See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018685

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE MARTIN POLLAK PROJECT INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3701 EASTERN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21224

D Employer identification number
52-1171384

E Telephone number
(410)685-2525

G Gross receipts $ 4,640,537

F Name and address of principal officer
RICHARD NORMAN
3701 EASTERN AVENUE
BALTIMORE,MD 21224

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MPPI ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOSTER CARE, INDEPENDENT LIVING, TUTORING, AND MENTORING FOR CHILDREN AND YOUTH IN MD AND DC

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	141
6	Total number of volunteers (estimate if necessary)	6	78
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	5,463,550	4,639,010
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72	30
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150	1,497
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,463,772	4,640,537
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,611,400	1,347,044
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,741,208	2,149,672
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,201		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,393,176	1,326,211
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,745,784	4,822,927
19	Revenue less expenses Subtract line 18 from line 12	-282,012	-182,390

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	2,546,749	2,307,639
21	Total liabilities (Part X, line 26)	1,036,998	980,278
22	Net assets or fund balances Subtract line 21 from line 20	1,509,751	1,327,361

Part II Signature Block

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

Sign Here

****** | 2015-05-13
Signature of officer | Date

RICHARD NORMAN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHELE L MOORE CPA		2015-05-13		P00740046

Firm's name ▶ MULLEN SONDBERG WIMBISH & STONE PA | Firm's EIN ▶ 52-1197902

Firm's address ▶ 2553 HOUSLEY ROAD SUITE 200
ANNAPOLIS, MD 214016751 | Phone no (410) 224-4920

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

WE PROVIDE FOSTER CARE, INDEPENDENT LIVING, TUTORING, AND MENTORING SERVICES TO CHILDREN AND YOUTH IN MARYLAND AND THE DISTRICT OF COLUMBIA

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,237,142 including grants of $ 1,210,063) (Revenue $ 3,555,481)

TREATMENT FOSTER CARE1 MARTIN POLLAK PROJECT'S TREATMENT FOSTER CARE PROGRAM CONTINUES TO DEMONSTRATE ADAPTABILITY AND SUSTAINABILITY IN SERVICE TO THE MOST CHALLENGING CHILDREN IN THE FOSTER CARE SYSTEM MARYLAND LEADS THE COUNTRY IN LOWERING THE NUMBERS OF FOSTER CHILDREN RESULTING IN LOWER CENSUS AVERAGES FOR THE REPORTING PERIOD TOTAL CENSUS AT END OF FISCAL YEAR-58, FISCAL YEAR ADMISSIONS - 41, FISCAL YEAR DISCHARGES-452 PLACEMENT DISCHARGES REFLECT A VERY HIGH LEVEL OF SERVICE EFFECTIVENESS WITH ONLY 13% OF THOSE SERVED GOING TO A HIGHER LEVEL OF CARE UPON DISCHARGE FROM MPP 40% DISCHARGED TO LOWER LEVEL OF CARE 47% DISCHARGED TO LATERAL LEVEL OF CARE 13% DISCHARGED TO HIGHER LEVEL OF CARE4 SAFETY OUTCOMES WERE CONSISTENT WITH THE HIGHEST STANDARDS IN THE FIELD AS 0 MPP FOSTER PARENTS WERE FOUND TO HAVE SUBSTANTIATED OR INDICATED MALTREATMENT AND 0 AGENCY STAFF WAS THE SUBJECT OF AN INVESTIGATION FOR MALTREATMENT 5 PERMANENCE OUTCOMES WERE VERY STRONG GIVEN THE REALITY THAT THE AVERAGE AGE OF CHILDREN ENTERING FOSTER CARE IS RAISING TO MID TEENS CORRESPONDING WITH GREATER DIFFICULTY OF OBTAINING PERMANENCY 1 ADOPTIONS BY FOSTER PARENTS 3 CUSTODY AND GUARDIANSHIP 9 REUNIFICATIONS WITH BIRTH FAMILIES 3 AGED OUT SUCCESSFULLY WITH PLANS TO LIVE WITH RELATIVES6 MPP DID VERY WELL WITH MAINTENANCE OF EDUCATIONAL PARTICIPATION EDUCATION IS ONE OF THE GREATEST INDICATORS OF FUTURE SUCCESS AND FOSTER CHILDREN NATIONALLY LAG SIGNIFICANTLY BEHIND THEIR PEERS NOT IN FOSTERCARE 45 SCHOOL AGED CHILDREN ENROLLED IN SCHOOL 10 GRADUATED HIGH SCHOOL 10 ENTERED COLLEGE7 LIFE SKILLS SERVICES ARE FUNDAMENTAL TO THE SUCCESS OF FOSTER CHILDREN SEPARATED FROM THE MATRIX OF BIOLOGICAL FAMILY MODELING AND SUPPORT MPP IS WORKING CONSISTENTLY WITH BOTH INDIVIDUALS AND GROUPS OF FOSTER TEENS 14 YRS+ TO SUPPORTACQUISITION OF CRITICAL LIFE SKILLS MPP HAS 35 YOUTH BETWEEN 14 AND 20 YEARS OLD (9) NINE YOUTH RECEIVED INDIVIDUAL LIFE SKILLS PROGRAMMING FOCUSED ON COLLEGE ENTRY INCLUDING SCHOOL APPLICATION, FAFSA, AND LIFE/CAREER PLANNING, (7) SIX YOUTH RECEIVED INDIVIDUAL WORK IN FINDING PART-TIME EMPLOYMENT AND ONE YOUTH IS RECEIVING SUPPORT IN AGING OUT OF FOSTER CARE CRITICAL LIFE SKILLS GROUPS FOR A TOTAL OF 45 HOURS FOR THE OVER14 YEARS MPP FOSTER YOUTH THE NUMBERS REFLECT GREATER DISTURBANCE BEHAVIORAL AND EMOTIONAL AMONG THIS GROUP RESULTING IN LOWERED ABILITY TO DO GROUP PROGRAMING OF THIS KIND 8 MPP CONTINUES TFC TO FOCUS ON PLACEMENT STABILITY AS THE PATH TO PERMANENCY FOR CURRENT HIGH INTENSITY OLDER YOUTH WITH SERIOUS BEHAVIORAL, PSYCHIATRIC, EDUCATIONAL AND SOCIAL DISORDERS 9 FOSTER PARENTS PARTICIPATED IN THIS REPORTING PERIOD THE RESULTS ARE POSITIVE CONTINUING TO SUGGEST THAT FOSTER PARENTS CAN STABILIZE THE MOST DIFFICULT OLDER YOUTH SUPPORTING THEIR LONG TERM SUCCESS MPP IS SEEKING RESEARCH ASSISTANCE IN GATHERING DATA TO SUPPORT OUR PRACTICE AND GIVE ADDITIONAL INFORMATION REGARDING THE SUCCESS FACTORS 9 MPP TFC CONTINUED TO INTEGRATE TRAUMA INFORMED PRACTICE INTO AGENCY SERVICES 52 HOURS OF TRAINING IN TRAUMA TREATMENT WAS PROVIDED TO STAFF AND 25 HOURS PROVIDED TO FOSTER PARENTS TRAUMA INFORMED CONTENT IS FULLY INTEGRATED INTO THE RECRUITMENT AND PRE-SERVICE TRAINING OF FOSTER PARENTS AND STUDENT INTERNS THE MARTIN POLLAK PROJECT (MPP) TREATMENT FOSTERCARE PROGRAM HAS PURPOSEFULLY INITIATED THE PROCESS OF FULL INTEGRATION AND IMPLEMENTATION OF THE TRAUMA INFORMED PRACTICE MODEL MPP CEO INITIATED AGENCY STAFF ORIENTATION AND TRAINING EMPLOYING THE NCTSN CHILD WELFARE TRAUMA TRAINING TOOLKIT EXECUTIVE STAFF, PROGRAM MANAGEMENT, AND PROGRAM STAFF HAVE ALL BEEN INCLUDED TRAUMA FACTS, KNOWLEDGE AND AWARENESS HAS BEEN FULLY INTEGRATED INTO FOSTER PARENT RECRUITMENT AND TRAINING ONGOING IN-SERVICE STAFF TRAINING HAS MADE THE SHIFT FROM A PRIMARY FOCUS ON CHILD MALTREATMENT TO ASSESSMENT AND TREATMENT OF TRAUMA GIVEN THE WELL DOCUMENTED SHIFT IN MARYLAND TO THE PRESENCE OF OLDER CHILDREN EXHIBITING MORE SUBSTANTIAL EMOTIONAL AND BEHAVIORAL DISTURBANCES IN FOSTER CARE TRAUMA INFORMED PRACTICE HAS BEEN CRITICAL TO EFFECTIVE AND APPROPRIATE FOSTER CARE SERVICE DELIVERY IN MPP PROGRAMSMPP IS DIRECTLY INVOLVED IN INITIATION AND IMPLEMENTATION OF INNOVATIVE COLLABORATIVE SERVICE DEVELOPMENT CAPABILITY IN COMMUNITIES THIS WORK IS IN CONCERT WITH MARYLAND TITLE IV-E WAIVER CHILD WELFARE POLICIES AND BEST PRACTICES SPECIFYING COLLABORATION, FAMILY CENTERED AND COMMUNITY BASED SERVICE DELIVERY SINCE JULY 2014 THE MPP CEO HAS SERVED AS THE PRESIDENT OF THE BOARD OF THE MARYLAND ASSOCIATION OF RESOURCES FOR FAMILIES AND YOUTH (MARFY) AND HAS BEEN INTEGRAL TO THE COMMITMENT TO TRANSFORMATION OF CHILD WELFARE THROUGH THE ACTIVITIES OF THE MARFY SYSTEMS REDESIGN COMMITTEE THIS COMMITTEE ATTRACTED THE INVOLVEMENT OF CASEY FAMILY PROGRAMS FOUNDATION OF SEATTLE WASHINGTON SUBSEQUENTLY THE BALTIMORE COLLABORATIVE INCLUDING MPP AND THREE OTHER METRO MARYLAND CHILD AND FAMILY SERVING AGENCIES WERE DESIGNATED AS A MODEL DEMONSTRATION PROJECT BY THE CASEY FAMILY PROGRAMS FOUNDATION IN THEIR COMMUNITIES OF HOPE NATIONAL INITIATIVE THE BALTIMORE COLLABORATIVE WITH CASEY FOUNDATION TECHNICAL AND FINANCIAL SUPPORT IS INCUBATING INNOVATIVE APPROACHES TO COMMUNITY ACTIVATION AIMED AT BRINGING TOGETHER CITY AND STATE CHILD WELFARE INSTITUTIONS, COMMUNITY PEOPLE AND PROFESSIONALS TO DEVELOP EFFECTIVE SUSTAINABLE SERVICES IN RESPONSE TO DATA SUPPORTED EXPRESSED COMMUNITY NEEDS MPP TREATMENT FOSTERCARE (TFC) AND INDEPENDENT LIVING (ILP) PROGRAMS HAVE ATTAINED FULLY COMPLIANT WITH PERFORMANCE BASED CONTRACTS (PBC) THE MPP ILP PROGRAM HAS BEEN REFERRED TO AS A MODEL PROGRAM BY DEPARTMENT OF HUMAN RESOURCES OFFICE OF LICENSING & MONITORING AUDITOR MPP IS NOT FUNDED FOR FOLLOW UP MONITORING OF YOUTH THAT GRADUATE FROM OUR PROGRAM AT AGE 21 BUT INFORMAL AFTER GRADUATION CONTACTS WITH YOUTH HAVE BEEN GRATIFYING THEY COME TO THE OFFICE TO SAY HELLO AND REPORT THEY ARE STABLE AND PRODUCTIVE PURSUING LIFE PLANS DEVELOPED IN COLLABORATION WITH PROGRAM STAFF BOTH MPP PROGRAMS HAVE REMAINED IN GOOD STANDING POSTING POSITIVE OUTCOMES ON QUARTERLY EVALUATION BY DHR PBC CONTRACT MONITORS THE COLLABORATIVE INITIATIVES BETWEEN MPP AND OTHER TFC AGENCIES CONTINUE WITH A MONTHLY NETWORK MEETING BETWEEN 6 AGENCIES DURING THIS REPORTING PERIOD NETWORK FORMATION TO APPLY FOR A FEDERAL GRANT, SHARING OF STAFF TRAINING RESOURCES, COLLABORATIVE MOBILIZATION OF COMMUNITY GROUPS, PROFESSIONAL AND LAY PEOPLE, TO SUPPORT COMMUNITY OWNERSHIP OF A TRAUMA LENS TO SUPPORT RESTORATIVE AND HEALING ACTIVITY IN THE BALTIMORE METRO REGION A CONCRETE RESULT OF THIS WORK HAS BEEN THE BALTIMORE HEALING COLLABORATIVE THIS COLLABORATIVE HAS MONTHLY MEETING AND SEEKS WAYS TO CREATE COLLABORATIONS THAT COULD EMPLOY THE TRAUMA LENS TO IMPROVE THE QUALITY OF RELATIONSHIPS, COLLABORATION AND UNIQUE COMMUNITY RESPONSES TO POVERTY, HOMELESSNESS AND VIOLENCE YOUTH AGING OUT OF FOSTER CARE ARE OVER REPRESENTED IN THESE TROUBLING STATISTICS CURRENT DISCUSSIONS ARE FOCUSED ON FORMATION OF ENHANCED CAPACITY ALLIANCES WITH THE CAPABILITY TO PROVIDE A CONTINUUM OF SERVICES SHORT OF OUTRIGHT MERGERS THIS COLLABORATION IS CRITICAL AS THE NUMBER OF CHILDREN IN FOSTER CARE IN MARYLAND CONTINUES TO DROP PRECIPITOUSLY NEW AND INNOVATIVE APPROACHES TO STACKING CAPACITY TO SERVE FEWER BUT MORE DISTURBED CHILDREN IN THE SYSTEM ACHIEVING QUALITY OF SERVICE, RESULTS AS WELL AS NECESSARY ECONOMIES IS THE REQUIREMENT FOR SUSTAINABILITY ONCE AGAIN MPP COLLABORATED WITH GALLERY CHURCH OF PATTERSON PARK A FAITH-BASED LATINO GROUP, HOPESPRINGS BALTIMORE AND UNIVERSITY OF MARYLAND DEPARTMENT OF VIROLOGY TO PROVIDE HIV EDUCATION AND SCREENING DAY IN THE MPP BUILDING MPP IS EXPANDING ITS RELATIONSHIP WITH MORGAN STATE UNIVERSITY MSW SOCIAL WORK PROGRAM MPP HAD 6 STUDENT INTERNS IN THE CURRENT REPORTING PERIOD

4b (Code) (Expenses $ 1,020,727 including grants of $ 121,064) (Revenue $ 1,025,548)

INDEPENDENT LIVING PROGRAM, YOUNG ADULTS INITIATIVE (YAI) DURING THIS REPORTING PERIOD JULY 2013 - JUNE 2014- WITH A LICENSED CAPACITY OF (30) THE PROGRAM SERVED A TOTAL OF 44 YOUTH 20 MALE AND 24 FEMALE 39 WERE FROM BALTIMORE CITY, 4 WERE FROM BALTIMORE COUNTY AND 1 WAS FROM ANNE ARUNDEL COUNTY - THE YAI PROGRAM HAD AN AVERAGE DAILY CENSUS OF 25 DURING THE REPORTING PERIOD - 6 YOUTH COMPLETED DRIVER'S EDUCATION, AND 8 YOUTH OBTAINED DRIVER'S LICENSES THIS YEAR - 100% OF YOUTH SERVED ATTENDED AN EDUCATIONAL/VOCATIONAL PROGRAM, COMPLETED AN EDUCATIONAL/VOCATIONAL PROGRAM, OR GAINED WORK EXPERIENCE DURING THE REPORTING PERIOD - 3 YOUTH RECEIVED SERVSAFE CERTIFICATIONS, WHICH LED TO RESTAURANT POSITIONS 1 YOUTH RECEIVED A MED TECH CERTIFICATION 1 YOUTH WAS ENROLLED IN MASSAGE THERAPY SCHOOL, WORKING ON CERTIFICATION - 8 YOUTH SUCCESSFULLY AGED OUT FROM YAI ILP THIS YEAR AT AGE 21 3 YOUTH TRANSITIONED INTO THEIR OWN APARTMENTS, 3 YOUTH TRANSITIONED INTO SHARED HOUSING WITH A ROOMMATE, AND 2 YOUTH TRANSITIONED BACK WITH FAMILY MEMBERS WHILE COMPLETING SCHOOL AND SAVING FOR THEIR OWN APARTMENT - ALL YOUTH AGING OUT RECEIVE HANDS ON ASSISTANCE IN LOCATING A STABLE, PERMANENT, AFFORDABLE LIVING SITUATION BASED UPON THEIR CURRENT EARNINGS - ALL YOUTH HAVE THE OPPORTUNITY TO ATTEND A DRIVER'S EDUCATION CLASS FOR FREE AND HAVE SUPPORT FROM YAI STAFF TO GET DRIVING HOURS AND COMPLETE THE ROAD TEST IN A LOANED VEHICLE - DURING THE REPORTING PERIOD THE YOUNG ADULT'S INITIATIVE INDEPENDENT LIVING PROGRAM WAS MONITORED FOUR TIMES BY MARYLAND DEPARTMENT OF HUMAN RESOURCES OFFICE AND LICENSING AND MONITORING, RECEIVING ALL POSITIVE REVIEWS, WITH 0 CORRECTIVE ACTIONS DURING OUR JUNE 2014 VISIT WE ALSO WERE UP FOR A RE-LICENSURE REVIEW IN JUNE 2014, WHICH WAS A POSITIVE REVIEW AS WELL - 3 YOUTH RECEIVED THEIR HIGH SCHOOL DIPLOMAS YAI STAFF WORKED VERY HARD TO SUPPORT THESE YOUTH WITH THE SCHOOLS TO MAKE SURE YOUTH MET GRADUATION REQUIREMENTS - ONE OF OUR YOUTH WHO AGED OUT IN JANUARY 2014 CAME TO YAI SHORTLY AFTER HE TURNED 18 AND STRUGGLED TO FINISH HIGH SCHOOL HE WAS VERY ANXIOUS AND NON-TRUSTING AT THE TIME OF AGE-OUT, THIS YOUNG MAN RECEIVED HIS DIPLOMA, WAS WORKING FULL TIME, WAS WORKING ON GETTING HIS DRIVER'S LICENSE, AND WAS ABLE TO SECURE AN APARTMENT THAT HE SHARED WITH HIS LONG-TERM GIRLFRIEND - ANOTHER YOUTH AGED OUT, STRUGGLED WITH ACADEMICS SHE GRADUATED HIGH SCHOOL AND TRIED COLLEGE, CNA PROGRAMS, AND VARIOUS OTHER VOCATIONAL PROGRAMS SHE WAS NOT ABLE TO OBTAIN ANY CERTIFICATIONS, BUT THIS YOUTH MAINTAINED A JOB THE ENTIRE LENGTH OF HER TIME IN THE YAI PROGRAM, WITH ZERO TIMES OF UNEMPLOYMENT SHE WAS WORKING TWO JOBS AT SOME POINTS, AND AGED OUT TO HER OWN APARTMENT WITH A COMFORTABLE AMOUNT OF SAVINGS - DURING THE FALL 2013 AND SPRING 2014, 28 YOUTH RECEIVED DIRECT 1 1 SERVICES FROM YAI INDEPENDENT LIVING ASSOCIATES TO COMPLETE THEIR FINANCIAL AID (FAFSA) APPLICATIONS, IDENTIFY A MAJOR, REGISTER FOR COLLEGE CLASSES, RECEIVE THE TUITION WAIVER, SIGN UP FOR ETV (EDUCATION TRAINING VOUCHERS FOR YOUTH IN FOSTER CARE) AND MAKE DECISIONS THAT ALLOWED THEM TO AFFORD THEIR BOOKS AND OBTAIN NEEDED COMPUTERS - OUR YOUTH ARE WORKING MANY JOBS FROM HUMAN RESOURCES INTERNSHIPS, TO CERTIFIED NURSING ASSISTANTS, TO CASHIERS, TO SECURITY GUARDS, TO VARIOUS RESTAURANT POSITIONS, TO COLLEGE WORK-STUDY, TO FULL TIME HOSPITAL AND STATE CAREER TRACK POSITIONS - SUPPORTED YOUTH REGULARLY AND INDIVIDUALLY TAKE PART IN OUR ONCE MONTHLY PLANNED ACTIVITIES (WATER TAXI TOURS OF THE CITY, ATTENDING THE MARYLAND STATE FAIR, POETRY CONTEST, HALLOWEEN COSTUME & PUMPKIN CARVING CONTESTS, TAKE A FRIEND TO DINNER, MOVIE GIFT CARDS FOR SELF & A FRIEND/FAMILY MEMBER OF CHOICE, COOKING/BAKING CONTESTS) WHILE OFFERING ONGOING YMCA MEMBERSHIPS TO EACH YOUTH - PROGRAM CONTINUES TO HAVE A PRIORITIZED RELATIONSHIP WITH PROPERTY OWNERS AND MANAGEMENT OF THE COMPLEX WHERE WE LEASE 28 APARTMENTS OF THEIR TOTAL 150 UNITS THIS RELATIONSHIP HAS BEEN INSTRUMENTAL IN PROVIDING TIMELY SERVICES AND SAFE, STABLE LIVING ARRANGEMENTS FOR THE YOUTH WE SERVE IN ADDITION, THE COMMUNITY HAS COME TO ACCEPT OUR YOUTH AS REASONABLE, FRIENDLY TENANTS AND NEIGHBORS - PROGRAM HAS RESOLVED PRIOR CHARGES FOR YOUTH ENTERING OUR PROGRAM WITH OPEN COURT CASES BASED ON INCIDENTS IN THEIR FAMILY HOMES OR PRIOR PLACEMENTS WE ATTEND COURT WITH THESE YOUTH AND SUPPORT THEM TO DO THE RIGHT THING, WHILE ENSURING WE DO EVERYTHING WE CAN TO GET THE CHARGES DROPPED (CHARGES THAT WOULD AFFECT THEIR ABILITY TO WORK AND/OR DEVELOP A CAREER PATH) - PROGRAM CONTINUES PROVIDE 5 HOURS OF INDIVIDUALIZED WEEKLY LIFE-SKILLS FOR EACH YOUTH DURING THEIR FIRST 6 MONTHS IN THE PROGRAM LIFE SKILLS ARE PROVIDED AS NEEDED, THEREAFTER 100% YOUTH COMPLIANCE - PROGRAM CONTINUES TO REMAIN IN COMPLIANCE (100%) WITH ENSURING EACH YOUTH HAS A CURRENT ANNUAL PHYSICAL, ANNUAL DENTAL AND ANNUAL VISION ON FILE IN ADDITION, PROGRAM AND YOUTH HAVE SUCCESSFULLY COORDINATED AROUND ADDITIONAL AND ONGOING SERVICES NEEDED BY INDIVIDUALS TO INCLUDE SECURING A BREATHING MACHINE FOR ONE YOUTH, ENSURING YOUTH ATTEND ALL FOLLOW UP APPOINTMENTS AND ONE ON ONE SUPPORT DURING SEVERAL DENTAL SURGERIES (FACILITATING THE REFERRAL, ACCOMPANYING THE YOUTH, AND ENSURING PROPER AFTERCARE AND SUPPORT IN YOUTH'S APARTMENT) ENSURED THAT YOUTH AGING OUT OF CARE ARE SIGNED UP FOR LOW-COST MEDICAL INSURANCE, AS NEEDED - PROGRAM HAS MAINTAINED ITS POLICY OF ENSURING THAT ALL NEW HIRES ARE HIGHLY QUALIFIED TO WORK WITH YOUTH, HAVE PASSED BACKGROUND CHECKS/CPS CLEARANCES, AND HAVE COMPLETED AT LEAST 4 YEARS OF COLLEGE - PROGRAM HAS BEEN PRO-ACTIVE IN SEEKING OUT AND ENCOURAGING STAFF TO OBTAIN ONGOING TRAINING (AT LEAST 20 HOURS A YEAR) IN ORDER TO STAY ABREAST OF BEST PRACTICE IN THE FIELD OF CHILD WELFARE, COMMUNITY SERVICE, AND MENTAL HEALTH - THE YAI PROGRAM CONTINUES TO HAVE STRONG COMMUNITY PARTNERSHIPS WITH VOCATIONAL AND EDUCATIONAL SERVICES TO INCLUDE MARYLAND MOTOR VEHICLE ADMINISTRATION, PRO-DRIVE DRIVING SCHOOL, STEIN ACADEMY (MEDICAL TECH TRAINING AND CERTIFICATIONS), BALTIMORE CITY HIGH SCHOOLS, MORGAN STATE UNIVERSITY, BALTIMORE CITY AND COUNTY COMMUNITY COLLEGES, GED PROGRAMS, NOVEL CREDIT RECOUPING (CREDIT REPAIR) AND GRIGGS DIPLOMA PROGRAMS AND GRANT-BASED EMPLOYMENT READINESS PROGRAMS TO INCLUDE CHESAPEAKE, YO! BALTIMORE, AND URBAN ALLIANCE - BECAUSE WE CONTINUE TO OFFER ONE BEDROOM SUPPORTED APARTMENTS TO YOUTH AGES 16-21, THE YOUNG ADULT'S INITIATIVE INDEPENDENT LIVING PROGRAM HAS BEEN HIGHLY SUCCESSFULLY IN SERVING YOUTH WITH ALTERNATIVE LIFE STYLES, GLBTQ YOUTH AND YOUTH WHOSE MENTAL HEALTH ISSUES HAVE IN THE PAST AFFECTED THEIR ABILITY TO MAINTAIN A STABLE LIVING ENVIRONMENT EACH YOUTH'S UNIQUE NEEDS, SPECIAL DREAMS, HEARTFELT DESIRES, PERSONAL STRUGGLES, AND MEANINGFUL, LIFE-SUPPORTING RESULTS ARE OUR EVERYDAY BUSINESS MPP'S INDEPENDENT LIVING PROGRAM IS STAFFED BY A VESTED AND DIVERSE NON-HIERARCHAL TEAM OF ENERGETIC, HIGHLY MOTIVATED, AUTHORITATIVE PROFESSIONALS WHO WORK INDIVIDUALLY WITH EVERY YOUTH IN THE PROGRAM WE ARE OLD AND YOUNG, MALE AND FEMALE, SOCIAL WORKERS AND MULTI-DISCIPLINARY WE ARE REAL THERE IS AN AUTHORITATIVE RATHER THAN AUTHORITARIAN STANCE WE ARE MERELY OLDER, WISER, REAL PEOPLE SUPPORTING THE YOUNGER, EAGER YOUTH IN LIVING VERY REAL, PRODUCTIVE EVERYDAY LIVES ALL STAFF HAVE EQUAL INPUT AND DECISIONS ARE CONSENSUAL, TAKING INTO CONSIDERATION RESPECT FOR THE YOUTH AND MINIMIZATION OF ONGOING RISK AND LIABILITY FOR YOUTH, PROGRAM, AND COMMUNITY

4c (Code) (Expenses $ 77,193 including grants of $) (Revenue $)

PROJECT NORTHSTAR PROJECT NORTHSTAR (PN), A PROGRAM OF THE MARTIN POLLAK PROJECT, (MPP) OPERATED IN WASHINGTON DC PN IS A ONE-ON-ONE TUTORING AND MENTORING PROGRAM FOR HOMELESS AND LOW-INCOME CHILDREN THE PROGRAM IS LARGELY DONATION FUNDED AND IS ALMOST TOTALLY VOLUNTEER-STAFFED (WITH ONLY TWO MPP FULL TIME STAFF EMPLOYEES) THE PROGRAMS MISSION IS TO FACILITATE EDUCATIONAL ACHIEVEMENT AND SOCIAL SUPPORT FOR HOMELESS, AT-RISK AND FOSTER CHILDREN IN GRADES K THROUGH 12, LIVING IN SOME OF DCS UNDERSERVED NEIGHBORHOODS CURRENTLY, THE PROGRAM DOES NOT SERVE FOSTER CHILDREN HOWEVER, IT HAS COLLABORATED WITH AREA SHELTERS AND SCHOOLS TO DRAW IN HOMELESS AND AT-RISK CHILDREN THE PROGRAM IS UNIQUE AND EFFECTIVE AS IT ENGAGES FAMILIES ALONG WITH THE CHILDREN SERVED AND EXEMPLIFIES THE PRECEPTS OF LEARNING COMMUNITY TO ACHIEVE LONG LASTING RESULTS FOR CHILDREN AND ADOLESCENTS STUDENTS - PROJECT NORTHSTAR SERVED 65 STUDENTS IN FY 2014, A 38% INCREASE IN REGISTRATION COMPARED TO THE PREVIOUS YEAR THIS ALSO MARKS THE FIFTH YEAR IN A ROW THE PROGRAM SAW MORE THAN A 20% INCREASE IN STUDENT POPULATION - 100% OF RETURNING STUDENTS GRADUATED TO THE NEXT GRADE LEVEL - APPROXIMATELY 2/3 OF STUDENTS COME FROM HOMES WHERE ENGLISH IS THE SECOND LANGUAGE - THE AVERAGE PROJECT NORTHSTAR FAMILY OF FOUR MAKES $25,000 PER YEAR VOLUNTEERS - PROJECT NORTHSTAR HAD 89 FULL TIME VOLUNTEERS (ATTENDING EVERY SESSION), SUBSTITUTE VOLUNTEERS (ATTENDING SESSIONS WHEN AVAILABLE) AND INTERNS THROUGHOUT FY 2014 - A SIGNIFICANT PERCENT OF VOLUNTEERS WHO JOINED IN FY 2014 CAME FROM EXISTING VOLUNTEER REFERRALS - PROJECT NORTHSTAR CONTINUALLY HAS A WAITING LIST OF VOLUNTEERS AND ONCE A TUTOR BEGINS, THEY TYPICALLY SPEND THE FIRST 3-4 WEEKS OF THEIR TIME IN THE PROGRAM AS SUBSTITUTES UNTIL THEY ARE PAIRED WITH A NEW STUDENT - PROJECT NORTHSTAR VOLUNTEERS COME FROM A VARIETY OF BACKGROUNDS AND PROFESSIONAL FIELDS INCLUDING, LEGAL WORK (20% OF VOLUNTEERS), MEDICAL PROFESSIONALS (7% OF VOLUNTEERS), FEDERAL EMPLOYEES (20% OF VOLUNTEERS), CONGRESSIONAL STAFF (17% OF VOLUNTEERS), NONPROFIT EMPLOYEES (23 % OF VOLUNTEERS), COLLEGE AND HIGH SCHOOL INSTRUCTORS (8% OF VOLUNTEERS) OTHER - INCLUDING SCIENTISTS, EVENT PLANNERS AND ATHLETIC INSTRUCTORS (5 % OF VOLUNTEERS) TUTORING PROGRAM - DURING FY14 PROJECT NORTHSTAR CONTINUED TO MAKE MATH AND READING A SIGNIFICANT PRIORITY DURING TUTORING SESSIONS, AND PROVIDED WEEKLY TARGETED MATERIALS TO ENABLE STUDENT/TUTOR PAIRS TO FOCUS ON EACH SUBJECT - IN JUNE, 2014 PROJECT NORTHSTAR PREPARED FOR OUR FIRST EVER SUMMER CAMP PARTICIPATING STUDENTS ATTENDED TESTING SESSIONS TO DETERMINE SPECIFIC AREAS EACH STUDENT NEEDED TO FOCUS ON DURING THE SIX WEEK CAMP - DURING FY 2014, TUTORS OF STUDENTS IN GRADES 10 AND 11 MADE SAT PREPARATION A PRIORITY DURING WEEKLY SESSIONS PROJECT NORTHSTAR PROVIDED A NUMBER OF TEST PREP MATERIALS INCLUDING PRACTICE TESTS, STUDY BOOKS AND FLASH CARDS NORTHSTAR ALSO HELD A SEPARATE PRACTICE TEST SESSION FOR STUDENTS TO FAMILIARIZE THEMSELVES WITH THE TESTING FORMAT BECAUSE OF ALL OF THESE EFFORTS, PARTICIPATING NORTHSTAR STUDENTS RAISED THEIR SAT SCORES BY AN AVERAGE OF 100 POINTS BY THE END OF THE YEAR - NORTHSTAR STUDENTS AND VOLUNTEERS SPENT APPROXIMATELY 5,000 TUTORING HOURS TOGETHER IN FY 2014 FUNDRAISING - RAISED $40,000 OR 65% OF FY14 ANNUAL BUDGET THROUGH GRANT MONEY AND INDIVIDUAL DONORS - IN KIND DONATIONS IN FY14 INCLUDED FREE RENTAL SPACE FOR OUR WEEKLY TUTORING PROGRAMS, MEALS FOR BOTH THE SUMMER PARTY AND HOLIDAY EVENT, AND A NUMBER OF OFFICE AND SCHOOL SUPPLIES FOR TUTORING SESSIONS SPECIAL EVENTS - THE PROJECT NORTHSTAR HOLIDAY PARTY WAS A HUGE SUCCESS MORE THAN 175 VOLUNTEERS, STUDENTS AND FAMILY MEMBERS JOINED TOGETHER FOR A MEAL PROVIDED BY BERTUCCIS A LOCAL LOBBYING FIRM ALSO GAVE APPROXIMATELY $5,000 IN GIFTS FOR STUDENTS TO OPEN DURING THE PARTY

(Code) (Expenses $ 21,045 including grants of $ 15,917) (Revenue $ 17,033)

REGULAR OR COMMUNITY FOSTER CARE (RFC)THE COMMUNITY FOSTER CARE PROGRAM IS SMALL AND COMPRISES OF CHILDREN THAT ALLOWS TRADITIONAL FOSTER CARE CHILDREN WHO ARE SIBLINGS OF TREATMENT FOSTER CARE CHILDREN TO REMAIN IN TREATMENT HOMES WHILE PERMANENCY IS SOUGHT PERMANENCY OF SIBLINGS RELATIONSHIPS IS THE SOLE AND TOTALLY JUSTIFIABLE REASON TO MAINTAIN THE PROGRAM CHILDREN FORCED TO BE IN FOSTER CARE HAVE LOST THEIR PARENTS AND EVERYTHING FAMILIAR THESE CHILDREN GAIN UNIQUELY VALUABLE SUPPORT TO THEIR ADOPTIVE FUNCTIONING FROM THE PRESENCE OF SIBLINGS LIVING IN THE SAME FOSTER HOME

4d Other program services (Describe in Schedule O)
(Expenses $ 21,045 including grants of $ 15,917) (Revenue $ 17,033)

4e **Total program service expenses** ▶ 4,356,107

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
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		No
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		No
7	Did the organization receive 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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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		No
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 (see instructions)*	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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**		No
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**		
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**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
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 of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	11		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	141		
b	If at 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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	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			No
b	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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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 organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	8		
	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	**1b**	8		
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**			No
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ THE ORGANIZATION 3701 EASTERN AVENUE
BALTIMORE,MD 21224 (410)685-2525

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM POLLAK ESQ PRESIDENT	2 00	X		X				0	0	0
(2) ERNESTINE JONES VICE PRESIDENT	2 00	X		X				0	0	0
(3) GLADSTONE DAINTY CPA TREASURER	2 00	X		X				0	0	0
(4) MARLENE BROWNE BOARD MEMBER	1 00	X						0	0	0
(5) BARBARA ROBINSON BOARD MEMBER	2 00	X						0	0	0
(6) DR LETHIA JACKSON BOARD MEMBER	2 00	X						0	0	0
(7) KATHRYN PETTIT BOARD MEMBER	2 00	X						0	0	0
(8) MARY ELLEN BROOKS BOARD MEMBER	2 00	X						0	0	0
(9) RICHARD NORMAN SECRETARY/CEO	60 00			X				111,065	0	9,706
(10) JANET OLAJIDE CHIEF FINANCIAL OFFICER	60 00			X				96,531	0	13,867

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								207,596	0	23,573

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OMEGACOR TECHNOLOGIES 8227 CLOVERLEAF DRIVE SUITE 388 MILLERSVILLE MD 21108	IT SERVICES	119,653

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	4,598,062			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	40,948			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,639,010			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		30			30
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	624310	1,497			1,497
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,497			
	12	**Total revenue.** See Instructions . . . . . ▶		4,640,537	0	0	1,527

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,347,044	1,347,044		
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	231,169	113,273	117,896	
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	1,593,206	1,403,103	185,656	4,447
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	169,936	157,828	11,745	363
10 Payroll taxes	155,361	129,313	25,657	391
11 Fees for services (non-employees)				
a Management				
b Legal	11,880	10,538	1,342	
c Accounting	31,250	27,278	3,972	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,038	26,888	30,150	
12 Advertising and promotion	36,706	36,450	256	
13 Office expenses	283,304	255,331	27,973	
14 Information technology	77,160	57,870	19,290	
15 Royalties . .				
16 Occupancy	397,188	388,952	8,236	
17 Travel	129,458	127,818	1,640	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,677	18,842	1,835	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,127	47,137	2,990	
23 Insurance	152,418	133,047	19,371	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	27,180	25,964	1,216	
b DUES AND SUBSCRIPTIONS	19,148	18,140	1,008	
c STAFF DEVELOPMENT	18,160	17,601	559	
d TAXES AND LICENSES	14,517	13,690	827	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,822,927	4,356,107	461,619	5,201
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		836,091	1	707,090
	2	Savings and temporary cash investments		14,837	2	14,866
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		487,130	4	417,558
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		33,064	9	42,624
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,449,694			
	b	Less accumulated depreciation	10b 344,729	1,154,007	10c	1,104,965
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		21,620	15	20,536
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,546,749	16	2,307,639
Liabilities	17	Accounts payable and accrued expenses		354,873	17	335,863
	18	Grants payable			18	
	19	Deferred revenue		1,372	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		680,753	23	644,415
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,036,998	26	980,278
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,509,751	27	1,327,361
	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.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,509,751	33	1,327,361
	34	Total liabilities and net assets/fund balances		2,546,749	34	2,307,639

Part XI Reconcilliation 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	4,640,537
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,822,927
3	Revenue less expenses Subtract line 2 from line 1	3	-182,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,509,751
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	1,327,361

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018685

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE MARTIN POLLAK PROJECT INC

Employer identification number
52-1171384

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,542,925	8,768,333	7,632,043	5,463,550	4,639,010	36,045,861
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	9,542,925	8,768,333	7,632,043	5,463,550	4,639,010	36,045,861
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						36,045,861

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,542,925	8,768,333	7,632,043	5,463,550	4,639,010	36,045,861
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,926	282	249	72	30	54,559
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)	3,749	2,257	1,200	150	1,497	8,853
11 **Total support** (Add lines 7 through 10)						36,109,273

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	99 820 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**	99 680 %

16a **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 this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

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

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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						
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 lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018685

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE MARTIN POLLAK PROJECT INC

Employer identification number
52-1171384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		92,146		92,146
b Buildings		1,181,567	207,418	974,149
c Leasehold improvements				
d Equipment		175,981	137,311	38,670
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,104,965

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,640,537
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,640,537
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,640,537

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,822,927
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,822,927
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,822,927

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE MARTIN POLLAK PROJECT, INC FOLLOWS THE GUIDANCE OF ASC 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" WHICH CLARIFIES THE ACCOUNTING FOR THE RECOGNITION AND MEASUREMENT OF THE BENEFITS OF INDIVIDUAL TAX POSITIONS IN THE FINANCIAL STATEMENTS, INCLUDING THOSE OF NONPROFIT ORGANIZATIONS TAX POSITIONS MUST MEET A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT IN ORDER FOR THE BENEFIT OF THOSE TAX POSITIONS TO BE RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO THE REQUIREMENTS SET FORTH IN IRC SEC 501(C) TO QUALIFY AS A TAX EXEMPT ORGANIZATION, ACTIVITIES PERFORMED BY VOLUNTEERS AND BOARD MEMBERS, THE REPORTING OF UNRELATED BUSINESS INCOME, AND ITS STATUS AS TAX-EXEMPT ORGANIZATION UNDER MARYLAND STATE STATUTE THE ORGANIZATION DOES NOT KNOW OF ANY TAX BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS AND THERE WAS NO EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF ANALYZING ITS TAX POSITIONS FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018685

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE MARTIN POLLAK PROJECT INC

Employer identification number
52-1171384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STIPENDS, DIFFICULTY OF CARE PAYMENTS AND ALLOWANCES FOR FOSTER CARE PARENTS	231	1,347,044		FOSTER CARE PARENT ASSISTANCE SCHEDULE	

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493134018685

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE MARTIN POLLAK PROJECT INC

Employer identification number
52-1171384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	BOARD OF DIRECTORS RECEIVE A DRAFT VERSION OF THE FORM 990 THAT IS REVIEWED AND APPROVED BEFORE THE FINAL FORM 990 IS FILED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO REVIEW THE CONFLIC T OF INTEREST POLICY AND SIGN ANNUAL DISCLOSURE STATEMENTS
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS REVIEWS COMPARABLE DATA AND SURVEY REPORTS IN DETERMINING THE COMPE NSATION OF OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO PUBLIC INSPECTION UPON WRITTEN REQUEST
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE AUDIT OF THE FINANCIAL STATEMENTS AN D SELECTION OF THE INDEPENDENT AUDITOR THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR T HE OVERSIGHT OF THE AUDIT