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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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginn	ing 10-01-2013 , 2013, and ending (09-30-2014			
		applicable hange	C Name of organization MARIO LEMIEUX FOUNDATION			D Employ 25-17		tification number
┌ Nar	me cha	ange	Doing Business As			25-17	06231	
│ Init │ Ter			Number and street (or P O box if TWO CHATHAM CTR 112 WASHIN NO 1661	Fmail is not delivered to street address) Rooi GTON PL	m/suite	E Telephor		
☐ Am	ended	return		ountry, and ZIP or foreign postal code		(412)	281-34	466
— App	olicatio	n pending	PITTSBURGH, PA 15219			G Gross re	ceipts \$	4,518,670
			F Name and address of p THOMAS GREALISH TWO CHATHAM CTR 112			Is this a group is ubordinates?	return	for ┌ Yes ✔ No
			NO 166 PITTSBURGH,PA 15219			Are all subordin ncluded?	ates	┌ Yes ┌ No
I Ta:	x-exer	npt status	501(c)(3) 501(c)()	(insert no)			alıst ((see instructions)
y W	ebsit	e:► W\	NW MARIOLEMIEUX ORG		H(c)	Group exempti	on num	nber ►
K Forr	n of or	rganızatıor	n 🔽 Corporation 🗆 Trust 🗀 Associa	tion Other ►	L Year	of formation 199	3 M 9	State of legal domicile PA
Pa	rt I	Sun	nmary		•		•	
Governance				F HOSPITAL PLAYROOMS AND FU				
উ জ	3	Number	of voting members of the gove	rning body (Part VI, line 1a)			з	9
Activities &	l			s of the governing body (Part VI, line			4	
É	5	Total nu	ımber of ındıvıduals employed ı	n calendar year 2013 (Part V, line 2a	a)		5	
ş	6	Total nu	ımber of volunteers (estimate i	fnecessary)			6	500
-	l			Part VIII, column (C), line 12			7a	(
	Ь	Net unr	elated business taxable income	e from Form 990-T, line 34	<u> </u>		7b	(
						Prior Year		Current Year
ā			- '	line 1 h)	•	2,000,34		2,287,765
Ravenue	9 Program service revenue (Part VIII, line 2g)					361,6	75	265 775
Ž	10 11			nn (A), lines 3, 4, and 7d)	•	-173,8		265,775 -24,094
	12	Total	revenue—add lines 8 through 1	1 (must equal Part VIII, column (A)	, line	2,188,2		2,529,446
	13			rt IX, column (A), lines 1-3)		267,6	62	3,546,224
	14	Benef	fits paid to or for members (Par	t IX, column (A), line 4)			0	C
8	15	Salar 5–10		yee benefits (Part IX, column (A), lin	es	329,9	39	352,089
Expenses	16a	Profe	ssional fundraising fees (Part I	X, column (A), line 11e)			0	C
ਡੌ	Ь	Total f	undraising expenses (Part IX, column	(D), line 25) ▶ <u>189,777</u>	_			
	17), lines 11a-11d, 11f-24e)		423,3	03	451,354
	18			nust equal Part IX, column (A), line 2		1,020,9		4,349,667
	19	Revei	nue less expenses Subtract lin	e 18 from line 12		1,167,2	_	-1,820,221
Not Assets or Fund Balances					Begi	nning of Curren Year	t	End of Year
A.55. B.25.	20					5,225,3	-	6,170,578
and and	21				· ·	2,944,0		5,668,938
	22		ssets or fund balances Subtrac nature Block	ct line 21 from line 20		2,281,3	23	501,640
Unde my kı	nowle irer h	alties of dge and as any k	perjury, I declare that I have e belief, it is true, correct, and co nowledge	examined this return, including accom omplete Declaration of preparer (oth				
Here			MAS GREALISH PRESIDENT e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	CHECK	PTIN	207
Paid	k	–	SUSAN M KIRSCH Firm's name FSCHNEIDER DOWNS			self-employed Firm's EIN - 25	P003413 -140870	
Pre	•	er						
Use	On	dv	Firm's address ► ONE PPG PLACE SU∏	ΓΕ 1700		Phone no (412)	261-36	44

PITTSBURGH, PA 15222

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

✓ Yes ☐ No

Form	990 (2013) Pag	e .
Par	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	_
	UND PROMISING MEDICAL INITIATIVES IN THE AREAS OF HODGKIN'S DISEASE, PEDIATRIC ONCOLOGY, RESEARCH AND ATMENT PROTOCOLS AS WELL AS TO SUPPORT THE DEVELOPMENT OF HOSPITAL PLAYROOMS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	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?	
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 \$ 3,814,860 including grants of \$ 3,462,586) (Revenue \$ 0)	_
	MS LEMIEUX EXPANDED THE FOUNDATION'S SCOPE IN 2000 WHEN SHE CREATED AUSTIN'S PLAYROOM PROJECT FOLLOWING PERSONAL EXPERIENCE WHILE CARING FOR THEIR PREMATURE INFANT SON AT MAGEE-WOMEN'S HOSPITAL AS SHE & MR LEMIEUX WERE TENDING TO THEIR SON, THERE WAS NO PLACE TO PROVIDE A COMFORTABLE CALMING ENVIRONMENT AND ENGAGE HIS SIBLINGS IT WAS THEN THAT MS LEMIEUX DEVISED THIS IDEA TO SOMEDAY RAISE FUND FOR PLAYROOMS AT AREA HOSPITALS SINCE INCEPTION, 31 PLAYROOMS, HAVE BEEN ESTABLISHED, WITH ADDITIONAL PLANNED, INCLUDING THE FOUNDATION THIRD MILITARY PLAYROOM SCHEDULED TO OPEN IN THE SUMMER OF 2015	S
	(Code) (Expenses \$ 83,638 including grants of \$ 83,638) (Revenue \$)	_
70	THE FOUNDATION IS SPECIFICALLY INTERESTED IN HODGKIN'S DISEASE RESEARCH, AND SUPPORTS RESEARCH AND PATIENT CARE AT THE MARIO LEMIEUX CENTER FOR BLOOD CANCERS, LOCATED AT THE HILLMAN CANCER CENTER AT THE UNIVERSITY OF PITTSBURGH CANCER INSTITUTE THE STATE-OF-THE-ART CENTER AT THE HILLMAN CANCER CENTER PROVIDES COMPREHENSIVE CARE FOR PATIENTS WITH BLOOD DISEASES WITH A FOCUS ON A PERSONALIZED TREATMENT EXPERIENCE ADDITIONALLY, THE FOUNDATION ESTABLISHED THE MARIO LEMIEUX LYMPHOMA CENTER FOR CHILDREN AND YOUNG ADULTS AT CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC IN JUNE 2014 THIS FACILITY PROVIDES CUTTING EDGE RESEARCH AS WELL AS CLINICAL CARE FOR RARE AN HARD TO TREAT LYMPHOMA IN CHILDREN AND YOUNG ADULTS	D
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	_
 4е	Total program service expenses ► 3,898,498	_
	· · · · · · · · · · · · · · · · · · ·	

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	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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 2	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Yes	
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		

Par	t 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	Yes	
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		No
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? <i>If "Yes," complete Schedule J.</i>	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

	Check if Schedule O contains a response or note to any line in this Part V			
	check in deficultie of contains a response of note to any line in this fact v		Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 35			
)	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
ı	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		N
				14
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for ining requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
		5b		. •
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?			
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Database and the second of the			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
,	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Ν
	If "Yes " has it filed a Form 720 to report these payments? <i>If "No" provide an explanation in Schedule O</i>	14h		

Form 990 (2013) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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			
	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			
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	Yes	
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		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No_
10a	Did the erganization have local chapters, branches, or affiliates?			
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		No
11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	N o
11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	N o
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	No
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed►AL , AZ , CA , CT , DC , FL , GA , IL , KS , LA , ME , MD , ${\sf MA}$, ${\sf MI}$, ${\sf MN}$, ${\sf MS}$, ${\sf NH}$, ${\sf NJ}$, ${\sf NY}$, ${\sf NC}$, ${\sf OH}$, ${\sf OK}$, ${\sf OR}$, ${\sf PA}$, RI, SC, TN, UT, VA, WA, WV, WI
- 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 Vpon 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►NANCY ANGUS TWO CHATHAM CTR 112 WASHINGTON PL PITTSBURGH, PA 15219 (412) 281-3466

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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	more pers	than on is	one bot	not box h ar	chec (, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JOHN CHESKO	1 00	х						0	0	0
BOARD MEMBER								Ů.	<u> </u>	0
(2) ANTHONY LIBERATI BOARD MEMBER	1 00	x						0	0	0
(3) STEVE REICH	1 00									
BOARD MEMBER		Х						0	0	0
(4) ANDREW URBACH	1 00	х						0	0	0
BOARD MEMBER								Ŭ.		
(5) MARIO LEMIEUX	1 00	x		×				0	0	0
CHAIRMAN				<u> </u>				Ů		
(6) THOMAS GREALISH	5 00	×		x				0	0	0
PRESIDENT										
(7) NATHALIE LEMIEUX	1 00	x		х				0	0	0
VICE PRESIDENT										
(8) CHARLES GREENBERG	1 00	x		х				0	0	0
SECRETARY (9) ROBERT HOFMANN	1.00									
	1 00	х		х				0	0	0
TREASURER (10) NANCY G ANGUS	40 00									
	40 00			х				97,700	0	13,766
EXECUTIVE DIRECTOR										

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	(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-		(F) Estima mount o compens from t	ted f other ation he
		organizations below dotted line) Individual trustee Officer Institutional Trustee Officer Institutional Trustee					2/1099-MISC)		rganizati relate organiza	ed				
1b	Sub-Total			•	•			•						
С.	Total from continuation shee	•		Α.	•	•	•			97,700		0		13,766
<u>d</u> 2	Total (add lines 1b and 1c) . Total number of individuals (ii			to the	se	lıste	• d abov	e) w	ho receive			<u> </u>		13,766
	\$100,000 of reportable comp	ensation from th	e organ	ızatı	on ⊫ ()								
2	Did the community of light conf.					l							Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> .						• mpic	yee, •	or nignes .	. compen	sated employee	3		No
4	For any individual listed on lir organization and related organ individual													
5	Did any person listed on line : services rendered to the orga									anızatıon	or individual for	5		No No
1	Complete this table for your fi compensation from the organi	ve highest comp											tax vear	
		(A) Name and business						, -			(B) cription of services		(C Comper)
												\pm		
												\pm		
2	Total number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	those	e list	ed above)	who rece	ived more than	Ŧ		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99		· · · · · · · · · · · · · · · · · · ·					Page
Part V	/##	Statement of Revenue Check if Schedule O contains a response or not	e to any lir	ne 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
के हैं	1a	Federated campaigns 1a	59,420				
ran our	b	Membership dues 1b					
s, G Am	C	Fundraising events 1c	752,990				
Giff. Tar	d	Related organizations 1d					
im:	e	Government grants (contributions) 1e					
tior er S	f	All other contributions, gifts, grants, and 1f similar amounts not included above	1,475,355				
ib it	g	Noncash contributions included in lines	56,500				
Contributions, Giffs, Grants and Other Similar Amounts		1a-1f \$		2,287,765			
<u>5 6</u>	h	Total. Add lines 1a-1f	▶	2,207,703			
a la	2a	Busine	ss Code				
ever	b						
ος CE	c						
 ≥	d						
å ⊱	e						
Program Serwce Revenue	f	All other program service revenue					
£	g	Total. Add lines 2a-2f	. ▶				
	3	Investment income (including dividends, intere		61,663			61,6
	4	and other similar amounts) Income from investment of tax-exempt bond proceeds		01,003			01,0
	5	Royalties					
			ersonal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a		Other				
		from sales of 996,072 assets other than inventory Less cost or					
	b	other basis and sales expenses 791,960					
	С	Gain or (loss) 204,112					
	d	Net gain or (loss)	· ·►	204,112			204,1
Other Revenue	8a	Gross income from fundraising events (not including \$					
ξ		a	1,122,430				
ţ.	Ь	Less direct expenses b	1,179,391				
0	C	Net income or (loss) from fundraising events .	. ▶	-56,961			-56,9
	94	Gross income from gaming activities See Part IV, line 19					
	l	Less direct expenses b					
		Net income or (loss) from gaming activities .	· •				
	104	Gross sales of inventory, less returns and allowances .					
		a	50,740				
	b	Less cost of goods sold b Net income or (loss) from sales of inventory .	17,873	32,867			32,8
	_		ss Code	32,007			32,0
	11a	333110					
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	►				
	12	Total revenue. See Instructions	· •	2,529,446	0	0	241,6
	_						Form 900 /201

Form 990 (2013) Part IX Statement of Functional Expenses

Section 50	1(c)(3)	and 5	01(c)(4) organizations	must complete	all columns	All other	organizations	must comple	ete column (A)

		_		icte column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			· · · · · ·
	ot include amounts reported on lines 6b, o, 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	3,546,224	3,546,224		
2	Grants and other assistance to individuals in the United States See Part IV, line 22		, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	111,100	55,550	27,775	27,775
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	99,681	49,841	24,920	24,920
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,235	10,617	5,309	5,309
9	Other employee benefits	12,239	6,119	3,060	3,060
10	Payroll taxes	107,834	53,917	26,958	26,959
11	Fees for services (non-employees)	107,034	33,317	20,330	23,333
a	Management	10.550		10.550	
b	Legal	12,659		12,659	
С	Accounting	40,813		40,813	
d	Lobbying	24,364		24,364	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	19,509		19,509	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	72,360	36,180	18,090	18,090
14	Information technology	38,474	19,237	9,618	9,619
15	Royalties	30,171	15,251	3,010	3,013
16	Occupancy	38,246	19,123	9,562	9,561
17		36,240	19,123	9,302	9,301
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,120		14,120	
23	Insurance	31,812	15,906	7,953	7,953
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COMMUNITY RELATIONS	50,701	25,351	12,675	12,675
b	MOSAIC EXPENSE	39,850	20,001	12,010	39,850
_	MAKE ROOM FOR KIDS		17.004		39,030
c C		17,084	17,084	2.066	2.067
d	TRAINING	11,470	5,735	2,868	2,867
	All other expenses	39,892	37,614	1,139	1,139
25	Total functional expenses. Add lines 1 through 24e	4,349,667	3,898,498	261,392	189,777
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

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in th	ıs Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			2,060,376	2	1,408,102
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			26,795	4	413,551
	5	Loans and other receivables from current and former officers, diversity employees, and highest compensated employees. Complete Par Schedule L				-	
35	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B employers and sponsoring organizations of section 501(c)(9) vobeneficiary organizations (see instructions) Complete Part II of), and oluntar	contributing y employees'		5	
S	_					6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			10.050	8	400.000
	9	Prepaid expenses and deferred charges		 !	16,250	9	126,600
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	85,083			la
	b	Less accumulated depreciation	10b	52,628	·		32,455
	11	Investments—publicly traded securities		3,092,115	11	4,189,870	
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		•		14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,225,391	16	6,170,578
	17	Accounts payable and accrued expenses		•	54,923	17	155,293
	18	Grants payable			2,606,310	18	5,198,559
	19	Deferred revenue			282,835	19	315,086
	20	Tax-exempt bond liabilities		•		20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Scheo	lule D			21	
Liabilitie	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualified		tees,			
ge E		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of S	chedule .			
		D			2 2 4 4 2 2 2	25	
	26	Total liabilities. Add lines 17 through 25			2,944,068	26	5,668,938
on dh		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and c	omplete			
ĕ	27	Unrestricted net assets			2,273,150	27	501,640
<u>छ</u>	28	Temporarily restricted net assets		•	8,173	28	0
or Fund Balance	29	Permanently restricted net assets			0,170	29	
Ĭ	2	Organizations that do not follow SFAS 117 (ASC 958), check he				23	
<u> </u>		complete lines 30 through 34.		und			
0	30	Capital stock or trust principal, or current funds				30	
至	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32	
Šet	33	Total net assets or fund balances			2,281,323	33	501,640
Z	34	Total liabilities and net assets/fund balances			5,225,391	34	6,170,578
		·			1		<u> </u>

					age ==
Par	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		2,5	529,446
2	Total expenses (must equal Part IX, column (A), line 25)			4 -	140.667
3	Revenue less expenses Subtract line 2 from line 1	2		4,3	349,667
		3		-1,8	320,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,2	281,323
5	Net unrealized gains (losses) on investments				
_	Donated services and use of facilities	5			40,538
6	Dollated Services and use of lacinties	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		5	501,640
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990				
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 review a separate basis, consolidated basis, or both	wed or	ר		
	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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			1	1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	3	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		

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DLN: 93493217011075

OMB No 1545-0047

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.

Open to Public **Inspection**

Name of the organization MARIO LEMIEUX FOUNDATION

Employer identification number

SI	ja niza			lines 1-9 above or IRC section (see instructions))	your gove docume Yes		suppor Yes	t?	rn the U			port
	Nam uppor		(ii) EIN	(iii) Type of organization (described on	(iv) Is t organızatı col (i) lıst	on in ted in	(v) Did you the organiz in col (i) o	zation	(vi) Is organiza col (i) org	tion in	mon	nount of etary
h		Provide	the followin	ng information about	the supporte	ed organizat	ion(s)					
		(iii) A 3	5% contro	led entity of a perso	n described	ın (ı) or (ıı)				11g		
				er of a person descri			•				(ii)	
				rectly or indirectly o governing body of th			_	persons des	scribed in (ii) 11 ç	Yes	No
g		check th Since Au following	nis box ugust 17, 2 persons?	006, has the organi	zatıon accep	oted any gift	or contributi	on from any	of the			
f		section	509(a)(2)	on managers and otl received a written de		•		_				
11 e	 	one or m the box	nore public that descri Type I	janized and operated y supported organiz bes the type of supp o Type II c ox, I certify that the	ations descr orting organ Type II	ibed in sect ization and I - Function	ion 509(a)(1) complete line ally integrate	or section s 11e throu d d	509(a)(2) S gh 11h Type III - N	on-function	509(a)(3). ally integr	. Check ated
10			An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
				oss investment inco anization after June						tax) from bu	ısınesses	
		receipts	from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions, a	and (2) no m	ore than 331	/3% of	
8 9	<u> </u>			described in sectior it normally receives					outions, men	nbership fees	s, and gros	ss
	_ _	describe	ed in sectio	nt normally receives n 170(b)(1)(A)(vi).	(Complete P	art II)		-	ental unit or	from the gen	eral public	-
6	Γ			local government or		al unit desc	rıbed ın secti	on 170(b)(1	L)(A)(v).			
5	ı	_	•	A)(iv). (Complete P	_	or universi	ty owned or o	perated by a	a governmer	itai uiiit üest	Tibea iii	
_	_	hospital	's name, ci	ty, and state erated for the benefi	t of a collogo	or unward	tu owned or o	norated by	n governmer	tal unit dage	aribad in	
4	Γ		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
3	\Box											
2	_		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
1	<u></u>			on of churches, or as	-		= -	· ·	-			
he or				e foundation becaus						115ti uctions	· .	
	tΙΙ	Peaso	n for Du	blic Charity Sta	tus (All ord	anizations	must comi	nlete this r	art \ See i	nstructions		

instructions

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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,637,100 1,825,014 1,924,740 2,000,343 2,287,765 9,674,962 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,637,100 1,825,014 1,924,740 2,000,343 2,287,765 9,674,962 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,013,368 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 8,661,594 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total beginning in) 🟲 1,637,100 1,825,014 1,924,740 2,000,343 2,287,765 9,674,962 Amounts from line 4 Gross income from interest, dividends, payments received on 37,795 42,758 46,340 54,099 61,663 securities loans, rents, royalties 242,655 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 9,917,617 through 10) Gross receipts from related activities, etc (see instructions) 12 12 83,211 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 $\ldots\ldots\ldots\ldots\ldots$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 87 340 % Public support percentage for 2012 Schedule A, Part II, line 14 15 15 81 090 % 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

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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

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

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
		Facts And Circumstances Test	
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493217011075

25-1708231

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

MARIO LEMIEUX FOUNDATION

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number**

2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(d	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4720	o for this year?		┌ Yes ┌ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(d	c), except section 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to oth	ier organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file I	Form 1120-POL for this year?			↑ — Yes
5	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered	m the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For F	aperwork Reduction Act Notice, se	 ee the instructions for Form 990 or 990-	EZ.		

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	24,364	
С	Total lobbying expenditures (add lines 1a and 1i	p)	24,364	
d	Other exempt purpose expenditures		4,325,303	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	4,349,667	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	367,483	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	91,871	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, did the organization file Form 472	20 reporting	□ Yes □ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendi	tures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	322,624	222,293	177,090	367,483	1,089,490
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,634,235
c	Total lobbying expenditures	25,339	22,100	24,273	24,364	96,076
_d	Grassroots nontaxable amount	80,656	55,573	44,273	91,871	272,373
е 	Grassroots ceiling amount (150% of line 2d, column (e))					408,560
f	Grassroots lobbying expenditures					

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	.	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not incleaned expenses for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age -i
Part IV Supplemental Information		
Return Reference	Explanation	

Schedule D (Form 990) 2013

DLN: 93493217011075

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

► 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) Open to Public

Supplemental Financial Statements

emal Revenue Service and its instruc	tions is at <u>www.irs.gov/form990</u> .		Inspection
Name of the organization		Emp	loyer identification number
MARIO LEMIEUX FOUNDATION		25-1	1708231
Part I Organizations Maintaining Donor Ad	vised Funds or Other Similar		
organization answered "Yes" to Form 990	 		
	(a) Donor advised funds	-	(b) Funds and other accounts
Total number at end of year Aggregate contributions to (during year)			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year Did the organization inform all donors and donor advis			
Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	-	onor advi	sed Yes No
Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene			
conferring impermissible private benefit?	f the erganization answered "Ves"	to Form	<u> </u>
art II Conservation Easements. Complete		to Form	1 990, Part IV, line 7.
Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation		an histori	cally important land area
Protection of natural habitat			d historic structure
Preservation of open space	,		
	a gualified concentration contribution in	tha farm	of a concernation
Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution if	i the loth	TOTA CONSERVATION
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c	
Number of conservation easements included in (c) ac historic structure listed in the National Register	quired after 8/17/06, and not on a	2d	
Number of conservation easements modified, transfei	red, released, extinguished, or termina	ted by th	e organization during
the tax year 🛌	. , ,	•	J J
Number of states where property subject to conserva	tion easement is located ►		
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspi	ecting, and enforcing conservation easo	ements d	uring the year
A mount of avanage incurred in manifesting increasing	a and enforcing concernation accommon	to dump	the week
Amount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easemer	its auring	, the year
Does each conservation easement reported on line 2	(d) above satisfy the requirements of so	ection 17	70(h)(4)(B)(ı)
and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports co		•	•
balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem		al staten	nents that describes
Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures	, or Oth	ner Similar Assets.
If the organization elected, as permitted under SFAS	116 (ASC 958), not to report in its rev		
works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	to its financial statements that describ	es these	tems
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, educatior		
(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, histo following amounts required to be reported under SFAS			
Revenues included in Form 990, Part VIII, line 1	· -		► \$
Nevenues included in Fulli 990, Part VIII, line 1			- >

b Assets included in Form 990, Part X

Part	TIT Organizations Maintaining Co	llections of Art	t, His	stor	cal Tre	<u>easur</u>	es, or (<u> </u>	<u>er Similai</u>	r Asse	ets (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck	any of th	ne follo	wing that	are a	significan	t use of	its	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	ırams	5			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furthei	r the or	ganızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicit								nılar	_		_
	assets to be sold to raise funds rather than t		-						/!! I- E-		Yes	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ea "Y	res" to Fo	rm 990), 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	edıary	for o	ontribut	ions oi	other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table							
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?	•						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expl	anati	on has b	een pr	ovided in	Part	XIII			Γ
Pai	rt V Endowment Funds. Complete											
	·	(a)Current year	<u>`</u>)Prior	·		wo years ba	ick (c	1) Three years	back (e	e)Four y	ears back
1a	Beginning of year balance	1,116,855			1,007,218							
b	Contributions						1,000,0	000				
c	Net investment earnings, gains, and losses	67,239			114,370		7,	139				
d	Grants or scholarships							_		_		
е	Other expenditures for facilities and programs											
f	Administrative expenses	5,974			4,733			221				
g	End of year balance	1,178,120			1,116,855		1,007,2	218				
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g	, columr	n (a)) h	eld as					
а	Board designated or quasi-endowment 🕨	100 000 %										
b	Permanent endowment ► 0 %											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho) % uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that	are held	and ad	lmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations		-							3a(i)		No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ns listed as require	d on S	Sche	dule R?			٠.		3a(ii) 3b		No
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme		the o	rgar	nization	answ	ered 'Ye	s' to	Form 990), Part	IV, lır	ne
	11a. See Form 990, Part X, line : Description of property	10.			a) Cost or asis (inves		(b)Cost o basis (o		r (c) Accun		(d) Bo	ook value
1-	Land			+			1					
	Land		•	\vdash			-				-	
	Buildings		•	\vdash			-	6 050	,	C 500	-	270
	Leasehold improvements		•	\vdash			 .	6,858 38,634		6,588	 	270
	!!		•	\vdash			 	38,6 <i>3</i> 4 39,591		36,195 9,845	—	2,439 29,746
	O ther	gual Form 990 Part		ımp /	B) line 1	10(c))			-	-		32,455
rota	i. A uu iiiles Ta tiirougn Te (C <i>olumn (a) must e</i>	quai rorm 990, Part	A, COIL	חחוג (ا J, iine ا	U(C).)		•	!	_		32,455

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	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)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion 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
(a) Description of investment	(b) Book value	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		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Part	XI		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line			s With Revenue p	er R	Leturn Complete If
1	Tota		support per audited financial statements				1	3,922,428
2		· ·	not on Form 990, Part VIII, line 12	•	•			3,322,420
a			ments	2a	- 1	40,538		
b		_	cilities	2b	+	155,180		
c				2c	-	133,100		
d				_	+	1,197,264		
e		lines 2a through 2d .		_ 			2e	1,392,982
3		3			_		3	2,529,446
4), Part VIII, line 12, but not on line 1	•	•			2,323,110
a a			ided on Form 990, Part VIII, line 7b.	4a	- 1			
b		•		4b	-			
c		,					4 c	0
5			4c. (This must equal Form 990, Part I, line					2,529,446
Part			penses per Audited Financial St					
			wered 'Yes' to Form 990, Part IV, lin				ро.	
1	Total	expenses and losses per	audited financial statements				1	5,702,111
2	A mo	unts included on line 1 but	not on Form 990, Part IX, line 25					
а	Dona	ted services and use of fa	cilities	. 2	a	155,180		
b	Prior	year adjustments		. 2	ь			
C	Othe	rlosses		2	c			
d	Othe	r (Describe in Part XIII)		20	d	1,197,264		
e	A dd I	ines 2a through 2d					2e	1,352,444
3	Subti	ract line 2e from line 1 .					3	4,349,667
4	A mo	unts included on Form 990	, Part IX, line 25, but not on line 1:					
а	Inves	stment expenses not inclu	ded on Form 990, Part VIII, line 7b .	. 4	a			
b	Othe	r (Describe in Part XIII)		4	ь			
c	Addl	ines 4a and 4b					4c	0
5	Total	expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, li	ine 18)		5	4,349,667
Part	XIII	Supplemental Info	ormation					
	/, lıne	4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d an					de any additional
	Re	eturn Reference	Explanation					
PART			THE FOUNDATION'S UNRESTRICTED INVESTMENT FUND ESTABLISHED PRINTUREST MISSION AS PERMITTED BY GAAP, AN SPECIFIC PURPOSES MAY BE INCLUD AMOUNTS MAY BE ACCOUNTED FOR IDESIGNATED FUNDS ARE KNOWN AS COFENDOWMENT FUNDS AND ARE CLAOR ABSENCE OF DONOR-IMPOSED REEXISTS FOR THE PORTION OF THE NEFOLLOWS ITS INVESTMENT POLICY, VEOUNDATION FOLLOWS A TOTAL RETURE PRESERVATION OF THE REAL VALUE OF WHEN THE BOARD ELECTS A SPENDING ELECTS A SPENDING ELECTS A SPENDING TO SET A SPENDING ENDOWMENT FUND THE FOUNDATION DETERMINATION TO SET A SPENDING ENDOWMENT FUND 2 PRESERVING TO MAXIMUM INVESTMENT RETURN WITH CONSIDERATION 4 COMPLYING WITH CONSIDERATION 4 COMPLYING WITH CONSIDERATION 4 COMPLYING WITH CONSIDERATION AS SUCH, IS EFOUNDATION TO SET A SPENDING TO SECTION 509 OF THE IRC THE FOUND IN INCOME TAXES, WHICH PROVIDES MEASUREMENT OF UNCERTAIN TAX PUNCERTAIN TAX PUNCERTAIN TAX POSITION SHOULD INFORM UNCERTAIN TAX POSITION SHOULD INFORM UNCERTAIN TAX POSITIONS ARE BENEFIT RECOGNIZED IN THE FINANCE FEDERAL, STATE AND LOCAL INFORM UNDER EXAMINATION THE STATUTE FEDERAL TAX RETURNS REMAINS OPE THROUGH THE PRESENT THE FOUNDATHE	IMARI MOUN ED IN IN OT QUAS SSIFI STRIC T ASS WHICH OF TH IG AM VED E WHICH OF TH IG AM VED E OF TH IG AM ICH	ILY ITS	FOR SUPPORT OF TH DESIGNATED BY GO RESTRICTED CURRE FUNDS, SUCH AS EN NDOWMENTS WHEN A AND REPORTED BAS ONS NO DONOR-IMI S DESIGNATED BY TH OVERNS ITS ENDOWN ICY HOWEVER, THE SSETS IS TAKEN INT NT ON AN ANNUAL IS HE BOARD THE FOU SECTION SPECIFIC DERS THE FOLLOWIN PROTECTING THE OUNDERS THE FOLLOWIN PROTECTING THE OUNDERS THE GUIDA A FOR THE RECOGN: S THIS GUIDANCE IS GASURED TO DETERM TEMENTS THE FOUN ETURNS, AND NO RE- TATIONS ON THE FOUN TATIONS ON THE FOUN ETURNS, AND NO RE- TATIONS ON THE FOUN TEMENTS ON THE FOUN ETURNS, AND NO RE- TATIONS ON THE FOUN TEMENTS ON THE FOUN TEM	E FO VERN NT FI NDO W CCO O POSE HE BC MENT CO CC BASIS NDA ALLY ICO RF E IN N NDAT INDAT TUNDAT TUNDAT TEMB	UNDATION'S ING BODIES FOR JNDS, OR THOSE WMENT FUNDS THESE UNTED FOR AS PART N THE EXISTENCE ED RESTRICTION DARD THE BOARD FUND THE G-TERM DNSIDERATION S, THE FOUNDATION TION HAS ADOPTED RELATES TO ITS CTORS IN MAKING A PUS OF THE ETS 3 OBTAINING IONAL NTERNAL REVENUE ADDITION, THE TION UNDER FOR UNCERTAINTY N AND IRES THAT AN DRE LIKELY THAN CAL MERITS THE AMOUNT OF ION FILES U S IS ARE CURRENTLY ATION'S U S IS ER 30, 2012
		NE 2D - OTHER	PURSUANT TO THE PRINCIPLES OF SU ARE NO UNCERTAIN TAX POSITIONS SPECIAL EVENT EXPENSES 1,179,39:					THE THAT THERE
ADJUS PART >		ITS INE 2D - OTHER	SPECIAL EVENT EXPENSES 1,179,39:	1 (0)	STO) F GOODS SOLD 17	873	
ADJUS	,		DI LOTALLVLINI LAPENSES 1,1/9,39.		ا د		,0 / 3	

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493217011075

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization MARIO LEMIEUX FOUNDATION	ı				Employer ide	entification number
MARIO LEMIEUX FOUNDATION	1				25-170823	1
Part I Fundraising Acti Form 990-EZ filers				on answered "Yes" part.	to Form 990, Part I	V, line 17.
1 Indicate whether the organi	zatıon raısed funds t	hrough ar	ny of the f	ollowing activities Che	eck all that apply	
a Mail solicitations			е	Solicitation of nor	n-government grants	
b Internet and email solid	itations	Solicitation of gov	ernment grants			
c Phone solicitations			g	☐ Special fundraisin	g events	
d						
2a Did the organization have a or key employees listed in F						Г _{Yes} Г _{No}
b If "Yes," list the ten highes to be compensated at least			fundraıseı	rs) pursuant to agreem	ents under which the f	undraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
•						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			.			
3 List all states in which the oregistration or licensing	rganızatıon ıs regist	cered or li	censed to	solicit contributions o	r has been notified it i	s exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut							
		3 1 3	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 HOCKEY CAMP (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))				
₽	1	Gross receipts	858,037	, , , ,	335,633	1,875,420				
Revenue	2	Less Contributions	328,037		137,703	752,990				
~ 	3	Gross income (line 1 minus line 2)	530,000		197,930	1,122,430				
	4	Cash prizes	83,500	52,500	1,500	137,500				
60	5	Noncash prizes								
Expenses	6	Rent/facility costs	200,000	52,502	6,579	259,081				
ă ă	7	Food and beverages .	84,117	88,514	22,705	195,336				
Direct	8	Entertainment	9,945			9,945				
Ā	9	Other direct expenses .	197,808	155,538	224,183	577,529				
	10	Direct expense summary Add lin	(1,179,391)							
	11	Net income summary Subtract lii	-		•	-56,961				
Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	•				
Revenue		\$15,000 on Form 990-EZ, lır	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
<u>~</u>	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Direct	5	Other direct expenses								
	6	Volunteer labor	┌ Yes		☐ Yes					
	7	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	🛌					
9 a b	Is th	er the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	h of these states?						
10a b		e any of the organization's gaming l	icenses revoked, susper	nded or terminated during						

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

Schedule I (Form 990)

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

DLN: 93493217011075 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public **Inspection**

Name of the organization **Employer identification number** MARIO LEMIEUX FOUNDATION 25-1708231 **General Information on Grants and Assistance**

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL DF PITTSBURGH FOUNDATION 4401 PENN AVENUE PITTSBURGH,PA 15224	25-1865744	501(C)(3)	14,143		N/A	N/A	PLAYROOM EXPENDITURES FOR THE BENEFIT OF TH HOSPITAL
(2) NAVAL HOSPITAL CAMP PENDLETON 200 MERCY CIRCLE CAMP PENDLETON, CA 92055		GOVERNMENT	165,888		N/A	N/A	PLAYROOM EXPENDITURES FOR THE BENEFIT OF THI HOSPITAL
3) ALLEGHENEY GENERAL HOSPITAL HEALTH WELLNESS PAVILION 12311 PERRY HIGHWAY WEXFORD, PA 15090	45-3674924	501(C)(3)	33,571		N/A	N/A	PLAYROOM EXPENDITURES FOR THE BENEFIT OF THI HOSPITAL
(4) JEFFERSON REGIONAL MEDICAL CENTER 565 COAL VALLEY ROAD JEFFERSON HILLS, PA 15025	25-1260215	501(C)(3)	9,995		N/A	N/A	PLAYROOM EXPENDITURES FOR THE BENEFIT OF THI HOSPITAL
5) CHILDREN'S HOSPITAL DF PITTSBURGH FOUNDATION 4401 PENN AVENUE PITTSBURGH, PA 15224	25-1865744	501(C)(3)	2,274,027		N/A	N/A	MARIO LEMIEUX LYMPHOMA CENTER
6) CHILDREN HOME & LEMIEUX FAMILY CENTER 5324 PENN AVENUE PITTSBURGH, PA 15224	25-0965292	501(C)(3)	916,727		N/A		PEDIATRIC SPECIALTY HOSPITAL EXPANSION PROJECT
(7) UNIVERSITY OF PITTSBURGH CANCER INSTITUTE 5115 CENTRE AVENUE PITTSBURGH,PA 15232	25-1899326	501(C)(3)	83,638		N/A	N/A	MARIO LEMIEUX CENTER FOR BLOOD CANCERS

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
Part IV Supplemental Inf	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								
PART I, LINE 2	HE MARIO LEMIEUX FOUND	ATION WORKS VERY CLO	SELY WITH AREA HOSPI	ITALS TO DESIGN, FUND A	ND CONSTRUCT CHILDREN'S				

Return Reference	Explanation
ART I, LINE 2	THE MARIO LEMIEUX FOUNDATION WORKS VERY CLOSELY WITH AREA HOSPITALS TO DESIGN, FUND AND CONSTRUCT CHILDREN'S
	PLAYROOMS THE FOUNDATION OVERSEES ALL ASPECTS OF THE CONSTRUCTION TO ENSURE THAT THE PLAYROOMS MEET THE NEEDS
	OF CHILDREN WHOSE SIBLINGS REQUIRE HOSPITAL SERVICES THE FOUNDATION MAINTAINS RECORDS TO SUBSTANTIATE THE
	AMOUNT CONTRIBUTED TOWARDS CONSTRUCTION AND BUILD OUT CURRENTLY, THE FOUNDATION HAS FOCUSED ITS EFFORTS ON TAX-
	FEVENDT HOSDITALS

DLN: 93493217011075

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

MARIO LEMIEUX F							"	mpioy	er iden	tiricatio	on numbe	er .	
									08231				
	ess Benefit										404		
	olete if the orga e of disqualifie			ship between		(c) Des					(d) Corr	rected?	
1 (4) (4)	e or arsquarme	a person (-	n and organiz	•	(6) 503	cription	OI CIU	ii 3 d C Ci O	''	Yes	No	
2 Enterthe a	mount of tax 11	ncurred by or	ganization r	managers or o	disqualified pe	rsons durina t	he vear	r unde	rsectio	n			
4958 .			_						> \$				
3 Enterthe a	amount of tax, i	ıf any, on lıne	2, above, re	eımbursed by	the organizat	ion			F \$				
Part II Lo	ans to and	or From T	ntereste	d Dersons									
	mplete if the oi					, line 38a, or	Form 9	90, P	art IV, I	ıne 26,	or if the		
	anızatıon repo				line 5, 6, or 22				<u> </u>				
(a) Name of	(b)	(c) Purpose of	(d) Loan to or from the		(e)Original	(f) Balance due	(g) In		(h) Approv	ام ما	(i)Wri		
ınterested person	Relationship with organization	loan	organizatio		principal amount	uue	delaui	('	by	veu	agreemen		
		organization	organızatıon								board		
									or commi	ttee?			
			То	From	1		Yes	No	Yes	No	Yes	No	
												•	
											_		
									1		_		
									-				
									<u> </u>	+	_		
 Total		 			<u> </u>						\neg		
Part III Gra	ants or Assi		nefittina	Intereste	d Persons.		_						
Coi	mplete ıf the	organizatio	n answere	d "Yes" on	Form 990, P	art IV, line 2	27.						
(a) Name of I	_	b) Relationsh			nt of assistanc	e (d) Type	e of ass	ıstand	:e (e	e) Purpo	se of ass	sistance	
perso	n ir	nterested per organiza											
		organiz	4011						l I				

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PITTSBURGH PENGUINS	MLF TRUSTEE/VENDOR	38,466	TICKET PURCHASE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation		

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493217011075

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Noncash Contributions

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

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Name of the organization MARIO LEMIEUX FOUNDATION

Employer identification number

- D-	Turner of Duest subs			23	0-1/08231			
Ра	rt I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(Method of noncash contri		_	nts
	Art—Works of art			ille 1g				
	Art—Fractional Interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(CH&FOOD)	Х	9	38,500	FM∨			
	Other▶(CERTIFIC)	Х	1	15,000	FMV			
VE	Other►(NT PRIZES)	Х	1	3,000	FMV			
	Other► (TION ITEMS)	X	87	C				
29	Number of Forms 8283 received by th for which the organization completed F				9			0
20-	Dumpa the year did the exercise to a	rogowa bii	antribution and areas	operad in Dant I line - 4	through 20 that		Yes	No
JU a	During the year, did the organization							
	it must hold for at least three years fr			, and which is not require	a to be used			
	for exempt purposes for the entire ho		· · · · · · · · ·			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc					31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell no	ncash			
						32a		No_
	If "Yes," describe in Part II		duman (a) for a trivial of a	د از	in abached			
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	is cnecked,			

Supplem	ental Information. Provide the information required by Part I, lines 30b,
32b, and 3	33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
number o	f items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation		
PART I, COLUMN (B)	THE FOUNDATION HAS DISCLOSED THE NUMBER OF CONTRIBUTORS		

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493217011075

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

Name of the organization MARIO LEMIEUX FOUNDATION

Employer identification number

25-1708231

990 Schedule O, Supplemental Information

Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2		
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY THE EXECUT IVE DIRECTOR AND THE FOUNDATION PRESIDENT BEFORE FILING A COMPLETE COPY OF THE RETURN WAS DISTRIBUTED TO THE BOARD PRIOR TO FILING	
FORM 990, PART VI, SECTION B, LINE 12C	IF A CONFLICT EXISTS IT IS BROUGHT TO THE ATTENTION OF THE BOARD AND APPROPRIATE ACTION IS TAKEN	
FORM 990, PART VI, SECTION B, LINE 15A	A COMPENSATION REPORT WAS PROVIDED TO THE FOUNDATION PRESIDENT THE REPORT INCLUDED COMPEN SATION COMPARISONS GATHERED FROM GUIDESTAR'S EXECUTIVE COMPENSATION REPORT THE PRESIDENT DISCUSSED AND APPROVED THE CURRENT COMPENSATION PACKAGE WITH THE CHAIRMAN AND OTHER BOARD MEMBERS	
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 REQUEST	
FORM 990, PART VI, QUESTION 2, FINANCIAL STATEMENTS AND REPORTING	MARIO LEMIEUX FOUNDATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING F IRM IN ADDITION, THE FOUNDATION HAS A BOARD THAT ASSUMES THE RESPONSIBILTY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	