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332001 10-29-13

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)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

	ror un	e 2013 Calendar year, or tax year beginning 000 1, 2013 and	enaing U	<u>UN 30, 2014</u>	<u> </u>									
В	Check if applicable	C Name of organization		D Employer identif	ication number									
	Addre	SS YIPPEE FOUNDATION INC												
	Name chang	Doing Business As		45-5	086315									
X	instral return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe										
Ē	Termi			(617										
F	⊸ated Grinen	ded Characteristics and TID of the control of the c			213,732.									
Η	lreturn ``]Applid													
L	tion pendii	200		H(a) Is this a group r										
		F Name and address of principal officer JANE B MEYER		for subordinate										
		SAME AS C ABOVE		H(b) Are all subordinates										
		empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) (or 527		a list. (see instructions)									
		te: N/A		H(c) Group exemption										
		organization: X Corporation	L Year	of formation: 2012 i	M State of legal domicile: NH									
P	art I	Summary												
9	1	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	LE O										
Activities & Governance														
ern	I -	theck this box if the organization discontinued its operations or disposed of more than 25% of its net assets furniber of voting members of the governing body (Part VI, line 1a)												
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3											
ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3									
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0									
ξ	6	Total number of volunteers (estimate if necessary)	٠. · · · · · · · · · · · · · · · · · · ·	6	0									
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	I ACL	7a	0.									
_	Ь	Net unrelated business taxable income from Form 990-T, line 34	<u>// \%</u>	√ 7b	0.									
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ر /ر	& NPrior Year	Current Year									
۵	8	Contributions and grants (Part VIII, line 1h)	$J_{O_{I,2}}$	A TO THE REAL PROPERTY OF THE PARTY OF THE P	213,732.									
Ž		Program service revenue (Part VIII, line 2g)	133	. /.	0.									
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.									
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1990) - T		0.									
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line (12)			213,732.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·		0.									
		Benefits paid to or for members (Part IX, column (A), line 4)		·	0.									
		,			1									
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.									
Ë		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.									
X	1	Total fundraising expenses (Part IX, column (D), line 25)	<u> 0. </u>											
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			20,893.									
<u>.</u>		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		·· · · · · · · · · · · · · · · · · · ·	20,893.									
-		Revenue less expenses Subtract line 18 from line 12			192,839.									
Net Assetsor Fund Balances			Be	ginning of Current Year	End of Year									
aset	20	Total assets (Part X, line 16)			192,839.									
Ž	21	Total liabilities (Part X, line 26)			0.									
		Net assets or fund balances Subtract line 21 from line 20			192,839.									
P	art II	Signature Block												
Und	er pena	ilties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	ny knowledge and belief, it is									
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.										
-		Ne BW		5-12-1	5									
Sig	n	Signature of officer		Date										
Her		■ JANE B MEYER, PRESIDENT/DIRECTOR												
		Type or print name and title												
		Print/Type preparer's name		Date Check	PTIN									
Paid	ı	PATRICE VIEHL Latry alle	, -	if setf-employ	yed P00957136									
	arer	Firm's name HEMENWAY & BARNES LLP		Firm's EIN	04-1433295									
	Only	Firm's address 60 STATE STREET	1 1111 3 2 114	<u> </u>										
-50		BOSTON, MA 02109-1899		Phone no 61	.7-227-7940									
	the II	RS discuss this return with the preparer shown above? (see instructions)		Li none no. O I	X Yes No									
ivid\	וו שווויי	no diacolas una returni with une diedater shown addyb (ISBB INSTRUCTIONS)			LATES I INO									

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

Form 990 (2013)

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Form 990 (2013) YIPPEE FOUNDATION INC
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?	2	X		
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		X	
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		Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D, Part III	8		X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		•		
	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent				
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X				
	as applicable			l	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a		X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v	
	Schedule D, Parts XI and XII	12a		X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v	
42	If "Yes," 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	12b		X	
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ	
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ĺ	
	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	175			
	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		х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
			990	(2012)	

· .

			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	Qid the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	L	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ŀ		
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
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		<u> </u>
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		i .	
	Schedule L, Part I	25b		X
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,			7,
	complete Schedule L, Part II	26		X
27	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			.,
00	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, Part IV			
а	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-22
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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		X
34	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		X
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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		r	000	10040

The Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable Text		Check if Schedule O contains a response or note to any line in this Part V					
1a Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable be Enter the number of Forms W20 (clauded in line 1 at Enter -0 if not applicable be 10 be 10 common the protection of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prea winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3b If all least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required the end they eva? 3a If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions). 3b If the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions). 3b If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? 3b If we sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? 3c If we sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? 3c If we sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? 3c If we sum of lines 1a and 2a is greater than 250, you may be required to exclude the year? 3c If we sum of lines 1a and 2a is greater than 250, you of your did not sum of your did not the foreign 200 and an an analysis of your did not the sum of your did not you promon and you will not your did not you proff your did not you promon any off your did not your did not you		•				Vac	<u>└</u>
b Enter the number of Forms W2G included in line 1a. Enter of 4 not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Itel of the teached ray ear ending with one winning with organization file all required federal employment tax returns? Note. If the sell-and year ending with organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a sig return 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. If Y85, 1 and 1 file a Form 900 Tor this year? If Y80, 1 for in 80, provide an explanation in Schedule O 4a. All any time during the calendar year, did the organization have an interest in, or a significant organization control (such as a bank account, securities account, or other financial accounts 5b. If Y85, 1 and 1 file a Form 900 To Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts 8a. Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5c. So was the organization she provide organization file from 886F1? 5c. Yas a second organization she form 886F2 file of the propertion of the propertion of the propertion of the organization should with every solioitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Y85, 1 did the organization nebulde with every solioitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Y85, 1 did the organization should with every solioitation an express statement that such contributions or gifts were not t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		163	
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) without provided to the calendar year ending with or within the year covered by this return. 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3 If all text on it is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unreated business gross income of \$1,000 or more dumpt the year? 3 At any time dump the calendar year, did the organization have an explanation in Schedule O 5 If "Yes," has a filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 8 At any time the name of the foreign country. 5 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5 Se Was the organization have in the organization that it was or is a party to a prohibitor diax shelter transaction? 5 If "Yes," to line 5 as 75, did the organization file Form 8886*17 5 Did any taxable perly nority the organization file Form 8886*17 5 Did any taxable perly nority the organization file Form 8886*17 5 Did "Yes," to line 5 are 50, did the organization file Form 8886*17 5 Did "Yes," to line 5 are 50, did the organization file Form 8886*17 5 Did "Yes," to line 5 are 50, did the organization file Form 8886*17 5 Did "Yes," to line 5 are 50, did the organization file Form 8886*17 5 Did "Yes," to line 5 are 50, did the organization file Form 8886*17 5 Did "Yes," to line 5 are 50, did the organization solicit any contributions that may receive deductible as charitable contributions and partly to goods and services provided to the payor? 5 Did the organization that may receive we deductible contributions and partly to goods and s		·					
disambling) winnings to prace winners? 2a Effect the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b I at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b I was a set in a control of the calendar year, did the organization file all required federal employment tax returns? 2c Note. If the sum of line 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3b I was 1 set in a file af Form 990 Tr for the year 1 "No, 1 for line 3b, provide an explanation in Schedule O 4a A 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)? 5a Was the organization apply to a prohibited tax shafter transaction at any time during the tax year? 5b If was, and the organization apply to a prohibited tax shafter transaction at any time during the tax year? 5c I was 10 to the 5ar 5b, did the organization that it was or is a party to a prohibited tax shafter transaction at your shaft the properties of the state of the programization and the organization shaft any contributions that were not tax deductible in Cern 88687. 5c I was 1 w	C			ble gamıng			
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1a least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 unrealized business gross income of \$1,000 or more dumpt the year? 5b If "Yes," has it filed a Form 960-T for this year? If No," to line 3b, provide an explanation in Schedule O 3a A ran y time duming the calendary year, did the organization have an interest in, or a singulative or other authority over, a financial account in a foreign country [will year.] 5c If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited file it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," to line 5a or 5b, did the organization file Form 888617 6c Was a constitution of the organization in the was or is a party to a prohibited tax shelter transaction? 6c Was the organization involved with every solicitation an express statement that such contributions or grifts were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 8c Was the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Was the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1086 C? 7b He organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1088 C? 7c Was a contribution or the was desirably to a prohibition of parts that of the organization file organizations			•	3 3	1c		
field for the calendar year ending with or within the year covered by this return 2 2 0	2a						
b if a least one is reported on line 2a, dut the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A any time during the calendary 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)? 5b If "Yes," after the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization in the Form 888617? 5d Dest the organization enclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d Did the organization neceive a payment in excess of 35° made party as a contribution of payment of the value of the goods or services provided? 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d If If the organization, during the year, pay premums, directly or indirectly, to any personal benefi			2a	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990-T for this year? // "No," to line 30, provide an explanation in Schedule O 4 All Arany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country level. As a bank account, securities accountly or other authority over, a financial account in a foreign country level. 5 If "Yes," either the name of the foreign country level. 5 See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Did any taxable party notify the organization file Form 888677. 6 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? 6 Did the organization have annual gross receipts that are normally frequent that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization that may receive deductible contributions under section 170(c). 9 Did the organization may receive deductible contributions under section 170(c). 9 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8822? 9 Did the organization organization only the donor of the value of the goods or services provided? 9 Did the organization received an contribution of cars, beats, analysis of the property of the property of the property of the property of the prop	b	• • • • • • • • • • • • • • • • • • • •		- -	2b	ı l	
3a		•					
b If "Yes," has it filled a Form 980 T for this year" If "No. 1 to line 3b, provide an explanation in Schedule O A I 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	За		•		За		X
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·					
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	þ	•	, ,				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			$\overline{}$				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		•	13c			\longrightarrow	
			_			\longrightarrow	<u> X</u>
	D	in res, has it tiled a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U			000	2012

ı,

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion 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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing]		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
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	X	
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_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X
6	Did the organization have members or stockholders?	6		<u> X</u>
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		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u>X</u>
8				
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	A 1-
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	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		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
202	exempt status with respect to such arrangements?	16b		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NH		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab		
.5	for public inspection. Indicate how you made these available. Check all that apply	avalidD	IU	
	Own website 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 policy, ar	ıd finər	cial	
	statements available to the public during the tax year.	III (Q.)	J	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition 🕨		
	HEMENWAY & BARNES LLP - (617) 227-7940			
	60 STATE STREET, BOSTON, MA 02109-1899			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization nor any related						npe	nsat	1		Τ
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)			than		Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation	amount of
	week		T	<u> </u>		T	T	from	from related	other
	(list any hours for	ize d				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	冀					(W-2/1099-MISC)	(44-271033-141130)	organization
	organizations	truste	E T		98	mber		(11 27 1000 111100)		and related
	below	dual	l foot	<u></u>	웉	St Co	₂₅			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key	Highest compensated employee	Ротте			
(1) JANE B MEYER	60.00									
PRESIDENT, DIRECTOR		X		Х				0.	0.	0.
(2) JEAN STEVENSON	5.00									
VICE PRESIDENT, DIRECTOR		X	ļ	X				0.	0.	0.
(3) BAYNE STEVENSON	1.00	1					1			
TREASURER DIRECTOR		X		X	L_			0.	0.	0.
		_	_	_			_			
		$\frac{1}{2}$								
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Form 990 (2013)

			Check if Schedule O cont	aıns a response	or note to any line	e in this Part VIII			
	_	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a			Ü		
ë a		þ	Membership dues	1b					
A, C		С	Fundraising events	1c					İ
불티		d	Related organizations	1d					
ž,Ē		е	Government grants (contribute	ions) 1e					
įξ		f	All other contributions, gifts, grant	ts, and			-		
Contributions, Gifts, Grants and Other Similar Amounts		g	similar amounts not included above Noncash contributions included in lines		213,732.				
일일		-	Total. Add lines 1a-1f			213,732.	į		
			<u> </u>		Business Code				
9	2	а							
و ڲٙ		b							
Program Service Revenue		C							
e a		d							
<u> </u>		е		.					
ا تە		f	All other program service reve	nue					
\dashv		g	Total. Add lines 2a-2f		•				
	3		Investment income (including	dıvıdends, ıntere	est, and				
			other similar amounts)	•	▶				
	4		Income from investment of tax	exempt bond p	oroceeds 🕨				
	5		Royalties		•				
				(ı) Real	(II) Personal		1		
	6	а	Gross rents						
		b	Less. rental expenses				i		
		С	Rental income or (loss)						
		d	Net rental income or (loss)		▶				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less. cost or other basis						
			and sales expenses		ļ.				
		С	Gain or (loss)		l				
	_	d	Net gain or (loss)		P	 			
ē	8	а	Gross income from fundraising						
ě			including \$						1
Other Reven			contributions reported on line	·	•				
ē			Part IV, line 18	a .					
ᅙ			Less direct expenses	b					
	•		Net income or (loss) from fund Gross income from gaming ac						
	3	d	Part IV, line 19	a a					
		h	Less direct expenses	b					
			Net income or (loss) from gam						
			Gross sales of inventory, less						
		_	and allowances	а					
		h	Less. cost of goods sold	b					
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а							
		b							-
		С				·			
		d	All other revenue			-			
		е	Total. Add lines 11a-11d		•				
	12		Total revenue. See instructions.		▶	213,732.	0.	0.	0.
33200	9 13								Form 990 (2013)

Form 990 (2013) YIPPEE FOUNDATION INC Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons				X
	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				
	organizations in the United States. See Part IV, line 21			•	
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22			* 1	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		·		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,624.		1,624.	
С	Accounting				
d	Lobbying			<u>, , , , , , , , , , , , , , , , , , , </u>	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	12,392.		12,392.	
12	Advertising and promotion	1.00		1.50	
13	Office expenses	168.		168.	
14	Information technology		-		
15 16	Royalties				
16 17	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			_	
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	_			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MARKETING EXPENSES	6,709.		6,709.	
b		-,		-,,,,,,,,,	
c					·
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,893.	0.	20,893.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			L	

45-5086315 Page 11 Form 990 (2013) YIPPEE FOUNDATION INC **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0. 192,839. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 192,839 0. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 192,839. Form 990 (2013)

192,839.

192,839.

0.

0.

0. 31

0. 32

0. 33

0.

30

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

<u>orn</u>	1990 (2013) YIPPEE FOUNDATION INC	45-508	6315	Pag	qe 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	213	3,7	<u>32.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	20),8	93.
3	Revenue less expenses Subtract line 2 from line 1	3	192	2,8	39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	192	2,8	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		T-	·,	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 Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1 1		
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both			- 1	
	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 the	e audit,		1	
	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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	ľ	

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

ZU 13

Open to Public Inspection

Employer identification number

		YIPPEE	FOUNDATION I	NC					4	5-5086	<u> 315</u>	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this par	t) See inst	ructions				
he ora			because it is. (For lines				-					
1 🗀	٦	•	s, or association of chur	•	•	•		1_				
2	٦		70(b)(1)(A)(ii). (Attach Sc				1-X-70-707	,-				
3	7		ital service organization			170/b)/1)	/A\fiii\					
4	¬ .	·	operated in conjunction					(Ε\(1\(Δ\())	ii) Enter	the hospita	l's nam	1e
	city, and stat	_			, p. 1. a a a			(=)(-)(-,(,-	,	о поориа		,
5	¬ * ·		benefit of a college or un	niversity o	wned or or	perated by	, a governi	mental un	t describ	ned in		
у	_			inversity o	writed or of	related by	a governi	nental un	t describ	/CG 111		
٦ ٦	٦	0(b)(1)(A)(iv). (Compl	•	4 daaaniba	ــــــــــــــــــــــــــــــــــــــ	- 470(L)(41/41/.3					
6 L	٦	- ·	nent or governmental uni					- 4 41				_
/ LA	3 3	•	ceives a substantial part	or its supp	ort from a	governme	ental unit c	r irom trie	general	public desc	inbea i	n
	-	(b)(1)(A)(vi). (Comple			D- 4 II)							
8	7		section 170(b)(1)(A)(vi).						_			_
9	•	•	ceives (1) more than 33							•	•	
		•	nctions - subject to certa	•	•	•				-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	30, 197	' 5
	٦	509(a)(2). (Complete	•									
10 ⊨	¬		perated exclusively to te	•	•			•				
11 L_	-		perated exclusively for th						•	•		or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	n 509(a)(2	2) See sec	tion 509(a)(3). Ch	eck the box	that	
			organization and compl		-							
,	ູ a ∐∐ Type	I b	ype II c L T	ype III - Fu	nctionally i	ntegrated	C	і 🗀 Тур	e III - No	n-functional	ily ınteg	grated
e	-	· · ·	at the organization is not		-	-	-		•	•		n
	foundation n	nanagers and other t	than one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 509	}(a)(2)	
f	If the organiz	ation received a wrr	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
	supporting o	rganization, check t	his box									
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	described i	ın (ıı) and (ııı) below	', <u> </u>	Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A famıly	member of a perso	n described in (i) above?	•						11g(ii)		
	(iii) A 35%	controlled entity of a	ı person described in (i) o	or (II) abov	e?					11g(iii))	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
			•	_								
(i) Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization			(vi) la organizati	the	(vii) Amoun	t of mor	netary
10	ganization	',	(described on lines 1-9	, , ,	sted in your		ion in col.	l (i) organiz	ed in the		port	•
			above or IRC section (see instructions))	governing	document?	(i) of you	r support?	U.S	.?			
			(see msnuchons)/	Yes	No	Yes	No	Yes	No			
_												
											-	
							<u> </u>					
				-	-		-					
otal												

Schedule A (Form 990 or 990-EZ) 2013 YIPPEE FOUNDATION INC 45-5086315 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar 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.	0.	213.732.	213,732.
2	Tax revenues levied for the organ-						
	zation'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			0.	0.	213,732.	213,732.
5	The portion of total contributions					213/1321	213,7321
•	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			}			
	amount shown on line 11,						
	column (f)						02 000
6	Public support. Subtract line 5 from line 4						82,900. 130,832.
	ction B. Total Support		I	<u> </u>			130,034.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(4) 2000	(6) 2010	0.	0.	213,732.	213,732.
8	Gross income from interest,					213,132.	213,132.
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					İ	
9	Net income from unrelated business			-			
9	activities, whether or not the						
		,				1	
40	Other pages De not polyide gain						
IU	Other income. Do not include gain						
	or loss from the sale of capital	,				į	
	assets (Explain in Part IV)						012 720
	Total support. Add lines 7 through 10		\				213,732.
	Gross receipts from related activities,	,	•	d for all or parties.	L	12	
13	First five years. If the Form 990 is for	=	s tirst, second, thir	a, tourth, or tirth tax	year as a section	1 501 (c)(3)	▶ ▼
Sec	organization, check this box and stop etion C. Computation of Publi		rcentage				
	Public support percentage for 2013 (li			rolumo (fi)	T	14	61.21 %
	Public support percentage from 2012		•		• }	15	.00 %
	33 1/3% support test - 2013. If the o			1 line 13, and line 14	L 1 is 33 1/3% or m		
	stop here. The organization qualifies a				+ 13 33 1/3/0 Q1 111	ore, crieck triis bo	►X
b	33 1/3% support test - 2012. If the o		•		ne 15 je 33 1/3%	or more, check the	
_	and stop here. The organization qualif				110 10 10 00 17070	or more, check an	S DOX
17a	10% -facts-and-circumstances test	-		-	13 16a or 16b a	nd line 1/1 is 1/0% /	or more
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" (. iv now the organi	
	10% -facts-and-circumstances test				-		. ►□
	more, and if the organization meets th						U70 OF
	organization meets the "facts-and-circ						⊾ ┌──
	Private foundation. If the organization						? -
10	r rivate roundation. Il tile organization	TOO HOL CHECK & L	JOA OIT III 13, 10	<u>a, 100, 178, 01 170, </u>		tule A (Form 990)	🚩 🔠

Schedule A (Form 990 or 990-EZ) 2013 YIPPEE FOUNDATION INC 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

Section A. Public Support	elow, please com	plete Part II.)		,		
	(a) 2009	(b) 2010	(a) 2011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and	(a) 2009	(6) 2010	(c) 2011	(0) 2012	(e) 2013	(i) rotas
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				İ		
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			:			
3 received from disqualified persons						
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						
c Add lines 7a and 7b		ļ				
8 Public support (Subtract line 7c from line 6)		l				
Section B. Total Support			T.			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	<u> </u>					
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add tines 9, 10c, 11, and 12)	<u> </u>		<u> </u>	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for	the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Publ	ic Support Pa	rcentage				
15 Public support percentage for 2013 (• • •		noluma (fl)		15	
16 Public support percentage from 2012		-	column (i))		16	<u>%</u>
Section D. Computation of Inves					1 10 1	
17 Investment income percentage for 20	-		ne 13. column (fl)		17	%
18 Investment income percentage from:					18	
19a 33 1/3% support tests - 2013. If the			on line 14, and lini	e 15 is more than	<u> </u>	
more than 33 1/3%, check this box a						•
b 33 1/3% support tests - 2012. If the	organization did i	not check a box or	line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che		-			_	
20 Private foundation. If the organization	n did not check a	DOX On line 14, 19	a, or 190, check to	IIIS DUX AND See II	ISTRUCTIONS	

Schedule A	(Form 990 or 990-EZ) 2013 YIPPEE FC	OUNDATION	INC	45-5086315 Page 4
Part IV	Supplemental Information. Provide	the explanations re	quired by Part II, line 10;	Part II, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional infe	ormation (See instr	uctions).	
•		•		
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			. <u> </u>	· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
		•		

SCHEDULE 0

/ . M . 1 .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

11PPEE FOUNDATION INC 45-5086315
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE FOUNDATION IS TO PROMOTE YOUTH INVOLVEMENT IN
PHILANTHROPY THROUGH A VARIETY OF MEANS, INCLUDING ITS POSITIVE TRACKS
PROGRAM, COMMUNITY OUTREACH, LECTURES, WORKSHOPS AND OTHER EDUCATIONAL
PROGRAMS ON YOUTH ENGAGEMENT IN PHILANTHROPY.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: FAMILY RELATIONSHIPS
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: ALL RETURNS ARE SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND
SIGNATURE BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: EACH DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE
WITH GOVERNING BOARD DELEGATED POWERS WILL ANNUALLY SIGN A STATEMENT WHICH
AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST
POLICY; HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY AND HAS
AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE RETURNS ARE AVAILABLE FOR INSPECTION BY THE PUBLIC UPON
REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING FEES: