	Foreign pro	vince/state/county		oreign postal	code					
\Box	Amended	d return	lg.	· · · · · · · · · · · · · · · · · · ·			,			G Gross re	ceipts \$		89	9,443
\equiv			E Name and							 				
Ш	Application	on pending	r Name and	address of principal	Onicer					his a group retur		ř	Yes X	=
			<u>└</u> ╤						1	e all subordina		•	Yes	No
<u>L</u>	Tax-exem	pt status	X 501(c))(3) 501(c) () ◀ (i	nsert no)	4947(a)(1) o	527] If	"No," attach a	list (see	instructions)		
J	Website	e: ► N/A	Α						H(c) Gr	oup exemptio	n number	•		
K.	Form of o	rganization	Corpo	oration X Trust	Associatio	n Other ▶		L Yea	ar of form	ation 1990	s M s	State of legal	domicile	PA
	art l		mmary							100	- -			-17
	1			organization's r	nieelon or m	net ejanificant	activities	Invo	ctment	of trust ass	ets for	the		
ģ		-		eneficiary, The C		-				OI II USL ass	era ioi			
Activities-& Governance				Saints, for the l						rmed co	noron	ations		
Ĕ														
ĕ	2			if the organ		•		r disposed	of mor	e than 25%	of its	net assets		
O,	3		_	nembers of the g			•				3_			<u> 3 </u>
Š	4			dent voting men							4			3
ij	5			ividuals employe			Part V, Iın	e 2a)			5			0
- ≩.	6			unteers (estimat							6			
		Total un	related busi	iness revenue fr	om Part VIII	column (C), I	line 12				7a			0
(<u>/ b</u>	Net unr	elated busin	ess taxable inco	ome from Fo	rm 990-T, line	34				7b			0
										Prior Year		Cui	rrent Year	
e	8		-	grants (Part VIII,	.0	RECEI	ンドウ	7			0			0
Revenue	9			venue (Part VIII		The second secon	<u> </u>				<u>0</u>			0
Š	10			(Part VIII, colun				S			59,296	L	8	9,435
œ	11			t VIII, column (A							0			0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 92) Grants and similar amounts paid (Part IX, column (A), lines 1,-3)								59,296		8	9,435	
	13	Grants	and similar a	amounts paid (F	Part IX, <mark>i</mark> colun	O & thresh	-3) 1Tr	=		1	25,000		9	0,000
	14	Benefits	s paid to or f	for members (Pa	art IX, colum	1-(A), line 4)	1 6				0			0
S	15	Salaries	s, other compo	ensation, employ	ree benefits (F	Part IX, column	(A), lines	5–10)			0			0
us.	16a	Profess	sional fundra	iising fees (Part	IX, column (A), line 11e)					0			0
Expenses	b	Total fur	ndraising ex	penses (Part IX	, column (D)	, line 25) 🕨		0	712		REC.	THE	RECT.	
ŵ	17	Other e	xpenses (Pa	art IX, column (A	A), lines 11a-	-11d, 11f-24e))				1,698			1,510
	18	Total ex	cpenses Add	d lines 13-17 (m	nust equal P	art IX, column	(A), line 2	25)		1	26,698		9	1,510
	19	Revenu	ie less expe	nses Subtract I	ine 18 from I	ine 12					67,402		-/	2,075
Net Assets or									Begin	ning of Curre	nt Year	En	d of Year	
sets For	20	Total as	ssets (Part X	(, line 16)						1,2	17,221		1,21	5,146
Ş A	21	Total lia	abilities (Part	X, line 26)							0			0
ž	22_	Net ass	sets or fund t	balances Subtra	act line 21 fr	om line 20				1,2	17,221		1,21	5,146
	art II	Sig	gnature Bl	ock		-			_					
				t I have examined the								ge		
and	belief, it	is true, com	ect and comple	ete Declaration of pr	eperer (other the	in officer) is based	d on all inform	nation of which	h prepare	er has any kno	wledge	2 /		
Si	an		Water	-CHE-	Light	- John A	Harr	, Kinaki	nit		1//2	<u> 2114</u>		
	ere	[Signature of o			•	. /			Date	. /	/		
				H Rinehart and	D Trotter	_		Co-	Trustee	<u>s</u>				
_				name and title	11									
_		Pnr	nt/Type prepare	rs grame	11411	reparer's signature	e		Da	te	Chack	☐ # PT	IN	
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		I Fire	e zearbhe a'm	123 N 5TH ST	REFLAILE	MILLIVVIN PA	はいしと			Dhone no	610-	434-1517		

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

X Yes

	990 (2013)	Martha Torok Charitable Trust	23-7839769	Page 2
<u>Pa</u>	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 See Att	describe the organization's mission		
	See Au	acned		
	5			
2	the pric	organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ? " describe these new services on Schedule O	Yes	X No
3	Did the service	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
4	Describ expens	" describe these changes on Schedule O be the organization's program service accomplishments for each of its three largest program services ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al al expenses, and revenue, if any, for each program service reported		
4a	(Code See Att			
4b	(Code) (Expenses \$ including grants of \$) (Revenue		
		·		
4c	(Code) (Expenses \$ including grants of \$) (Reveni	ue \$)
			·	
			·	
		·		
4d		program services (Describe in Schedule O)		
4e	(Expen	ses \$ 0 including grants of \$ 0) (Revenue \$	0)	

Part IV Checklist of Required Schedules

g quantities of the state of th	•			Yes	No
2 Is the organization required to complete Schedule B, Schedule C Contributors (see instructions)? 3 Did the organization engage an efrect or indrect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501((s)) organizations on bid the organization engage in lobbying activities, or have a section 501((h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II 4 List the organization a section 501((c)(s), 501((c)(s), or 501((c)(s), or 501((c)(s), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 If "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment. Instoric land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts for listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 9 Did the organization report an amount for investments—office organization services? If "Yes," complete Schedule D, Part VI 10 Did the organization separate and account services as a custodian for amount for any of the following questions is "Yes," complete Schedule D, Part VII 10 Did the organization as applicable 11 Death and the proparation of the part A in the service of the services of th	1		1	x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "I'ves," complete Schedule C, Part I I 4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the law year? I "ves," complete Schedule C, Part II 5 Is the organization asscrion \$01(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization review or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization memoration accounts resulting the part of the environment, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed or particular	2		\rightarrow		X
4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "res," complete Schedule C, Part III 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 38-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II II Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II II Did the organization more of 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 conselling, debt management, credit repair, or debt negotiations ervices? If "Yes," complete Schedule D, Part IV II II the organization, furectly or through a related organization, hold assets in temporarity restricted endowments, or quase-endowments? If "Yes," complete Schedule D, Part V II II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II II the organization report an amount for investments—other secunities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II II II a X II I		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // "Yes," <i>complete Schedule D, Part II</i> 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," <i>complete Schedule D, Part III</i> 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? // "Yes," <i>complete Schedule D, Part IV</i> 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V 10 Lift the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 11 If 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? // "Yes," complete Schedule D, Part V/I 12 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? // "Yes," complete Schedule D, Part V/I 13 Did the organization report an amount for other assets in Part X, line 16? // "Yes," complete Schedule D, Part X/I 14 Did the organization sileability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X/I 15 Did the organization answered "No" to line 12a, then completing Schedule D, Parts X/I and X/II 16 Did the organization answered "No" to line 12a, then completing Schedule D, Parts X/I and X/II 17 Did the organization answered "No" to line 12a, then completing Schedule D, Parts X/I and X/II 18 Did the organization assetsmen		·	ا ۔	Į	v
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omplete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization receit or through a related organization, hold assets in temporanily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V if the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part V if the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part V if the Organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part V if the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part V if the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X if the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X if the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X if the organization report an experiment is a transmitted in Part X, line 25° If "Yes," complete Schedule D, Part X if the organization included in consol	R	· · · · · · · · · · · · · · · · · · ·	-		
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and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 III and IV In 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 In the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		,	12a		X
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	9				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		If "Yes," complete Schedule G, Part III	19		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			20a		
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Martha Torok Charitable Trust 23-7839769 Page 4 Part 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 19 If "Yes," complete Schedule I, Parts I and II 21 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 27 If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Х 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L. Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, % A Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

38

Х

, al	Check if Schedule O contains a response or note to any line in this Part V			\Box
	The stricture of contained a responde of note to diffy line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			<u> </u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		_	
	gaming (gambling) winnings to prize winners?	1c	X	
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		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3.032		Mary Chips
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	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>
70	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)?	4a	,	x
b	If "Yes," enter the name of the foreign country	7a		l-^
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		'	
_	gifts were not tax deductible?	6b	<i>a</i> . <i>y</i>	ـــــ
7	Organizations that may receive deductible contributions under section 170(c).	, ,	# 44.	## ·
а	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?		*	-5-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/6		-
-	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~~~ * ~	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	~		2 × • @
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	140	% . :	4 6
9	organization, have excess business holdings at any time during the year?	8		X
a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
10	Section 501(c)(7) organizations. Enter	30		1
а	Initiation fees and capital contributions included on Part VIII, line 12	~		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	,	
11	Section 501(c)(12) organizations. Enter	1 ,		ĺ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		*	. 3
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year] \		İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
b	Note. See the instructions for additional information the organization must report on Schedule O			
U	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	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		┢

Part VI

Martha Torok Charitable Trust

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

Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3			
	If there are material differences in voting rights among members of the governing body, or]]	Ì
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O			l	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	* ·** 45		
	any other officer, director, trustee, or key employee?		2		<u> </u>
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	er person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5	_	Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	S ,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	, * w p	. (//	· # .
	the year by the following	•	15,30	18.	,
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Х	
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		Ì.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	Territoria de la companya della companya della companya de la companya della comp	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
ь	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
40	describe in Schedule O how this was done		12c		· · ·
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro			,	ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
a	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
р	Other officers or key employees of the organization		15b		├
40-	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 arrang	gement		<u> </u>	
_	with a taxable entity during the year?		16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe the organization's exempt status with respect to such arrangements?	eguard	405		
Saat			16b	<u> </u>	<u> </u>
<u>3ect</u> 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	00-T (Section 501/c)/2	e onl	٠ ۱	
. •	available for public inspection. Indicate how you made these available. Check all that apply	0-1 (0ection 30 f(c)(3)	is Utily	1)	
		xplaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,		cv an	nd	
	financial statements available to the public during the tax year	commer or interest pon	cy, ai	Ju	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization ► Larry R Roth, Esquire	610-434-151	7		
	123 North 5th Street, Allentown, PA 18102				

,Form 990 (2013)	Martha Torok Charitable Trust									23-78397	69 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C	•	es, K	еу	Em	plo	yee	s, F	lighest Comp	ensated	
•	Check if Schedule O contains a re		te to	any	y lin	e ir	n this	Pa	art VII		\square
Section A.	Officers, Directors, Trustees, Key E										
1a Complete to organization's	this table for all persons required to be I	listed Report co	mper	satı	on f	or ti	he ca	lend	dar year ending v	with or within the	
• List all	of the organization's current officers, di						luals	or o	rganizations), re	gardless of amo	unt
	ion Enter -0- in columns (D), (E), and (I										
	of the organization's current key emplo organization's five current highest com										vee)
who received	reportable compensation (Box 5 of Formand any related organizations										, 00,
	of the organization's former officers, ke	y employees, ar	nd hig	hes	t co	mpe	ensate	ed e	employees who r	eceived more th	an
\$100,000 of re	eportable compensation from the organ	ization and any	relate	d or	rgan	ıızat	ions				
	of the organization's former directors o more than \$10,000 of reportable compe										the
	n the following order undividual trustees		-						•		
	employees, and former such persons	or directors, ins	ontane	n iai	uus	ncc.	3, 0111	· ·	s, key employees	s, riigriest	
X Check th	is box if neither the organization nor any	y related organiz	ation	cor	npe	nsat	ted a	ny c	urrent officer, dir	ector, or trustee	
					((C)					
	(A)	(B)	(do	not cl		ition more	than o	one	(D)	(E)	(F)
	Name and Title	Average hours per	box.	unle	ss pe	rson	ıs both or/trust	an	Reportable compensation	Reportable compensation	Estimated amount of
		week (list any hours for			1	_		_	from the	from related organizations	other compensation
		related	Individual trustee or director	tt	Officer	em	hest	ag .	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		organizations below dotted	or all	malt		employee	e comp		(VV-2/1099-MISC)		organization and related
		line)	stee	Institutional trustee		ď	Highest compensated employee				organizations
				ď]	ated	ŀ			
(1) Dwayn	e Hansen	1 00	1								
Co-Trustee (2) Harry F	Pinchart	1 00	X	├	-	-	-	├			
(2) Harry F Co-Trustee	Mileralt	1	X								
	s Trotter	1 00						†			
Co-Trustee			X	<u> </u>	_	ļ					
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(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (27) (28) (29) (20) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (27) (28) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (25) (26) (27) (27) (27) (28) (27) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (25) (27) (25) (27) (27) (28) (27) (28) (27) (28) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (25) (27) (27) (28) (27) (28) (29) (20) (21) (21) (22) (22) (23) (24) (25) (25) (25) (27) (27) (28) (27) (28) (27) (28) (29) (27) (28) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (25) (27) (25) (27) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (29) (27) (28) (29) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (27) (25) (27) (27) (28) (27) (28) (27) (28) (27) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (28) (29) (20) (20) (21) (21) (21) (22) (22) (23) (24) (25) (25) (27) (27) (27) (27) (27) (27) (27) (27	(15)							<u>e</u>						
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Sub-total Downward Downward											·	 		
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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) (B) (C) Compensation Compensation	5										vidual		×	
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Name and business address Description of services Compensation		Complete this table for your five highest compecompensation from the organization. Report compensation from the organization.	ensated indepen	dent the c	cont	ract dar	tors yea	that i	rece	eived more than with or within the	\$100,000 of e organization's	s tax		_
2 Total number of independent contractors (including but not limited to these listed above) when			Iress								vices			
2 Total number of independent contractors (including but not limited to these listed above) when														0
2 Total number of independent contractors (including but not limited to these listed above) when														0
2 Total number of independent contractors (including but not limited to these listed above) when					_				<u> </u>					0
2 Total number of independent contractors (including but not limited to these listed above) where									 					0
	2	Total number of independent contractors (inclu-	ding but not limit	tad ta	the	co 1	ict-	d aba		14/ho ===== 1				0

Par	VIII	Statement of Revenue Check if Schedule O contains	s a response	or n	ote to any line in	this Part VIII			
		Cheskin Gohedale & contains		. 01 110	se to drift line ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a	0				
iran	b	Membership dues		1b	0				
B, G	С	Fundraising events		1c	0				
la gif	d	Related organizations		1d	0				
Sim.	е	Government grants (contribution	•	1e	0				1
ig ig	f	All other contributions, gifts, gran			_				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		1f	0				
Con	g h	Noncash contributions included in I Total. Add lines 1a–1f	lines ra-11	\$	<u>0</u>				
- e		roun, roa mico ra m		-	Business Code				
Program Service Revenue	2a			. [С			
Re	b			. [C			
vice	С					С		-	
Ser	d					c	+	<u> </u>	<u> </u>
ā	е			.		C)		
- GO	f	All other program service revenu	ıe	Į		C			
	g	Total. Add lines 2a–2f			>	c	, ,		. , , , , , , , , , , , , , , , , , , ,
	3	Investment income (including div	vidends, inte	rest,	and	05.745			
	4	other similar amounts)	womnt hond		oods •	85,713	· -		
	4 5	Income from investment of tax-e Royalties	exempt bond	proc	eeas -	C	-		
	3	Noyalies	(ı) Real		(II) Personal		<u>' </u>	, , ,	4 4 4 5 5
	6a	Gross rents			,,				
	b	Less rental expenses							
	С	Rental income or (loss)		0	0	1 . ' ' '	1		
	d	Net rental income or (loss)			•	C			
	7a	Gross amount from sales of	(ı) Securiti	es	(II) Other	^ , ~ \$, ^	2 1 2 3 2	\$ 44 .4 1 3	1 , %
		assets other than inventory		20	3,710				" " "
	b	Less cost or other basis				A 1. 2. 4 . 4 . 4			* * * * *
		and sales expenses		8	0				
	С	Gain or (loss)		12	3,710				
	d	Net gain or (loss)			•	3,722	2		*
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c)	а	0	, ,			4 m 2 4
the	ь	Less direct expenses		b	0	1			
0	С	Net income or (loss) from fundra	aising events	•	>	(<u> </u>		
	9a	Gross income from gaming activ	_	ĺ					
		See Part IV, line 19		а	0				
		Less direct expenses		b	. 0			The second secon	
		Net income or (loss) from gamin	ig activities			()		
	10a	Gross sales of inventory, less							
		returns and allowances		а	0		-	< ×	, ,
		Less cost of goods sold		b	0			, , , , , , , , , , , , , , , , , , , ,	
	<u>_</u>	Net income or (loss) from sales	of inventory		<u> </u>	1	<u> </u>	<u> </u>	
	44-	Miscellaneous Revenue			Business Code				* ×
	11a					(
	b							 	
	C d	All other revenue						 	
	e	Total. Add lines 11a–11d							<u> </u>
	12	Total revenue See instructions				89 43		 	<u> </u>

	on 501(c)(3) and 501(c)(4) organizations must complete all (columns All other or	rannizatione must o	omplete column (A)	
Secin	·			ompiete column (A)	
	Check if Schedule O contains a response or note				
Do 1 7b,	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>
	organizations in the United States See Part IV, line 21	90,000	90,000		
2	Grants and other assistance to individuals in the	ļ į			
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_			
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
6	trustees, and key employees	0		<u></u> .	_
•	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	Ö			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	ol			
b	Legal	1,165	1,165		
С	Accounting	0			
đ	Lobbying	0			-
е	Professional fundraising services. See Part IV, line 17	0	, r. 8 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. 4 4.4	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0		· · · · · ·	·
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0			
19 20	Conferences, conventions, and meetings Interest	0			<u> </u>
21	Payments to affiliates	0		· - 	
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	0		- 0	C
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				•
	(A) amount, list line 24e expenses on Schedule O)				₹
а	Foreign Tax Withheld	345	345		
b		0			
C		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	91,510	91,510	0	0
26	Joint costs. Complete this line only if the				•
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if			Ì	
	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 End of year

				(A)		(B)
	1	Cash—non-interest-bearing		Beginning of year		End of year
	2			27,312	1	25,245
	3	Savings and temporary cash investments Pledges and grants receivable, net			2_	
	4	Accounts receivable, net		0	3	0
	5			0	4	0
	"	Loans and other receivables from current and for		search of the section of the second of the section	- + PERMINEN	enter per - spirite at Na pare - etal P (rese V etal - In
		trustees, key employees, and highest compens Complete Part II of Schedule L	ated employees		5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section		,	
	`	4958(f)(1)), persons described in section 4958(c)(3)(B), a			, ,	· ** *
		sponsoring organizations of section 501(c)(9) voluntary e		4 4 8 4 3 44 7	·	
ţ		organizations (see instructions) Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net		0	7	0
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	1 1	, » } \ , , -	3	^ r*
	.04	other basis Complete Part VI of Schedule D	10a 0	* * * * * * * * * * * * * * * * * * * *	4 .	, , , , , , , , , , , , , , , , , , ,
	Ь	Less accumulated depreciation	10b 0		10c	0
	11	Investments—publicly traded securities	[100]	1,189,909	11	1,189,901
	12	Investments—other securities See Part IV, line	11	1, 109,909	12	1, 109,901
	13	Investments—program-related See Part IV, line		0	13	0.0
	14	Intangible assets	- 11	0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,217,221	16	1,215,146
	17	Accounts payable and accrued expenses	ai iiile 34)	1,211,221	17	1,215,140
	18	Grants payable and accided expenses			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete		21		
s	22	Loans and other payables to current and forme	* * * *	<u> </u>	, , , , ,	
itie	~~	trustees, key employees, highest compensated			4. :	. > . *
Liabilities		disqualified persons Complete Part II of Sched		were your and the control of the con	22	t to a company of the
Ë	23	Secured mortgages and notes payable to unrel		0	23	0
	24	Unsecured notes and loans payable to unrelate	•	0	24	0
	25	Other liabilities (including federal income tax, pa	•		24	
		parties, and other liabilities not included on line	•			
	1	Part X of Schedule D	3 17-24) Complete	o	25	_
	26	Total liabilities. Add lines 17 through 25		0	26	0
			8) -tt-b	, , ,		
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 95) complete lines 27 through 29, and lines 33 a		•		
ä	27	Unrestricted net assets			27	
3al	28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets			29	
Ë		·		, ,		
ř		Organizations that do not follow SFAS 117 (ASC958),	check here in and	* * , *		**
ts c		complete lines 30 through 34.				
Se	30	Capital stock or trust principal, or current funds		1,103,092	30	1,105,649
As	31	Paid-in or capital surplus, or land, building, or e			31	
é	32	Retained earnings, endowment, accumulated in	ncome, or other funds	114,129	32	109,497
~	33	Total net assets or fund balances		1,217,221		1,215,146
	34	Total liabilities and net assets/fund balances		1,217,221	34	1,215,146

Form 9	990 (2013) Martha Torok Charitable Trust	23-	7839769	Pag	e 12
Part	XI Reconciliation of Net Assets				
٠	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		89	,435
2	Total expenses (must equal Part IX, column (A), line 25)	2		91	,510
3	Revenue less expenses Subtract line 2 from line 1	3		-2	,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,217	,221
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,215	,146
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			- {	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,···,]	,
	Schedule O		.4. (, ,	*,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		58	"``	
	reviewed on a separate basis, consolidated basis, or both		1		* *
	Separate basis Consolidated basis Both consolidated and separate basis				i / ^ \
b	Were the organization's financial statements audited by an independent accountant?		2b	' ^]	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		150.4		1.
	separate basis, consolidated basis, or both		,"	Ž., 1	2
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of		35°	13
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	J1	2c	2.2	ì
	If the organization changed either its oversight process or selection process during the tax year, explain in		_¥`.		,
	Schedule O			Mid	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		<u> </u>	-i	
	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		3b		
				990	(2013)

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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.

Internal Revenue Service Name of the organization

Martha Torok Charitable Trust

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

23-7839769

Par	tΙ	Reason	for Public Ch	arity Status (All org	ganızatio	ns must	complete	this par	t) See ii	nstructio	ns.		
The	organ			ition because it is (For							_		
1		A church, cor	nvention of chur	ches, or association of	churches	described	I ın sectio	n 170(b)(1)(A)(i).				
2		A school des	cribed in sectio i	n 170(b)(1)(A)(ii). (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative he	ospital service organiza	ation desc	ribed in s e	ection 17	0(b)(1)(A)	(iii).				
4	\Box			tion operated in conjun						(1)(A)(iii).	. Enter t	he	
			me, city, and sta						,	(-)()()			
5				the benefit of a college Complete Part II)	e or univer	sity owne	d or opera	ated by a	governme	ntal unit o	lescribe	d	
6				ernment or government	al unit des	scribed in	section 1	70/h)/1)//	1 1/v1				
7		An organizat	on that normally	receives a substantial 1)(A)(vi). (Complete Pa	I part of its					rom the g	enerai p	ublic	
۰							II \						
8 9	H			in section 170(b)(1)(A		•	•				_		
3		receipts from support from acquired by t	activities relate gross investmenthe the organization	r receives (1) more that d to its exempt function nt income and unrelate after June 30, 1975 S	ns—subje ed busines ee sectio	ct to certa s taxable n 509(a)(2	in exception income (le 2). (Complete 2).	ons, and (ess sectio lete Part I	(2) no moi n 511 tax) II)	re than 33	3 1/3% c	fits	5
10	\square	An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	ıfety See	section 5	i09(a)(4).				
11	X	purposes of 6 509(a)(3). Ch	one or more pub neck the box tha	nd operated exclusively plicly supported organize t describes the type of	ations des	scribed in g organiza	section 50 ition and o	09(a)(1) o com <u>ple</u> te	r section (lines 11e (509(a)(2) through 1	See se 1h		
	a Type I b Type II c Type III-Functionally integrated d X Type III-Non-functionally integrated												
е	X			that the organization i									
				n managers and other	than one	or more p	ublicly su	oported or	ganızatıo	ns describ	oed in se	ection	
			section 509(a)(2	•									
f				written determination	from the I	RS that it	ıs a Type	I, Type II,	or Type II	I supporti	ng		_
_		_	check this box	h1									L
g		following per		he organization accept	ted any gr	nt or contri	bution fro	m any of t	ine				
				or indirectly controls, e	ther alone	or togoth	or with no	arcone do	noribod in	/u\		Yes	l Na
				erning body of the sup				ersons de	scribed in	(11)	44-63	res	No X
				person described in (i)		gai ii Zalioi i	•				11g(i)		x
				of a person described		ıı) above?					11g(ii) 11g(iii)		X
h				ition about the supporte		•					119(11)		
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	the organ	rou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	(vII) Am	ount of mo	onetary
					Yes	No	Yes	No	Yes	No	1		
(A)													
	Corpo	oration of the	23-7300405	1	X		X		X				0,000
(B)													
	dent	of the Church			<u> </u>				ļ		ļ		
(C) of le	eue C	Christ of											
(D)	sus C	אייופנ טו			 	 		 -	ļ		 		
	r-Dav	/ Saints			1								
(E)		, Junito			!	 		 -	 		+		
]				
Total		4										· · · ·	90.000

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III)	Page 2 under (f) Total 0 0 0	niled to qualify Part III)	rganization fa se complete l	art I or if the o d below, plea	, 7, or 8 of Pa	box on line 5	(Complete only if you checked the Part III. If the organization fails to					
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) I Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues level for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The value of services or facilities furnished by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross recepts from related activities, (see instructions) 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. Computation of Public Support Percentage Public support percentage from 2012 Schedule A, Part II, line 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 133 137% support test—2013. If the organization did not check to box on line 13 or 16a, and line 15 is 33 1/3% or more, check and stop here. The organization qualifies as a publicly supported organization.	(f) Total 0 0	niled to qualify Part III)	rganization fa se complete l	art I or if the o d below, plea	, 7, or 8 of Pa	box on line 5	(Complete only if you checked the Part III. If the organization fails to	-				
Section A. Public Support Calendar year (or fiscal year beginning in) Gale Support	0				the tests liste	qualify under						
Section A. Public Support Calendar year (or fiscal year beginning in) Gale Support	0					<u> </u>						
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1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business a 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) 1 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 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 Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check and stop here.	0		- `-' 	(6) 2011	(b) 2010	(a) 2009						
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Include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of fotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support. Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 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 Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. First five years. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check and stop here. The organization qualifies as a publicly supported organization.	0						-	•				
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 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, or more, or more test—2012. 	0 00%			(17)				15				
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b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, or	▶ [
have and star bear. The assessment of the second star bear and the seco												
box and stop here. The organization qualifies as a publicly supported organization												
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14	172											
	174											
is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain												
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported											
organization							<u> </u>					
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	▶ [Ø				
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Exp	▶											
	n in	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly										
	▶ □	Dilciy	supported organization									
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	▶ □	•										
instructions	▶ □	•	7b, check this b	16b, 17a, or 1	on line 13, 16a	ot check a box of	Private foundation. If the organization did n	18				

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.)

Sec	tion A. Public Support			-			
Cale	ndar 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")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					ı	
	in any activity that is related to the					1	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an	1					
_	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						_
E	its behalf						0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3	-				-	
	received from disqualified persons	į					0
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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	Miller water	to the same		At Joseph and	7 % 3 % X	
	line 6)				<u> </u>	7 7 7	0
	tion B. Total Support	T	I				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	o	0	ol	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on		:				0
12	Other income Do not include gain or					-	0
	loss from the sale of capital assets						
	(Explain in Part IV)				,		0
13	Total support. (Add lines 9, 10c, 11,			_			
	and 12)	0	l o	О .	0	l ol	0
14	First five years. If the Form 990 is for the organiz			or fifth tax year a	s a section 501(d	c)(3)	
	organization, check this box and stop here			-	·		▶ 🗌
Sec	tion C. Computation of Public Support	t Percentage	-				
15	Public support percentage for 2013 (line 8, column	15	0 00%				
16	Public support percentage from 2012 Schedule A,	16	0 00%				
Sec	tion D. Computation of Investment Inc	ome Percent	age		_		
17	Investment income percentage for 2013 (line 10c,	, column (f) divide	d by line 13, colu	ımn (f))	<u>_</u>	17	0 00%
18	Investment income percentage from 2012 Schedu					18	0 00%
19a	33 1/3% support tests—2013. If the organization						
	not more than 33 1/3%, check this box and stop i						▶ 🔲
b	33 1/3% support tests—2012. If the organization	n did not check a	box on line 14 or	line 19a, and lin	e 16 is more than	n 33 1/3%, and	-
	line 18 is not more than 33 1/3%, check this box a					-	▶ 🛄
20	Private foundation. If the organization did not ch	ieck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶□

	990 or 990-EZ) 2013 Martha Torok Charitable Trust	23-7839769	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, I	ine 10, Part II, line 17a or	· 17b;
•	and Part III, line 12 Also complete this part for any additional information		•
	and tarking and the raise complete the part for any additional information	Cocc mandonoma).	
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	•••••		
			
*			

SCHEDULE 1 (Form 990)

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.

2013	Onen to Public
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OMB No 1545-0047

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Department of the Treasury	► Attach to Form 990.	Open to
Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspec
Name of the organization	Emplo	Employer identification number
Martha Torok Charitable Trust	ole Trust	23-7839769
Part General	Part I General Information on Grants and Assistance	
1 Does the organi	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 cri	the selection criteria used to award the grants or assistance? .	. X Yes

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

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

Schedule I (Form 990) (2013)

Martha Torok Charitable Trust Schedule I (Form 990) (2013)

Pan III	Grants and Other Assistance to Individuals Part III can be duplicated if additional space is		United States. Com I.	plete if the organiza	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
1						
7						
, ,						
4						e e
9						
9						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, line	2, Part III, column	(b), and any other additi	onal information.
art I Line	Part I Line 2 Entire net income is mandated by testamentary trust		to be distributed to The Corporation of the President of the Church	ition of the President o	if the Church	
of Jesus Ch	of Jesus Christ of Latter-Day Saints and trustees merely maintain	y maintain continuin	continuing records as to the amount of distributions to said Church.	ount of distributions to	said Church.	
Frants are	Srants are thereafter made by The Corporation of the President of the Church of Jesus Christ of Latter-Day Saints and records and	President of the Chu	rch of Jesus Christ of I	atter-Day Saints and	records and	
rocedures	nrocedures regarding said grants are maintained by The Corporation of the President of the Church of Jesus Christ of Latter-Day Saints.	e Corporation of the	President of the Chur	ch of Jesus Christ of L	atter-Day Saints.	
		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	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				
_						
						Schedule I (Form 990) (2013

SCHEDULE O (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization	Employer identification number
Martha Torok Charitable Trust	23-7839769
Form 990, Part VI, Section B, Line 11 The Trustees meet annually to review the Form 990 as	
well as a annual accounting of the trust's activities for the taxable year	
Form 990, Part VI, Section A, Line 9 Dwayne Hansen, 1750 Hamlet Drive, Macungie, PA 18062,	
Harry Rinehart, 111 Cornerstone Place, Whitehall, PA 18052, and Douglas Trotter, 1108 Stanley	
Avenue, Bethlehem, PA 18015	
Form 990, Part VI, Section C, Line 19 The organization's governing documents and financial	
statements are made available to the public upon request to the organization	

Name of the organization	Page 2 Employer identification number
*Martha Torok Charitable Trust	23-7839769

MARTHA TOROK CHARITABLE TRUST

Form 990 for Tax Year Ending 6/30/14

Part III Statement of Program Service Accomplishments

Primary Exempt Purpose

The trust's activities are limited to the investment of trust assets for the benefit of its sole beneficiary, The Corporation of the President of the Church of Jesus Christ of Latter-Day Saints, that is to say the Mormon Church, for the benefit of two named local congregations or later formed congregations.

Grants and allocations for the year ending 6/30/14

To: Corporation of the President of the Church of Jesus Christ of Latter-Day Saints:

For the benfit of the local wards

07/24/13 Cash 30,000.00 03/25/14 Cash 60,000.00

Total Grants \$90,000.00

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

								_			
								Description of	Basis Method		
									Depreciation		
other	expenses	8	0	0	Expense	of sale and	cost of	ımprove-	ments		
Cost, other	basis and expenses					ner basis	field anly)	Donated	value		
SS	SS	20	0	3,710		Cost or other basis	(Enter one field only)		Cost	8	
Gross	sales							Gross sales	price	20	3,710
	•	Total Public Securities	Total Non-Public Securities	Total Other Sales				Date	sold	3/24/2014	
		Total Pub	otal Non-Pub	Total				Acquisition	method		
			7					Date	acquired	3/18/2009	
									Purchaser		
						Check if	purchaser	s s	business		
					Check if Check if	gain/loss is gain/loss is Check if	from sale from sale of purchaser	of public non public	securties		
					Check if	gain/loss is	from sale	of public	securities	×	
									CUSIP#		
				:					Description	1 74 shs Regency Energy	2 Long-Term Cap Gain Distr

MARTHA TOROK CHARITABLE TRUST

Part X, line 11, Column B - List of Securities

Form 990 - Tax Year Ending 6/30/14

Shs/ Face	Description	Fiduciary Cost
\$80,000	U.S. Treasury 6.25% due 8/15/23	78,865.81
2,000.00	SPDR Barclays Capital High Yield Bond	76,188.95
2000	AT&T, Inc., New	52,000.00
6301	Alliance Bernstein Global	143,111.14
1000	American Power Corp.	1,658.95
1000	Annaly Capital Management	17,708.95
2000	Apollo Investment Corp	22,917.90
1000	Atlantic Power Corporation	15,378.05
1000	Buckeye Partners UTS, LP	65,542.90
3000	Collectors Universe New	41,517.40
2800	Dreyfus High Yield Strategic Fund	12,588.84
666	Duke Energy Copr.	33,475.47
1000	EnerPlus Res Fund New	21,036.95
100	EOG Resources, Inc.	11,285.95
1000	First Niagara Financial New	10,717.95
3000	ING Prime Rate Trust	14,468.95
2000	John Hancock Prem Div Fund	24,583.55
1251	Kinder Morgan Energy LP	65,895.72
1418	Knightsbrdg Tankers Ordf	37,188.40
2000	Lilly Eli & Company	69,808.95
4000	Linn Energy	101,018.90
3336	MS Emerging Mkts Debt	76,591.39
1000	Nustar Energy LP	35,108.95
1465	Regency Energy Partners	16,023.41
1000	Sun Communities, Inc.	32,808.95
4000	Windstream Corporation	49,825.31
4000	Van Kampen High Income Trust II	62,583.29

1,189,900.98

Total Securities