

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



Form **990** 

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	e 2013 ca	lendar year, or tax year beginning 10/1/2013 , and end	ling 9/30	/2014	4			
В	Check If	applicable	C Name of organization G42, Inc.	D Employer	identıf	fication number			
	Address	change	Doing Business As						
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	26-0734218					
Ξ		-	701 E. Morse Street	E Telephone	numbe	er			
	nıtıal reti	um	City or town State ZIP code Fredericksburg TX 78624						
	Terminat	ed	Foreign country name Foreign province/state/county Foreign postal co	via					
$\Box$	Amended	d return	Torong Country Harris Torong Province State Country Torong Postar Co	G Gross rece	ints \$	358,278			
$\equiv$									
<u> </u>	Application	on pending	1	I(a) is this a group return fo					
				f(b) Are all subordinates					
1 7	ax-exen	npt status	X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527	If "No," attach a list	L (see	instructions)			
JV	Vebsite	e: n/a	Н	I(c) Group exemption n	umber	· · · · · · · · · · · · · · · · · · ·			
KF	orm of a	rganization	X Corporation Trust Association Other L Year of	of formation 2008	MS	State of legal domicile GA			
Р	art I	Su	mmary						
	1			a network of chur	ches.				
e	1	•	es, and businesses with the mission to plant churches and ministries and to		700121	·			
Jan	l		dom of God around the world-to inspire and develop leaders who are passion						
Governance	2		his box 🗼 🗍 if the organization discontinued its operations or disposed of		f ite r	nat accate			
Ó	3		of voting members of the governing body (Part VI, line 1a)		3	1 d d d d d d d d d d d d d d d d d d d			
∞ಶ	4		of independent voting members of the governing body (Part VI, line 1b).	r	4	4			
ies	5		imber of individuals employed in calendar year 2013 (Part V, line 2a)		5	4			
Activities &	6		imber of volunteers (estimate if necessary)	r	6	<del></del>			
Act	7a		irelated business revenue from Part VIII, column (C), line 12		7a	0			
	Ь		elated business taxable income from Form 990-T, line 34		7b	0			
				Prior Year		Current Year			
ø	8	Contrib	utions and grants (Part VIII, line 1h)	324	,265	356,355			
Ē	9	Progran	n service revenue (Part VIII, line 2g)		,701	1,923			
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2	0			
~	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) [		0	0			
	12	Total rev	renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	325	,968	358,278			
	13	Grants :	and similar amounts paid (Part IX, column (A), lines 1–3)		0	0			
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0			
es	15		, other compensation, employee benefits (Part IX, column (A), lines 5–10) .   .	61	,861	54,723			
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)		0	0			
ă	Ь		ndraising expenses (Part IX, column (D), line 25)	2 💉		r			
ш	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		,994	277,077			
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25) .		,855	331,800			
- 50	19	Revenu	e less expenses Subtract line 18 from line 12		,113				
ts or	20	Tatalaa		Beginning of Current		End of Year			
Assets ( Balanc	20		sets (Part X, line 16)		,328	70,003			
Net /	21		bilities (Part X, Irne 26)	76	,328	70,003			
	rtill				,320	70,003			
			Inature Block y, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my kn	owledo	18			
			act, and complete Declaration of preparer (other than officer) is based on all information of which p						
e:		\ \<	1 Caller	7	Ju	ly 2015			
Sig He			Signature of officer	Date		,			
116	16		DAVID L. HEARN III, DIRECTUR						
			Type or print name and title	<u> </u>					
_		Pnr	1/Type preparer's name Preparer's signature	Date	neck	PTIN			
Pa	-	Rva	n Foust Ryan Foust	1 1	elf-emp	Dloyed P00848856			
	epare	' -	n's name ChurchShield, LLC	<del></del>		141557			
Us	e Onl	,							
_			n's address 15215 Endeavor Drive, Noblesville, IN 46060	Phone no	31/-	570-9573			
Ма	y the II	RS discus	s this return with the preparer shown above? (see instructions)	<u> </u>	• •	Yes X No			
	Paper	work Red	uction Act Notice, see the separate instructions.			Form <b>990</b> (2013)			
НТА	HTA								
	RECEIVED G17								
اها			2015						
88	ال	UL 20	(၂)						
14	l	_							
1		CDEN	N, UT						
1	U	الالال	11						

Form 9	90 (2013)	G42, Inc	26-0734218	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		X
1	Bnefly d	lescribe the organization's mission:		
	G42 is a	network of churches, ministries, and businesses with the mission to plant churches		
	and min	istnes and to spread the Kingdom of God around the world-to inspire and develop		
	leaders	who are passionate about the poor, orphans, and laying their lives down for Christ		
_				
2		organization undertake any significant program services during the year which were not listed on	_	
		r Form 990 or 990-EZ?	L Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program	F	_
	services		Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services		
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others,	
	the total	expenses, and revenue, if any, for each program service reported.		
	<u> </u>			
4a	(Code.	) (Expenses \$ 262,285 including grants of \$ ) (Revenue	е\$	)
	See scr	nedule O		
			·	
				·
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue	e \$	<del>-</del>
	(	////		
			-	
	<del></del> _		<del></del>	
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenu	e\$	)
				·
				·
				· •
4d	Other of	rogram services. (Describe in Schedule O.)		
	(Expens		0)	
4e		ogram service expenses 262,285		

<u>Part</u>	V 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,"	$\Box$		
•	complete Schedule A	1	ΧÍ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	١.		
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ļ		ŀ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		×
7	"Yes," complete Schedule D, Part I			<del>  ^</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	$\vdash$		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			ļ
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ļ
	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	1		
	Schedule D, Part VI	11a	X	_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l		۱
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	١		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 18	11d		V
е	Did the organization report an amount for other liabilities in Part Pline 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<del>  ^</del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		<del>- ^`</del>
	Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	(		ĺ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		L <sub>X</sub>
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	4.		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u>-×</u>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  ''</del>		┝
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del>ٺٽ</del>		<u> </u>
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form		<u> 26-0734218</u>	Pa	2ge <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			<u></u> -
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	1	v
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		<u>X</u> _
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	22		Х
00	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	· · ·   <del>-22</del>		^-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	· ·		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	<u>25a</u>	L.,	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ļ		
	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	<u>25b</u>	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<del>  ^</del>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	Ì		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	` ` <del> </del>		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	Ì	i	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<u>28c</u>		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	) <sub></sub>		١
24	conservation contributions? If "Yes," complete Schedule M	30		Χ.
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ا م	}	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Χ.
JL	If "Yes," complete Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_^-
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36	$oxed{oxed}$	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,	
	19? Note. All Form 990 filers are required to complete Schedule O	. 38	X	

	,				
•					
Form 9	90 (2013) G42, Inc. 26	-07342	18	Pa	age
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>.                                    </u>	_
		_		Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	- [	l	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		-		-
	gaming (gambling) winnings to prize winners?	. 1	c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı			
	Statements, filed for the calendar year ending with or within the year covered by this return	4	-		_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2	b	Х	_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	` <del>  -</del>	a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3	b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 1	- 1	- }	
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial				
	account)?	. 4	a		_
b	If "Yes," enter the name of the foreign country.			- 1	
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	- (-		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ia		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>  5</u>	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- 1	
	organization solicit any contributions that were not tax deductible as charitable contributions?		ia		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1.	.	- 1	
~	gifts were not tax deductible?	·   <u>-6</u>	b		
7	Organizations that may receive deductible contributions under section 170(c).	J	J	J	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	}-		
	and services provided to the payor?	. ∟7	<u>a</u>		

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . . . . . .

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? . . . . . . . . . . . . . .

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

Section 501(c)(12) organizations. Enter: Gross income from members or shareholders .

Did the organization make any taxable distributions under section 4966? . . .

Initiation fees and capital contributions included on Part VIII, line 12.

Section 501(c)(29) qualified nonprofit health insurance issuers.

Did the organization make a distribution to a donor, donor advisor, or related person? . . .

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .

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.

Enter the amount of reserves the organization is required to maintain by the states in which 

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b|

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Gross income from other sources (Do not net amounts due or paid to other sources

b

g

h 8

9

b

а

10

11

12a

b 13

а

b

C

14a

_	$\Delta \Delta \Delta$	(2012)

7b

7с

7e

7f

7g

8

9a

9b

12a

13a

14a

Х

X

Х

\_7d

10a

11a

13b

Form 9		-0734218		age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C Check if Schedule O contains a response or note to any line in this Part VI	). See ins	" tructi 	ons.
Sect	ion A. Governing Body and Management			<u> </u>
	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_4		l .
	If there are material differences in voting rights among members of the governing body, or	ļ	•	1
	if the governing body delegated broad authority to an executive committee or similar	Ì		]
_	committee, explain in Schedule O.		1	;
b	Enter the number of voting members included in line 1a, above, who are independent	_4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	١.	}	
	any other officer, director, trustee, or key employee?	·  _2_	├-	<del>  ×</del>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 5	├	<del> </del>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	<del> </del> $\hat{x}$
6	Did the organization have members or stockholders?	-	-	<del>  ^-</del> -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	1	x
	one or more members of the governing body?	7a	_	<del>  ^-</del>
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	l	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	<del>                                     </del>	<del>  ^</del>
Ū	the year by the following.	1		'
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-		<u> </u>
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.   9	Į	x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven		)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		1	1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	X	↓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflict.	s? 12b	X	<b>├</b> ──
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		İ	١.,
42	describe in Schedule O how this was done	12c		1 <del>×</del>
13	Did the organization have a written whistleblower policy?	13	├	X
14 15	Did the organization have a written document retention and destruction policy?	. 14	├─	<u>X</u>
13	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?		ĺ	{
а	The organization's CEO, Executive Director, or top management official.	. 15a	ŀ	x
b	Other officers or key employees of the organization	. 15b	<del></del>	Î
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	. 135	┞─	<del>  ^-</del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		Ì	) '
	with a taxable entity during the year?	16a	l	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			,
	the organization's exempt status with respect to such arrangements?	16b		1
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(	c)(3)s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule	0)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, an	d	
20	financial statements available to the public during the tax year.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	<i>;</i>		

David Hearn (609) 270-5521 Avda de Mejico S/N, Malaga, SPAIN 29650 Spain

organization

•											
Form 990 (2013)	G42, Inc.									26-07342	218 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es, K	(ey	En	nplo	oyee	s, I	lighest Comp		
	Employees, and Independent C				15		- 4L:-	n.			
Section A.	Check if Schedule O contains a re							_	<del></del>	<del></del>	<u> L </u>
	Officers, Directors, Trustees, Key E his table for all persons required to be I									anth or anthur the	
organization's	tax year.								_		
of compensation List all control List the who received organization a	of the organization's current officers, di ion. Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest corr reportable compensation (Box 5 of Fori and any related organizations	F) if no compens yees, if any Seo npensated emplo m W-2 and/or Bo	e instr oyees ox 7 c	wa ruct (ot of Fo	s pa ions her orm	aid for thar 109	defin an o 9-MIS	itior offici SC)	n of "key employ er, director, trust of more than \$1	ee." ee, or key emplo 00,000 from the	oyee)
\$100,000 of re	of the organization's <b>former</b> officers, ke eportable compensation from the organ	zation and any	relate	d o	rgar	ıızat	ions				
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										the
	n the following order: individual trustees employees; and former such persons	or directors, ins	titutio	nai	trus	tee	s; offic	cers	s; key employees	s, highest	
Check this	s box if neither the organization nor any	y related organiz	ation	cor	npe	nsat	ted ar	у с	urrent officer, di	ector, or trustee	
	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an R					ne an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	tushining husten	1 offp 21	_	Highest compensated employee	6 -,,,,,,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Andrew	Shearman	30.00									
Director		0.00	X	_	X	_		L.	18,536		· · · · · · · · · · · · · · · · · · ·
(2) Seth Ba	ames	1.00		l							
(3) David H	loom	0.00 16.00	X	-	┝	-		-			
Director	icaiii	0 00	x		Į				14,841		
(4) David F	rednksz	20 00									
Director		0.00	X	L	L						
(5)											
(6)											
(7)											
(8)					T						
(9)			_		T	Г				<del></del>	
(10)			-			一		-			
(11)				-	-	$\vdash$		$\vdash$		- <u>-</u>	
(12)			-	$\vdash$	+	$\vdash$		<u> </u>		<del></del>	
(42)			-	├-	⊬	-	<u> </u>	├-	ļ		
(13)	***************************************							Ì			

26-0734218

Form 990 (2013)

Pa	Section A. Officers, Directors, Tru	istees, key Em	ploye	<del>.es</del> ,	anc	ı mış	Juesi		mpensateu cin	pioyees (contin	ueu/		
			ļ			<b>;</b> )					ļ		
	(0)	(B) Average hours per	(40.	not ct	Pos		than o	ne	(D)	(E)		(F)	
	(A) Name and title						is both		Reportable	Reportable	Es	timate	d
						recto	r/truste	ee)	compensation	compensation	)	nount o	f
		week (list any	3 2	=	11111	7	चित्रील वे दल्लामुख्या त त्यामील्यल	1	from the	from related organizations	ı	other pensat	ion
		hours for related	Individual hustes or ducetor	Incliful page frueton	2	] <u>~</u> ]	基章	ē	organization	(W-2/1099-MISC)	1	om the	
		organizations	4 E	Ē	-		¥ =		(W-2/1099-MISC)	( ,,		anızatı	
		below dotted	ľΞ	=		Ž	111					d relate	
		line)	-	Ē	ì	) <sup>-</sup>	<u> </u>				orga	nizatio	ns
		}	1	3			. 16 -1				1		
		<u> </u>	<b>Š</b> .		L		=	_			L		
(15)			_										
			1	1	1			Ĺ.			<u> </u>		
(16)			*	1							}		
					ļ		. :		Į į		l		
(17)				$\top$		П							
		i	Ì	1	1						1		
(18)			8	1	┢	П							
7.57		<b></b>	١.	ļ		1					l		
(10)	<del></del>	<del> </del>	$\vdash$	+	┢	Н	$\vdash$	Н			<del>                                     </del>		
7751			ì	1	Ì	]					Ì		
(20)			-	╁	├	$\vdash$	-	⊢			┼		
(20)		{			l	1			]		Į		
404)		<u> </u>	├—	┼-	<u> </u>	<u> </u>		-			<del> </del>		
(21)			ł		1	1	1 1	i	ſ		ł		
		L	<u> </u>	<b>!</b>	_			_	Ĺ		<u> </u>		
(22)		<b> </b>	i	1		1					ļ		
			L		L						<u> </u>		
(23)		<u> </u>									}		
			-						<u> </u>		L _		
(24)													
		1	1	İ		1	1		Ì		Ì		
(25)			1	$\vdash$	┢				<del></del>		<b>†</b>		
.N=22.		t			1				[		[		
1b	Sub-total		<u> </u>		Ц.				33,377	0	_		0
c	Total from continuation sheets to Part VII, S								33,377	0			- 0
d									33,377	0	<del></del>		0
2											L		
2	Total number of individuals (including but not lin		sted a			vno	recei	ved	more than \$100	O,UUU OT			
	reportable compensation from the organization	<del></del>			0								
_	5.1.1											Yes	No
3	Did the organization list any former officer, dire					e, o	r high	nes	t compensated		li	ı	
	employee on line 1a? If "Yes," complete Sched	lule J for such ın	divid	ual .							3		_X_
4	For any individual listed on line 1a, is the sum of	of reportable con	npen:	satio	n a	nd c	ther	con	npensation from		} }	ł	
	the organization and related organizations great										1 1	- 1	
											4		X
5	Did any pareen listed on line to receive as one										<u> </u>		<del></del>
3	Did any person listed on line 1a receive or accr											- 1	
	for services rendered to the organization? If "Y	es, compiete so	neau	IIO J	TOF	suc	n per	son	<del>! : : :</del>	<del></del>	5	1	<u> </u>
	tion B. Independent Contractors		<del></del>				<del></del>		<del> </del>				
1	Complete this table for your five highest compe	ensated independ	dent (	cont	ract	ors '	that r	ece	ived more than S	\$100,000 of			
	compensation from the organization. Report co	impensation for t	ine ca	alen	dar	yea	r end	ıng	with or within the	e organization's	tax		
	year								. <del> </del>	<del></del>			
	(A)						ł		(B)		(C)		
	Name and business add	ress							Description of sen	nces	Compen	sation	
	<del></del>	_ ~											_0
							I						_0
							T						0
							$\Box$						0
													0
2	Total number of independent contractors (inclu	ding but not limit	ed to	tho	se i	stec	d abo	ve)	who received				<u>_</u>
	more than \$100,000 of compensation from the		_	-			0	-,		j			
		<del></del>		_	_	_					C	000	20421
											Form	コゴリ ()	2013)

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	 	ļ		<u> </u>
ig in	b	Membership dues	<b>t</b>	1		
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events			<b>[</b>	<b>\</b>
ia i	d	Related organizations			1	
Sir	e	Government grants (contributions) 1e 0			1	ł
outive it	f	, g		•		
탈	_	similar amounts not included above	<b>{</b>		1	
မီ ပိ	g	Total. Add lines 1a–1f	356,355			
		Business Code	000,000		l	<u> </u>
au r	2a	Program Fees 900099	1,923			
اَجْ	b		0			
8	c		0			<del></del>
Š	d		0			
S E	е		0			
Program Service Revenue	f	All other program service revenue	0			
_ĕ	_ g	Total. Add lines 2a-2f	1,923			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0			<u> </u>
-	4	Income from investment of tax-exempt bond proceeds	0			
- 1	5	Royalties	0			<u> </u>
		(ı) Real (ıı) Personal	]			Ţ · · · · · ·
	6a	Gross rents		1		Ì
	b	Less: rental expenses	<u> </u>	{		ļ
	С	Rental income or (loss) . 0 0	<b>!</b>			
	d	Net rental income or (loss)	0			ļ
	7a	Gross amount from sales of (i) Securities (ii) Other	ļ		l	Ì
ļ		assets other than inventory			ļ	
	b	Less cost or other basis				
- 1		and sales expenses	ļ	ļ		
	C	· /		<del></del> -	<b> </b>	
	d	Net gain or (loss)	0			
evenue	8a	Gross income from fundraising				}
Ş Ì		events (not including \$0	l	}	l	]
&		of contributions reported on line 1c).			]	
들 ]		See Part IV, line 18	Ì	]	Ì	
Other R		Less: direct expenses				
1		Net income or (loss) from fundraising events .	0	<u> </u>		
	ya	Gross income from gaming activities.			<u> </u>	
1		See Part IV, line 19	Ì	]	Ì	
		Less: direct expenses b 0				
1		Net income or (loss) from gaming activities	0		<del>                                     </del>	
	ıva	Gross sales of inventory, less returns and allowances				
1	_		}	}	İ	}
		Less: cost of goods sold	1 .			
Ì	<u> </u>	Net income or (loss) from sales of inventory	0	<u> </u>	<del></del>	<del></del>
ł	11a					
1	b		0		<del>                                     </del>	<del>                                     </del>
	C		0		<del>                                     </del>	
1	d	All other revenue	0		<del>                                     </del>	
Į	e	Total. Add lines 11a–11d	0	<del> </del>	<del>                                     </del>	<del></del>
- 1	12	Total revenue, See instructions.	358.278		<del></del>	<del> </del>

	t IX Statement of Functional Expenses				<del> </del>
Sect	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note t	to any line in this Pa	rt IX		🔲
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	o		1	
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0		ŀ	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	33,377		33,377	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	21,346		21,346	····
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	l			
а	Management	0			
b	Legal	2,908		2,908	
C	Accounting	0			
đ	Lobbying	0			····
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column	]			
	(A) amount, list line 11g expenses on Schedule O)	0			<del> </del>
12	Advertising and promotion	959		959	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	66,304	66,304		
17	Travel	39,193	39,193		<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0	<del></del>		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,414	4,414	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered	j	i		
	above (List miscellaneous expenses in line 24e. If		-	1	
	line 24e amount exceeds 10% of line 25, column		Į		
_	(A) amount, list line 24e expenses on Schedule O )				
a	Ministry Expenses	97,226	97,226		
b	Leadership Academy	42,943	42,943	40.005	
C	Other	10,988	63	10,925	
d	Repairs and Maintenance & Auto	7,511	7,511		
е 25	All other expenses	4,631	4,631		
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	331,800	262,285	69,515	0
40	organization reported in column (B) joint costs	ļ			
	from a combined educational campaign and	ł	\	Í	
	fundraising solicitation. Check here		ľ		
	following SOP 98-2 (ASC 958-720)	ł	ļ	}	
	10110WING SOF 30-2 (MSC 330-720)				

Form 990 (2013) G42, Inc. Part X Balance Sheet

		Check if Schedule O contains a response or	note to a	ny line in this Part ${\sf X}$ .			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			63,716	1	59,548
	2	Savings and temporary cash investments .			30,110	2	
	3	Pledges and grants receivable, net		· ·	0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for			<del> </del>		
		trustees, key employees, and highest compens					
		Complete Part II of Schedule L		4		5	
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
S		organizations (see instructions). Complete Part II of Scho				6	-
Assets	7			t	0	7	0
As	8	Inventories for sale or use		<u></u>		8	
	9			````\		9	
	10a	Land, buildings, and equipment. cost or	1 1			_ <u>-</u> _	
		other basis. Complete Part VI of Schedule D	10a	44,259			
	ь	Less. accumulated depreciation	10b	33,804	12,612	10c	10,455
	11	Investments—publicly traded securities			0	11	0,433
	12	Investments—other securities See Part IV, line		——————————————————————————————————————	0		0
	13	Investments—program-related. See Part IV, line		H	0		0
	14	Intangible assets			0		0
	15			<i>.</i>	0	15	0
	16	Total assets. Add lines 1 through 15 (must equ		F	76,328		70,003
	17	Accounts payable and accrued expenses			10,320	17	10,000
	18	Grants payable				18	<del></del>
	19	Deferred revenue				19	<del></del>
	20	Tax-exempt bond liabilities			20	<del></del>	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme					
Liabilities		trustees, key employees, highest compensated					
Ē		disqualified persons. Complete Part II of Sched		-s, and		22	
Ë	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate		· –	0	24	0
	25	Other liabilities (including federal income tax, pa				24	
		parties, and other liabilities not included on lines	-				
					o	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
		<del></del>				20	<u> </u>
9		Organizations that follow SFAS 117 (ASC 95	-	here - X and			
Ş		complete lines 27 through 29, and lines 33 a		-			
ala	27	Unrestricted net assets			76,328	_27	70,003
or Fund Balances	28	Temporanly restricted net assets		<u> </u>		28	
Ĕ	29	Permanently restricted net assets		· · · <u>··</u> ·		29	
Ē		Organizations that do not follow SFAS 117 (ASC958),	, check her	e 🗻 and			
ō		complete lines 30 through 34.					,
Net Assets	30	Capital stock or trust principal, or current funds		30			
55	31	Paid-in or capital surplus, or land, building, or e	quipment	fund		31	
et /	32	Retained earnings, endowment, accumulated in		<u> </u>		32	
ž	33	Total net assets or fund balances			76,328	33	70,003
	34	Total liabilities and net assets/fund balances .			76,328	34	70,003
		· · · · · · · · · · · · · · · · · · ·					

Form 9	990 (2013) G42, Inc.	26-0	734218	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		358	8,278
2	Total expenses (must equal Part IX, column (A), line 25)	2		331	1,800
3	Revenue less expenses. Subtract line 2 from line 1	3		26	6,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7€	6,328
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8		-32	2,803
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1		~.	
Part	column (B))	10	···	/(	0,003
rait	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Scriedule O contains a response of note to any line in this Part Air	• • • •	• • •	•	닏.
1	Accounting mathed wood to assess the Ferri 200.			Yes	No
•	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in				ļ
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • •	20		┢
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
					<del></del> -
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			į	-
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				į
3a					
Jd	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?				l
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		X
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		l x
	To a second supplies the second of the describe any steps taken to undergo such audits.	<del>· · · ·</del>		990	(2013)
			i oilli		(2013)

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

## **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

G4Z,		<del></del>							<u> </u>		734218		
Par	_	Reason	<u>for Public Ch</u>	arity Status (All org	<u>janizatio</u>	ns must o	complete	this par	t.) See ir	nstructio	ns.		
	organ			on because it is. (For									
1	닏	A church, co	nvention of churc	ches, or association of	churches	described	ın sectio	n 170(b)(	1)(A)(i).				
2	닏	A school des	cribed in <b>sectio</b> n	170(b)(1)(A)(ii). (Atta	ch Sched	ule E.)							
3	Ц	A hospital or	a cooperative ho	ospital service organiza	ation desc	nbed in se	ection 170	)(b)(1)(A)	(íii).				
4	Ш		search organizat me, city, and stat	ion operated in conjuncte.	ction with	a hospital	describe	d ın sectio	on 170(b)	(1)(A)(iii). 	. Enter t	he	
5				the benefit of a college Complete Part II.)	e or univer	sity owner	d or opera	ted by a (	govemme	ntal unit d	lescribe	d	
6		A federal, sta	ite, or local gove	mment or government	al unit des	cnbed in	section 1	70(b)(1)( <i>A</i>	A)(v).				
7	X	_		receives a substantial	•	support f	rom a gov	ernmenta	al unit or fr	om the g	eneral p	ublic	
8		A community	trust described i	n section 170(b)(1)(A	)(vi), (Con	nplete Par	t II.)						
9		An organization receipts from support from	on that normally activities related gross investmen	receives: (1) more that to its exempt function at income and unrelated after June 30, 1975. See	in 33 1/3% is—subject d busines	of its sup to certains taxable	pport from n exception income (le	ons, and ( ess sectio	2) no mor n 511 tax)	e than 33	1/3% o	f its	5
10		An organizati	on organized an	d operated exclusively	to test for	public sa	fety. See	section 5	i09(a)(4).				
11 e		purposes of c 509(a)(3). Ch a Type By checking to persons other	one or more publiced the box that  b Ty this box, I certify	that the organization is managers and other	ations des supporting : III–Funct s not cont	scnbed in g organizationally inter rolled dire	section 50 tuon and c egrated ctly or ind	09(a)(1) or complete I d  T rectly by	r section 5 lines 11e t ype III–No one or mo	509(a)(2) through 1 on-function ore disqua	See se 1h. nally int alified	egrate	d
		, ,, ,		иntten determination i	from the 11	DC that it	ic a Type	I Type II	or Type II	ll sunnort	ina		
f		_	ation received a check this box	written determination	rom the II	45 that it	isa iype	ı, туре іі,	or type i	ii support	iiig		
g		•			ed anv ad	t or contri	 bution fro	m anv of t	he	•	•		ш
9		following per		o o gamzadon docept	.04 0, 9								
		• .		or indirectly controls, ea	ther alone	or togeth	er with pe	ersons de	scribed in	(H)		Yes	No
		• •	) below, the gove	erning body of the sup	ported org	anization	?				11g(i)		
		(ii) A fami	ly member of a p	erson described in (i)	above?.						11g(ii)		ļ
		(iii) A 35%	controlled entity	of a person described	l in (ı) or (ı	i) above?					11g(iii)		Ĺ
<u>h</u>		Provide the f	ollowing informa	tion about the supporte	ed organiz	ation(s).	,. —						
(ı)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify sization in of your port?	organizat (i) organi	is the tion in col zed in the S?	(vii) An	ount of m support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
Tota	1												0

Schedule A (Form 990 or 990-EZ) 2013 G42, Inc. 26-0734218 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 267,885 include any "unusual grants."). . 193,106 297,985 324,265 356,355 1,439,596 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . 193,106 267.885 297.985 324,265 356.355 1.439.596 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) . . . . . . . . . . 1,439,596 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . . . . . 193,106 . 267.885 356,355 1,439,596 7 297,985 324,265 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is 0 regularly carned on . . . . . . . 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . 1,727 1,701 1,923 5,351 1.444,947 11 Total support. Add lines 7 through 10. . Gross receipts from related activities, etc. (see instructions) 12 12 .# · · First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.63%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	0.00%
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	or more	e, check this box
	and stop here. The organization qualifies as a publicly supported organization		<b>▶</b> [X
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 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 16l is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a purporganization.	here.	Explain in
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and so Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a pure supported organization	top he	
4Ω	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this b	ox and	l see

13

instructions

organization, check this box and stop here . . . . . . . Section C. Computation of Public Support Percentage

# 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.)

	41 A D LU G	100. 010 000	noted bolow	, picace comp	icto i dit ii.j		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🗼 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees			ľ			
	received (Do not include any "unusual grants.")			t			0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the			ł		<b>!</b>	
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an					1	<del></del>
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's				· — · — · ·		<del>_</del>
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge			Į į		ľ	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons			ļ		1	0
b	Amounts included on lines 2 and 3 received						<u>_</u>
~	from other than disqualified persons that		<del>-</del>	]			
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year			]		1	0
c	Add lines 7a and 7b	0	, 0	0	0	0	0
8	Public support (Subtract line 7c from			<u>~_</u>			
•	line 6)					i	0
Sec	tion B. Total Support					<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Ou,c	ndar year (or naear year beginning m)						
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,					]	
	payments received on secunties loans,		•			Ì	_
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses					ļ	_
	acquired after June 30, 1975		·				0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		ĺ	[		1	
	activities not included in line 10b, whether			į			
	or not the business is regularly carried on			Ĺ			0
12	Other income Do not include gain or			1			
	loss from the sale of capital assets		[	[		1	_
	(Explain in Part IV.)		ļ	<u> </u>		<del> </del>	0
13	Total support. (Add lines 9, 10c, 11,			[	_	_ [	_
	and 12.)	0			0	0]	0
14	First five years. If the Form 990 is for the organization	ition's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(d	:)(3)	. 🗂
	organization, check this box and stop here	•					▶
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column		e 13, column (f))	-		15	0 00%
16	Public support percentage from 2012 Schedule A, I	• • •	•			16	0 00%
	tion D. Computation of Investment Inco		age				
17	Investment income percentage for 2013 (line 10c, o			ımn (f))		17	0 00%
18	Investment income percentage for 2010 (into 100,	• • •	•		•	18	0 00%
19a	33 1/3% support tests—2013. If the organization			and line 15 is mo	ore than 33 1/3%	<del></del>	
	not more than 33 1/3%, check this box and stop he						▶ □
b	33 1/3% support tests—2012. If the organization						• 🖵
~	line 18 is not more than 33 1/3%, check this box an						₽ □
20	Private foundation. If the organization did not che	•	=				• 🗂
	THE TOURS OF THE PROPERTY OF T	u DON OH HITO	,	DON U			· L.

Schedule A (Forn	n 990 or 990-EZ) 2013	G42, Inc.			26-0734218 Page 4
Part IV	Supplemental	Information.	. Provide the explanat	tions required by Part II,	line 10; Part II, line 17a or 17b;
	and Part III, line	12. Also cor	mplete this part for an	y additional information.	(See instructions).
				***************************************	
				*	
				~~~~~~~~~	
		·			
		·			

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

<u>2</u>513

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

G42, Inc 26-0734218 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year). 3 Aggregate grants from (dunng year) . . . 4 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . . . . . . . h Total acreage restricted by conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenues included in Form 990, Part VIII, line 1 . . . . . Assets included in Form 990, Part X.

	ule D (Form 990) 2013 G42, Inc.						26-0734	1218	F	age <b>2</b>
art	III Organizations Maintaining Colle	ections of	Art, Histo	orical Tr	easures, or	Other	Similar Asse	ts (con	tinuec	1)
	Using the organization's acquisition, accession		records, c	heck any	of the followin	g that a	are a significant			
	use of its collection items (check all that apply	<b>/</b> ):								
	Public exhibition		d 📙	Loan	or exchange pi	rogram	s			
	Scholarly research		e 🗌	Other						
	Preservation for future generations									
	Provide a description of the organization's col	llections and	explain ho	ow they fu	rther the omar	nization	n's exempt pumo	nse in		
	Part XIII.		Схрічії п	,,, a.e., .e.		···Luu01	o oxompt parpe	,00 III		
	During the year, did the organization solicit or	receive don	ations of a	rt historia	cal treasures o	or other	sımılar			
	assets to be sold to raise funds rather than to							□ Y <sub>0</sub>	es 🗌	No
rt	IV Escrow and Custodial Arrangen							<u> </u>	<u>~</u> =	
4	Complete if the organization answ		to Form	QQA Par	t IV line Q o	r rono	rted an amou	at on Ec	nerro	
	990, Part X, line 21.	6160 163	to i diiii	330, r ai	( iv, iiie 5, 0	n repu	iteu an amoui	ii Oii i C	,,,,,	
			4	. for order			4			
	Is the organization an agent, trustee, custodia							□ v.	🗀	NI.
	included on Form 990, Part X?							□ *	es	No
	If "Yes," explain the arrangement in Part XIII	and complete	e tue ioliov	virig table	•		T	Amount		
	Regimens belongs					1 4-	<del> '</del>	MIOGIL		
	Beginning balance					1c	·			
	Additions during the year					1e	<del>                                     </del>			
	<b>3</b> ,					1 <del>0</del>	<del></del>			
	Ending balance						1	<u> </u>		
	Did the organization include an amount on Fo							Y6	es 🔀	No
	If "Yes," explain the arrangement in Part XIII.	Check here	if the expla	anation ha	as been provid	ed in P	art XIII	<u></u>	<u> </u>	
t	V Endowment Funds.									
	Complete if the organization answ	ered "Yes"	to Form	990, Par	t IV, line 10.					
	(a) (	Current year	(b) Pno	or year	(c) Two years b	ack (	(d) Three years back	(e) Fo	our years	back
	Beginning of year balance	0		0		0		0		
	Contributions									
	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
	Other expenditures for facilities							1		
	and programs									
	Administrative expenses		<u> </u>							
	End of year balance	0	L	0		0		0		
	Provide the estimated percentage of the curre	ent year end	balance (l	ine 1g, co	lumn (a)) heid	as.				
	Board designated or quasi-endowment	•	<u>%</u>							
	Permanent endowment	%								
	Temporarily restricted endowment	%	-							
	The percentages in lines 2a, 2b, and 2c shou									
	Are there endowment funds not in the posses	ssion of the c	organizatio	n that are	neid and adm	inistere	ea for the	,	Vari	N1 -
	organization by:							2-12	Yes	No
	(i) unrelated organizations							3a(i)	<del>                                     </del>	
	(ii) related organizations				 D2	•		3a(ii)		
	If "Yes" to 3a(ii), are the related organizations					•		3b		l
	Describe in Part XIII the intended uses of the		rs endown	nent Tund:	<u>s.                                    </u>					
Ù	VI Land, Buildings, and Equipmen			000 0-	# IV 1: # # 44 =	. 0	Earm 000 P-	V ا	- 40	
_	Complete if the organization answ									
	Description of property	(a) Cost or of			st or other		Accumulated	(d) B	ook value	е
_	<del> </del>	(investn		Dasi	s (other)	de	preciation			
	Land		0		0		<del></del> +			0
	Buildings		0		0		0			0
	Leasehold improvements		0	<u> </u>	12 124		9,550			2 574
	Equipment		0		13,124					3,574
•	Other		0		31,135		24,254			6,881

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments—Other Securiti Complete if the organization ar		30, Part IV, line 11b, See F	orm 990. Part X. line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	of valuation
(1) Financial of	derivatives	0	<del></del>	
• •	eld equity interests	0		
				<del></del>
		,		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Column (b) n	nust equal Form 990, Part X, col (B) line 12)	0	1	
Part VIII	investments—Program Relat	ed.		
	Complete if the organization ar	nswered "Yes" to Form 99	00, Part IV, line 11c. See Fe	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				<u> </u>
(3)				
(4)				
(5)				
(6)				
			<del> </del>	<del></del>
(8)			<del></del>	
(9)	nust equal Form 990, Part X, col (B) line 13)	0	<del></del>	<del></del>
Part IX	Other Assets. Complete if the organization ar	nswered "Yes" to Form 99	<u> </u>	
		a) Description		(b) Book value
(1)				<del> </del>
(3)		<del></del>	<del></del>	
(4)				
(5)			<del></del>	
(6)				
(7)				
(8)				
(9)		<del></del>	<del></del>	
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization ar line 25.	nswered "Yes" to Form 99	30, Part IV, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	0	1	
(2)			1	
(3)			]	
(4)			]	
(5)			]	
(6)			]	
_(7)			1	
(8)			]	
(9)			1	
	sust equal Form 990, Part X, col (B) line 25)	0		
	uncertain tax positions In Part XIII, provi			
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Check here	if the text of the footnote has been	en provided in Part XIII

Schedule D (Form	990) 2013	G42, Inc				 	2	6-0734218	Page 5
Part XIII	Suppl	emental i	nformation	n (continued	')	 			
						 -			
						 			~**
				. <b></b>		 			
	<del>-</del>					 			
						 			·
			<del>-</del>			 			
					<b></b>	 			
					. <b></b>	 			
	_								

SCHEDULE O Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Information about Schedule O

Name of the organization

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

G42, Inc 26-0734218 Form 990, Part III, Line 4a: G42 had another great year, expanding and strengthening networks around the world. In Spain, 37 interns graduated from our Leadership Academy, and are now headed to various locations in the U.S. and abroad. We are now supporting and overseeing alumni, friends, and family in over 13 countries, including Thailand, Ukraine, Cambodia, Colombia, and Guatemala. Form 990, Part VI, Section B, Line 11b. The Directors review and approve the return. Form 990, Part VI, Section B, Line 19: All organizational documents are available to the public upon request. Form 990, Part XI, Line 8<sup>-</sup> Prior period adjustment due to overstatement of net assets

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
G42, Inc	26-0734218
	20-070-210
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
·	
·	

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions. Business or activity to which this form relates

Attach to your tax return.

Sequence No 179

Name(s	s) shown on return	Busir 990	ness or activi	ty to which this	form relates	- <del></del>	Identifying nun 26-0734218	nber
Part I			orty Und	or Section 1	70		20-0734218	
raiti	Note: If you have any listed	•	-					
1 Ma							<del></del>	141
2 To	eximum amount (see instructions tal cost of section 179 property p	ologod in constan						1
	reshold cost of section 179 property prop							2 3
	eduction in limitation. Subtract lin							
	ollar limitation for tax year. Subtra							4 0
								5 0
6	parately, see instructions (a) Description of p		· · · · · · · · · · · · · · · · · · ·		ost (business use		(c) Elected co	<del></del>
	(a) Description of	эгорену		(6)	OSI (DUSINOSS USB	Unity)	(c) Liecuso co	31
					<del></del>			
7 Lie	sted property. Enter the amount f	from line 20		<del> </del>		7		
	tal elected cost of section 179 pr							18 0
	ntative deduction. Enter the sma							9 0
	rryover of disallowed deduction							10
	siness income limitation. Enter t							11
12 Se	ction 179 expense deduction A	nd lines 9 and 1	n hut da na	it enter more t	nan line 11	0 (300 11344	Cuon37	12 0
13 Ca	rryover of disallowed deduction	to 2014 Add line	es 9 and 10	less line 12	idii iiio i i .	<b>≯</b> 13	<del> </del>	0
	Do not use Part II or Part III belo							
Part I						clude listed r	roperty ) (See	instructions )
	ecial depreciation allowance for						roporty.y (CCC	T
	ring the tax year (see instruction							14
	operty subject to section 168(f)(1	•						15
	her depreciation (including ACRS						• • • •	16
Part I							<u> </u>	1.31
		. (20 1101 11101	Section		00 1110111001101			
17 M/	ACRS deductions for assets place	ed in service in	tax years b	eainnina befor	e 2013 .			17 4.414
	ACRS deductions for assets plac					re		17 4,414
<b>18</b> If y	ou are electing to group any ass	sets placed in se	ervice during	the tax year i	nto one or mo	re	<del>.</del>	17 4,414
<b>18</b> If y	ou are electing to group any ass neral asset accounts, check here	sets placed in se	ervice during	the tax year i	nto one or mo	re 	eciation System	
<b>18</b> If y	ou are electing to group any ass	sets placed in see	rvice Durin	the tax year i	nto one or mo	re 	eciation System	
<b>18</b> If y	rou are electing to group any ass neral asset accounts, check here Section B - Asset	sets placed in set  B Placed in Ser  (b) Month and	rvice During (c) Basis	the tax year i g 2013 Tax Ye for depreciation	nto one or mo	General Depre		
<b>18</b> If y	ou are electing to group any ass neral asset accounts, check here	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	nto one or mo	re 	eciation System	
18 If y	rou are electing to group any ass neral asset accounts, check here Section B - Asset (a) Classification of property	sets placed in set  B Placed in Ser  (b) Month and	rvice Durin (c) Basis (business	the tax year i g 2013 Tax Ye for depreciation	nto one or mo	General Depre		
18 If y ge	rou are electing to group any asset neral asset accounts, check here Section B - Asset  (a) Classification of property  3-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	nto one or mo	General Depre		
18 If y ge	rou are electing to group any asset neral asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	nto one or mo	General Depre		
18 If y ge	rou are electing to group any asset neral asset accounts, check here.  Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	nto one or mo	General Depre		
18 If y ge	rou are electing to group any asset neral asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	nto one or mo	General Depre		
18 If y ge	rou are electing to group any asset neral asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	nto one or mo	General Depre		
19 a b c d e f	rou are electing to group any asset neral asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	ar Using the  (d) Recovery penod	General Depre	(f) Method	
19 a b c d e f	rou are electing to group any asset neral asset accounts, check here Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	ar Using the  (d) Recovery penod	General Depre	(f) Method	
19 a b c d e f	rou are electing to group any asset neral asset accounts, check here.  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	(d) Recovery penod  25 yrs 27.5 yrs	General Depre	(f) Method  S/L S/L	
19 a b c d e f	rou are electing to group any asset neral asset accounts, check here.  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	(d) Recovery period  25 yrs 27.5 yrs 27.5 yrs.	General Depre	(f) Method  S/L S/L S/L	
19 a b c d e f	rou are electing to group any asset neral asset accounts, check here.  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real	sets placed in see	rvice Durin (c) Basis (business	the tax year in the tax year i	(d) Recovery penod  25 yrs 27.5 yrs	General Depre  (e) Convention  MM  MM  MM	S/L S/L S/L S/L	
19 a b c d e f	rou are electing to group any asset neral asset accounts, check here.  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	sets placed in set  S Placed in Ser  (b) Month and  year placed  in service	rvice dunno (c) Basis (business only—se	g the tax year i	car Using the (d) Recovery penod  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs. 39 yrs.	General Depre  (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets	sets placed in set  S Placed in Ser  (b) Month and  year placed  in service	rvice dunno (c) Basis (business only—se	g the tax year i	car Using the (d) Recovery penod  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs. 39 yrs.	General Depre  (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life	sets placed in set  S Placed in Ser  (b) Month and  year placed  in service	rvice dunno (c) Basis (business only—se	g the tax year i	d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs.	General Depre  (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year	sets placed in set  S Placed in Ser  (b) Month and  year placed  in service	rvice dunno (c) Basis (business only—se	g the tax year i	car Using the (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs. 39 yrs.  r Using the A	General Depre  (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year	sets placed in set  S Placed in Ser  (b) Month and year placed in service	rvice dunno (c) Basis (business only—se	g the tax year i	d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs.	MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h i	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  V Summary (See instru	sets placed in set  S Placed in Ser  (b) Month and year placed in service  Placed in Serv  Ctions.)	rvice dunno (c) Basis (business only—se	g the tax year i	car Using the (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs. 39 yrs.  r Using the A	MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c Part l 21 Lis	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  V Summary (See instructed property.	sets placed in set  s Placed in Ser  (b) Month and year placed in service  Placed in Serv  ctions.)	rvice During (c) Basis (business only—se	g 2013 Tax Year in the tax year in the tax year in the game of the	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c Part Liss 22 To	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  V Summary (See instructed property. Enter amount from total. Add amounts from line 12, limited property.	sets placed in set  S Placed in Ser  (b) Month and year placed in service  Placed in Serv  Ctions.) In line 28 nes 14 through	rvice During (c) Basis (business only—se	g the tax year in the tax year in the tax year in the tax year in the garden and garden	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 40 yrs.  umn (9), and lii	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c Part l 21 Liss	rou are electing to group any asseneral asset accounts, check here  Section B - Asset  (a) Classification of property  3-year property  5-year property  10-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets  Class life  12-year  40-year  V Summary (See instructed property.	sets placed in Ser  (b) Month and year placed in service  Placed in Serv  Ctions.) In line 28 nes 14 through lines of your retri	rvice During (c) Basis (business only—se	g the tax year in the tax year in the tax year in the tax year in the garden and garden	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 40 yrs.  umn (9), and liipproparations - s	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction