Form **990**

dln scpl

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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

A **For the 2013 calendar year, or tax year beginning , 2013, and ending** taxpd , 20

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

cond

C Name of organization name

Doing Business As dba name

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

City or town, state or province, country, and ZIP or foreign postal code
state zip

D Employer identification number
ein

E Telephone number

G Gross receipts $

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes grp_ret_for_affltsH(b) Are all subordinates included? ☐ Yes all affltsincld
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ grp exmpt num

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

J **Website:** ▶ web site

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ type

L Year of formation: yr frmtn

M State of legal domicile: st leg domcl

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities:		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		term_or_cntrct
3	Number of voting members of the governing body (Part VI, line 1a)	3	pt1_num_vtng_gvrn_bdy_mems
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	pt1_num_ind_vtng_mems
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	tot_num_empls
6	Total number of volunteers (estimate if necessary)	6	tot_num_vlntrs
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	tot_gro_ubi
b	Net unrelated business taxable income from Form 990-T, line 34	7b	net_unrltd_bus_txbl_incm

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	contri_grnts_py	contri_grnts_cy
9	Program service revenue (Part VIII, line 2g)	prog_srvc_rev_py	prog_srvc_rev_cy
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	invst_incm_py	invst_incm_cy
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	oth_rev_py	oth_rev_cy
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	tot_rev_py	tot_rev_cy

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	grnts_and_smlr_amts_py	grnts_and_smlr_amts_cy
14	Benefits paid to or for members (Part IX, column (A), line 4)	bnfts_pd_to_mems_py	bnfts_pd_to_mems_cy
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	slrs_etc_py	slrs_etc_cy
16a	Professional fundraising fees (Part IX, column (A), line 11e)	tot_prof_fndrsng_exp_py	tot_prof_fndrsng_exp_cy
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ tot_fndrsng_exp_cy		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	oth_expns_py	oth_expns_cy
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	tot_expns_py	tot_expns_cy
19	Revenue less expenses. Subtract line 18 from line 12	rev_less_expns_py	rev_less_expns_cy

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	pt1_tot_asts_boy	pt1_tot_asts_eoy
21	Total liabilities (Part X, line 26)	pt1_tot_liab_boy	pt1_tot_liab_eoy
22	Net assets or fund balances. Subtract line 21 from line 20	net_asts_or_fund_bals_boy	net_asts_or_fund_bals_eoy

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission: ntee

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶

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		desc_ln_5021c3
2		Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		sch_b_rqrd
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		pltcl_actvs
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		lbbyng_actvs
5		Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		subj_to_prxy_tx
6		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		donr_advsd_fnd
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		cnsrv_easemnt
8		Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		colls_of_art
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		crdt_cnslng
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		term_of_perm_endwmts
11		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		rprt_lnd_bldg_eqp
	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		rprt_inv_oth_sec
	c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		rprt_prog_rel_inv
	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		rprt_oth_ast
	e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		rprt_oth_liab
	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		rprt_fin_48_ftnt
12	a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		indpndnt_audt_fin_stmt
	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		cnsld_audt_fin_stmt
13		Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		school
14	a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		frgn_offc
	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		frgn_actvs
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		more_than_5000k_to_orgs
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		more_than_5000k_to_inds
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		prof_fndrsng
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		fndrsng_actvs
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		gaming
20	a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		hospital
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		fin_stmt_att

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21 grnts_to_orgs		
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 grnts_to_inds		
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 sch_j_rqrd		
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 tx_exmpt_bnds		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b invst_tx_exmpt_bnds		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c escrw_acct		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d on_behalf_of_issr		
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 excss_bnft_trans		
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 pr_excss_bnft_trans		
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 ln_to_ofcr_or_dqp		
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 grnt_to_rltd_prsn		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a bus_rltnshp_with_org		
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b bus_rltnshp_thru_fam		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c ofcr_ent_with_bus_rltnshp		
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29 ded_non_csh_contri		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30 ded_contris_of_art		
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31 terminated		
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 partl_liqdtn		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33 disrgd_entity		
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 rltd_entity		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a rltd_org_cntrld_entity		
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 trans_rltd_ent		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36 trnsfr_to_non_chrtbl_org		
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 actvs_cndctd_prtshp		
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 sch_o_req		

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	num_with_1096			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	num_w2g_incld			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	cmplnc_with_bkup_wthldng	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	num_of_empls			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	emplmn_tx_rets_fld	
	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?			3a	unrltd_bus_incm	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	frm990t_fld	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	frgn_fincl_acct	
b	If "Yes," enter the name of the foreign country: ► ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	prohib_tx_shltr_trans	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	txbl_prty_notif	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	frm8886t_fld	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	nonded_contri	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	nonded_discl	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	quid_pro_quo_contri	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	quid_pro_quo_discl	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	frm8282_prop_dispos	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	num_of_8282_fld			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	fnds_to_pay_prems	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	prems_pd	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	frm8899_fld	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	frm1098c_fld	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	excss_bus_hldngs	
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a	txbl_distri	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	distri_to_dnr	
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	init_fees_amt			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	gro_rcpts_amt			
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

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 . . num_vtng_gvrn_bdy_mems 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 . num_ind_vtng_mems			
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 fam_or_bus_rlnshp		
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 del_of_mgmt_dty		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 chg_to_org_docs		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 mtrl_divrsn_or_misuse		
6	Did the organization have members or stockholders?	6 mems_or_stkhldrs		
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 elec_brd_mems		
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 dcsns_subj_to_apprvl		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a mins_of_gvrn_bdy		
b	Each committee with authority to act on behalf of the governing body?	8b mins_of_commtts		
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 ofcr_mailing_addr		

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a lcl_chapters		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b policies_ref_chapters		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a frm990_prov_to_gvrn_bdy		
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 cnflct_int_plcy		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b annual_discl_covrd_prsn		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c reg_mntrng_enfrc		
13	Did the organization have a written whistleblower policy?	13 whistleblower_plcy		
14	Did the organization have a written document retention and destruction policy?	14 doc_retention_plcy		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a comp_process_ceo		
b	Other officers or key employees of the organization	15b comp_process_oth		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a invst_joint_venture		
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 wrttn_plcy_or_proc		

Section C. Disclosure

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

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 ☐ Upon request ☐ Other *(explain in Schedule O)* public_inspctn

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

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

no_listed_prsns_comp

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)	avg_hrs_per_wk	<----------position---------->						rep_comp_from_org	rep_comp_from_rltd_orgs	oth_comp
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								tot_rpt_comp_from_org	tot_rpt_comp_rltd_orgs	tot_oth_comp

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ num_indivs_gt_100k

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ num_of_cntrctrs_gt_100k

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a federated_campaigns				
	b	Membership dues	1b memshp_dues				
	c	Fundraising events	1c fndrsng_events				
	d	Related organizations	1d rltd_orgs				
	e	Government grants (contributions)	1e govt_grnts				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f all_oth_contri				
	g	Noncash contributions included in lines 1a-1f: $	nncsh_contri				
	h	**Total.** Add lines 1a–1f ▶	tot_contri				
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶	psr_tot	psr_rltd_amt	psr_unrltd_bus_rev	psr_excl_amt	
	3	Investment income (including dividends, interest, and other similar amounts) ▶	inv_incm_tot_rev	inv_incm_rltd_amt	inv_incm_unrltd_bus	inv_incm_excl_amt	
	4	Income from investment of tax-exempt bond proceeds ▶	bonds_tot_rev	bonds_rltd_amt	bonds_unrltd_bus_rev	bonds_excl_amt	
	5	Royalties ▶	roylrev_tot_rev	roylrev_rltd_amt	roylrev_unrltd_bus_rev	roylrev_excl_amt	
			(i) Real / (ii) Personal				
	6a	Gross rents	gro_rents_real / gro_rents_prsn				
	b	Less: rental expenses	less_rent_expnss_real / less_rent_expnss_prsn				
	c	Rental income or (loss)	rental_incm_loss_real / rental_incm_loss_prsnl				
	d	Net rental income or (loss) ▶	net_rent_tot_rev	net_rent_rltd_amt	net_rent_unrltd_bus_rev	net_rent_excl_amt	
	7a	Gross amount from sales of assets other than inventory	(i) Securities: gro_amt_sls_asts_sec / (ii) Other: gro_amt_sls_asts_oth sts_oth				
	b	Less: cost or other basis and sales expenses	less_cst_sls_exp_sec / less_cst_sls_exp_oth				
	c	Gain or (loss)	gain_or_loss_sec / gain_or_loss_oth				
	d	Net gain or (loss) ▶	sale_asts_tot_rev	sale_asts_rltd_amt	sale_asts_unrltd_bus	sale_asts_excl_amt	
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a gro_inc_fndrsng_evnts				
	b	Less: direct expenses	b fndrsng_drct_expns				
	c	Net income or (loss) from fundraising events ▶	fndrsng_tot_rev	fndrsng_rltd_amt	fndrsng_unrltd_bus_rev	fndrsng_excl_amt	
	9a	Gross income from gaming activities. See Part IV, line 19	a gro_inc_gaming				
	b	Less: direct expenses	b gaming_drct_expns				
	c	Net income or (loss) from gaming activities ▶	gaming_tot_rev	gaming_rltd_amt	gaming_unrltd_bus_rev	gaming_excl_amt	
	10a	Gross sales of inventory, less returns and allowances	a gro_sls_of_invntry				
	b	Less: cost of goods sold	b cost_of_gds_sold				
	c	Net income or (loss) from sales of inventory ▶	invntry_tot_rev	invntry_rltd_amt	invntry_unrltd_bus_rev	invntry_excl_amt	
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶	oth_rev_tot	oth_rev_rltd_amt	oth_rev_unrltd_bus_rev	oth_rev_excl_amt	
	12	**Total revenue.** See instructions. ▶	tot_rev	tot_rev_rltd_amt	tot_rev_unrltd_bus_rev	tot_rev_excl_amt	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	grnts_to_dom_org_tot			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . .	grnts_to_dom_ind_tot			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . .	frgn_grnts_tot			
4 Benefits paid to or for members	bnfts_to_mems_tot			
5 Compensation of current officers, directors, trustees, and key employees	comp_curr_ofcr_tot	comp_curr_ofcr_prg_srvcs	comp_curr_ofcr_mgmt_gen	comp_curr_ofcr_fndrsng
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .	comp_disqlfd_prsns_tot	comp_disqlfd_prsns_prog_srvcs	comp_disqlfd_prsns_mgmt_gen	comp_disqlfd_prsns_fndrsng
7 Other salaries and wages	oth_sal_wg_tot	oth_sal_wg_prg_srvcs	oth_sal_wg_mgmt_gen	oth_sal_wg_fndrsng
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	pnsn_plan_contris_tot	pnsn_plan_contris_prog_srvcs	pnsn_plan_contris_mgmt_gen	pnsn_plan_contris_fndrsng
9 Other employee benefits	oth_empl_bnfts_tot	oth_empl_bnfts_prg_srvcs	oth_empl_bnfts_mgmt_gen	oth_empl_bnfts_fndrsng
10 Payroll taxes	pyrll_txs_tot	pyrll_txs_prog_srvcs	pyrll_txs_mgmt_gen	pyrll_txs_fndrsng
11 Fees for services (non-employees):				
a Management	mgmt_srvc_fee_tot	mgmt_srvc_fee_prg_srvcs	mgmt_srvc_fee_mgmt_gen	mgmt_srvc_fee_fndrsng
b Legal	fee_for_srvc_leg_tot	fee_for_srvc_leg_prgm_srvcs	fee_for_srvc_leg_mgmt_gen	fee_for_srvc_leg_fndrsng
c Accounting	fee_for_srvc_acct_tot	fee_for_srvc_acct_prg_srvcs	fee_for_srvc_acct_mgmt_gen	fee_for_srvc_acct_fndrsng
d Lobbying	fee_for_srvc_lbby_tot	fee_for_srvc_lbby_prg_srvcs	fee_for_srvc_lbby_mgmt_gen	fee_for_srvc_lbby_fndrsng
e Professional fundraising services. See Part IV, line 17	fee_for_srvc_prof_tot			fee_for_srvc_prof_fndrsng
f Investment management fees	fee_for_srvc_invst_tot	fee_for_srvc_invst_prg_srvcs	fee_for_srvc_invst_mgmt_gen	fee_for_srvc_invst_fndrsng
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	fee_for_srvc_oth_tot advtg_tot	fee_for_srvc_oth_prg_srvcs advtg_prg_srvcs	fee_for_srvc_oth_mgmt_gen advtg_prg_mgmt_gen	fee_for_srvc_oth_fndrsng advtg_prg_fndrsng
12 Advertising and promotion	ofc_expns_tot	ofc_expns_prg_srvcs	ofc_expns_mgmt_gen	ofc_expns_fndrsng
13 Office expenses	info_tech_tot	info_tech_prg_srvcs	info_tech_mgmt_gen	info_tech_fndrsng
14 Information technology	rylts_tot	rylts_prg_srvcs	rylts_mgmt_gen	rylts_fndrsng
15 Royalties	occupancy_tot	occupancy_prog_srvc	occupancy_mgmt_gen	occupancy_fndrsng
16 Occupancy	trav_total	trav_prg_srvcs	trav_mgmt_gen	trav_fndrsng
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	trav_entrmt_tot conf_mtngs_tot	trav_entrmt_prg_srvcs conf_mtngs_prg_srvcs	trav_entrmt_mgmt_gen conf_mtngs_mgmt_gen	trav_entrmt_fndrsng conf_mtngs_fndrsng
19 Conferences, conventions, and meetings .	int_total	int_prg_srvcs	int_mgmt_gen	int_fndrsng
20 Interest	pymt_to_afflt_tot	pymt_to_afflt_prg_srvcs	pymt_to_afflt_mgmt_gen	pymt_to_afflt_fndrsng
21 Payments to affiliates	deprec_dpltn_tot	deprec_dpltn_prg_srvcs	deprec_dpltn_mgmt_gen	deprec_dpltn_fndrsng
22 Depreciation, depletion, and amortization .	insurance_tot	insurance_prg_srvcs	insurance_mgmt_gen	insurance_fndrsng
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	oth_expns_tot *	oth_expns_prg_srvcs *	oth_expns_mgmt_gen *	oth_expns_fndrsng *
25 **Total functional expenses.** Add lines 1 through 24e	tot_func_expns_tot	tot_func_expns_prg_srvcs	tot_func_expns_mgmt_gen	tot_func_expns_fndrsng
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)				

* These fields DO NOT represent line 24f "All other expenses". They are the sum of all of the "Other Expense" lines (ie: lines 24a-24f, and/or any additional lines reported on attachments).

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		csh_nnint_bearng_boy	1	csh_nnint_bearng_eoy
	2	Savings and temporary cash investments		savngs_temp_csh_invst_boy	2	savngs_temp_csh_invst_eoy
	3	Pledges and grants receivable, net		pledge_grnts_rcvbl_boy	3	pledge_grnts_rcvbl_eoy
	4	Accounts receivable, net		accts_rcvbl_boy	4	accts_rcvbl_eoy
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		rcvbl_from_ofcrs_etc_boy	5	rcvbl_from_ofcrs_etc_eoy
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		rcvbl_from_dsqlfy_prsns_boy	6	rcvbl_from_dsqlfy_prsns_eoy
	7	Notes and loans receivable, net		oth_nts_lns_rcvbl_net_boy	7	oth_nts_lns_rcvbl_net_eoy
	8	Inventories for sale or use		invntry_for_sl_or_use_boy	8	invntry_for_sl_or_use_eoy
	9	Prepaid expenses and deferred charges		prepaid_exp_defrd_chrgs_boy	9	prepaid_exp_defrd_chrgs_eoy
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b	land_bldgs_equip_bss_net_boy	10c	land_bldgs_equip_bss_net_eoy
	11	Investments—publicly traded securities		invst_pub_trd_sec_boy	11	invst_pub_trd_sec_eoy
	12	Investments—other securities. See Part IV, line 11		invst_oth_sec_boy	12	invst_oth_sec_eoy
	13	Investments—program-related. See Part IV, line 11		invst_prg_rltd_boy	13	invst_prg_rltd_eoy
	14	Intangible assets		intangible_assts_boy	14	intangible_assts_eoy
	15	Other assets. See Part IV, line 11		oth_asts_tot_boy	15	oth_asts_tot_eoy
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		tot_asts_boy	16	tot_asts_eoy
Liabilities	17	Accounts payable and accrued expenses		accts_pybl_accr_exp_boy	17	accts_pybl_accr_exp_eoy
	18	Grants payable		grnts_pybl_boy	18	grnts_pybl_eoy
	19	Deferred revenue		defrd_rev_boy	19	defrd_rev_eoy
	20	Tax-exempt bond liabilities		tx_exmpt_bnds_liab_boy	20	tx_exmpt_bnds_liab_eoy
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		escrow_acct_liab_boy	21	escrow_acct_liab_eoy
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		lns_from_ofcr_dir_boy	22	lns_from_ofcr_dir_eoy
	23	Secured mortgages and notes payable to unrelated third parties		sec_mrtg_nts_pybl_boy	23	sec_mrtg_nts_pybl_eoy
	24	Unsecured notes and loans payable to unrelated third parties		unsec_nts_lns_pybl_boy	24	unsec_nts_lns_pybl_eoy
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		oth_liab_boy	25	oth_liab_eoy
	26	**Total liabilities.** Add lines 17 through 25		tot_liab_boy	26	tot_liab_eoy
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		unrstrd_net_asts_boy	27	unrstrd_net_asts_eoy
	28	Temporarily restricted net assets		temp_rstrd_net_asts_boy	28	temp_rstrd_net_asts_eoy
	29	Permanently restricted net assets		perm_rstrd_net_asts_boy	29	perm_rstrd_net_asts_eoy
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		cap_stck_trst_pr_curr_fnd_boy	30	cap_stck_trst_pr_curr_fnd_eoy
	31	Paid-in or capital surplus, or land, building, or equipment fund		pd_cap_srpls_lnd_bldg_fnd_boy	31	pd_cap_srpls_lnd_bldg_fnd_eoy
	32	Retained earnings, endowment, accumulated income, or other funds		rtn_earn_endow_etc_boy	32	rtn_earn_endow_etc_eoy
	33	Total net assets or fund balances		tot_net_asts_fnd_bal_boy	33	tot_net_asts_fnd_bal_eoy
	34	Total liabilities and net assets/fund balances		tot_liab_net_asts_fnd_bal_boy	34	tot_liab_net_asts_fnd_bal_eoy

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	/generated/
2	Total expenses (must equal Part IX, column (A), line 25)	2	/generated/
3	Revenue less expenses. Subtract line 2 from line 1	3	rcncltn_rev_exp
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	/generated/
5	Net unrealized gains (losses) on investments	5	rcncl_unrlzd_inv
6	Donated services and use of facilities	6	rcncltn_dntd_srvc
7	Investment expenses	7	rcncltn_inv_exp
8	Prior period adjustments	8	rcncltn_pri_adj
9	Other changes in net assets or fund balances (explain in Schedule O)	9	rcncltn_oth_chg
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	/generated/

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

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

nonpf_status_oz

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	contri_by_cntrl_indiv	
(ii) A family member of a person described in (i) above?	11g(ii)	contri_by_rltd_prty	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	contri_by_35_cntrl_ent	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)	suprtd_ein	suprtd_typ_org	suprtd_list_in_gvrn_doc		suprtd_org_notif		suprtd_org_in_us		suprtd_amt
(B)									
(C)									
(D)									
(E)									
Total									sum_of_suprtd_amts

SCHEDULE C (Form 990 or 990-EZ)

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.***

OMB No. 1545-0047

2013

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.
- 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.

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 organization	**Employer identification number**

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

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

2 Political expenditures . . . . . ► $ pltcl_expend

3 Volunteer hours . . . . . vlntr_hrs

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . ► $ amt_4955_tx

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ► $ amt_4955_tx_on_mgrs

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . frm_4720_filed_4955_tx ☐ **Yes** ☐ **No**

4a Was a correction made? . . . . . corr_made ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ► $ amt_expend_for_527_actvs

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► $ amt_intrnl_fnds_contri

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ► $ tot_exmpt_func_expend

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . frm_1120_pol_filed ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

A 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). org_belongs_affltd_grp

B Check ► ☐ if the filing organization checked box A and "limited control" provisions apply. ltd_cntrl_prvsns_apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	grssrts_lbbyng_filg_org_tot	grssrts_lbbyng_affltd_grp_tot
b Total lobbying expenditures to influence a legislative body (direct lobbying)	drct_lbbyng_filg_org_tot	drct_lbbyng_affltd_grp_tot
c Total lobbying expenditures (add lines 1a and 1b)	tot_lbby_expend_filg_org_tot	tot_lbby_expend_affltd_grp_tot
d Other exempt purpose expenditures	oth_exmpt_prps_filg_org_tot	oth_exmpt_prps_affltd_grp_tot
e Total exempt purpose expenditures (add lines 1c and 1d)	tot_exmpt_prps_filg_org_tot	tot_exmpt_prps_affltd_grp_tot
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	lbby_ntx_amt_filg_org_tot	lbby_ntx_amt_affltd_grp_tot

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.

g	Grassroots nontaxable amount (enter 25% of line 1f)	grssrts_ntx_amt_filg_org_tot	grssrts_ntx_amt_affltd_grp_tot
h	Subtract line 1g from line 1a. If zero or less, enter -0-	lbby_gr_mns_ntx_filg_org_tot	lbby_gr_mns_ntx_affltd_grp_tot
i	Subtract line 1f from line 1c. If zero or less, enter -0-	ex_mns_lbby_ntx_filg_org_tot	ex_mns_lbby_ntx_affltd_grp_tot
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	frm_4720_filed	☐ 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 Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? c_vlntrs			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? pd_staff_or_mgmt			
c Media advertisements?			media_ads_amt
d Mailings to members, legislators, or the public?			mailing_mems_amt
e Publications, or published or broadcast statements?			pub_or_broadcst_amt
f Grants to other organizations for lobbying purposes?			grnts_oth_orgs_amt
g Direct contact with legislators, their staffs, government officials, or a legislative body?			drct_cntct_legis_amt
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			rallies_demos_amt
i Other activities?			c_oth_actvs_amt
j Total. Add lines 1c through 1i			tot_lbby_expend_ii_b
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? not_descrbd_in_501c3			
b If "Yes," enter the amount of any tax incurred under section 4912			amt_of_4912_tx
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			amt_of_mgrs_4912_tx
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? frm_4720_filed_4912_tx			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1 subst_all_dues_nonded	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2 only_in_hse_lbbyng	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3 agree_to_cyov_py	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	c_dues_assmnts
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	nonded_lbby_pltcl_curr
b	Carryover from last year	2b	nonded_lbby_pltcl_cyov
c	Total	2c	nonded_lbby_pltcl_tot
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	aggr_amt_rptd_dues_ntc
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	amt_to_be_cyov
5	Taxable amount of lobbying and political expenditures (see instructions)	5	c_txbl_amt

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

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	num_dafs_held	num_fnds_held
2	Aggregate contributions to (during year)	dnr_advsd_contri	contri_fnds_oth_accts
3	Aggregate grants from (during year)	grnts_pd_from_dnr_fnds	grnts_fnds_oth_accts
4	Aggregate value at end of year	aggrgt_daf_vl	aggrgt_fnd_vl

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? sect170h_rqrd_stsfd ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	1c	begng_bal
d Additions during the year	1d	addn_during_yr
e Distributions during the year	1e	distri_during_yr
f Ending balance	1f	endng_bal

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment brd_desg_eoy_bal %
b Permanent endowment perm_endwmt_eoy_bal %
c Temporarily restricted endowment term_endwmt_eoy_bal %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				land_bk_vl
b Buildings				bldg_bk_vl
c Leasehold improvements				lshld_imprv_bk_vl
d Equipment				equip_bk_vl
e Other				oth_lnd_bldg_bk_vl
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				d_tot_bk_vl_land_bldg

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	tot_rev_etc_aud_fincl_stmt
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	net_unrlzd_gns_invst		
b	Donated services and use of facilities	2b	dnt_srvc_and_use_of_fclts		
c	Recoveries of prior year grants	2c	rcvry_of_py_grnts		
d	Other (Describe in Part XIII.)	2d	d_oth_revs		
e	Add lines **2a** through **2d**			2e	rev_not_rptd_f990
3	Subtract line **2e** from line **1**			3	rev_subtotal
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	invst_expns_not_incld		
b	Other (Describe in Part XIII.)	4b	oth_rev_not_incld		
c	Add lines **4a** and **4b**			4c	rev_not_rptd_on_fincl_stmt
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	tot_rev_per_f990

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	tot_expns_etc_aud_fincl_stmt
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	dnt_srvc_use_of_fclts		
b	Prior year adjustments	2b	py_adj		
c	Other losses	2c	loss_rptd		
d	Other (Describe in Part XIII.)	2d	oth_expns_incld		
e	Add lines **2a** through **2d**			2e	expns_not_rptd_f990
3	Subtract line **2e** from line **1**			3	expns_subtotal
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	invst_expns_not_incld2		
b	Other (Describe in Part XIII.)	4b	oth_expns_not_incld		
c	Add lines **4a** and **4b**			4c	expns_not_rptd_on_fincl_stmt
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	tot_expns_per_f990

Part XIII Supplemental Information.

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations g_fndrsng_actvs
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? agr_ref_fndrsng ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1	rows_hghst_pd_fndrsrs						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ►						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				evnts_info_gro_rcpt_tot
	2 Less: Contributions				evnts_info_chrtbl_contri_tot
	3 Gross income (line 1 minus line 2)				evnts_info_gro_rev_tot
Direct Expenses	4 Cash prizes				evnts_info_csh_prz_tot
	5 Noncash prizes				evnts_info_ncsh_prz_tot
	6 Rent/facility costs				evnts_info_rnt_fclty_cst_tot
	7 Food and beverages				evnts_info_evnt_fd_bev_tot
	8 Entertainment				evnts_info_ent_entrtn_tot
	9 Other direct expenses				evnts_info_oth_drct_exp_tot
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				evnts_info_drct_exp_sum
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				evnts_info_net_incm_sum

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				gam_info_gro_rev_tot
Direct Expenses	2 Cash prizes				gam_info_csh_prz_tot
	3 Noncash prizes				gam_info_ncsh_prz_tot
	4 Rent/facility costs				gam_info_rnt_fclt_cst_tot
	5 Other direct expenses				gam_info_oth_drct_exp_tot
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				gam_info_drct_exp_sum
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				gam_info_net_gam_incm_sum

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	chrty_care_plcy	
b	If "Yes," was it a written policy?	1b	wrttn_plcy	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities plcy_appld			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ % fpg_free_pct	3a	fpg_ref_free_care	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % fpg_disc_pct	3b	fpg_ref_discntd_care	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	free_disc_care_med_ind	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	amt_bud_for_chrty_care	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	expns_exceed_budget	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	unable_to_provide_care	
6a	Did the organization prepare a community benefit report during the tax year?	6a	annual_com_bnft_rpt	
b	If "Yes," did the organization make it available to the public?	6b	rpt_pub_avail	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)	1= num_actv_or_prog chrty_cst_1	2=prsns_srvd chrty_cst_2	3=tot_com_bnft_expns chrty_cst_3	4=drct_offst_rev chrty_cst_4	5=net_com_bnft_expns chrty_cst_5	
b	Medicaid (from Worksheet 3, column a)	unreim_med_1	unreim_med_2	unreim_med_3	unreim_med_4	unreim_med_5	
c	Costs of other means-tested government programs (from Worksheet 3, column b)	unreim_cst_1	unreim_cst_2	unreim_cst_3	unreim_cst_4	unreim_cst_5	
d	**Total** Financial Assistance and Means-Tested Government Programs	tot_chrty_1	tot_chrty_2	tot_chrty_3	tot_chrty_4	tot_chrty_5	
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)	1= num_actv_or_prog com_hs_1	2=prsns_srvd com_hs_2	3=tot_com_bnft_expns com_hs_3	4=drct_offst_rev com_hs_4	5=net_com_bnft_expns com_hs_5	
f	Health professions education (from Worksheet 5)	hp_ed_1	hp_ed_2	hp_ed_3	hp_ed_4	hp_ed_5	
g	Subsidized health services (from Worksheet 6)	sub_hs_1	sub_hs_2	sub_hs_3	sub_hs_4	sub_hs_5	
h	Research (from Worksheet 7)	rsrch_1	rsrch_2	rsrch_3	rsrch_4	rsrch_5	
i	Cash and in-kind contributions for community benefit (from Worksheet 8)	cash_contri_1	cash_contr_2	cash_contri_3	cash_contri_4	cash_contri_5	
j	**Total.** Other Benefits	oth_bnft_1	oth_bnft_2	oth_bnft_3	oth_bnft_4	oth_bnft_5	
k	**Total.** Add lines 7d and 7j	com_bnft_1	com_bnft_2	com_bnft_3	com_bnft_4	com_bnft_5	

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (1= num_actv_or_prog)	(b) Persons served (optional) (2=prsns_srvd)	(c) Total community building expense	(d) Direct offsetting revenue (4=drct_offst_rev)	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	imprvmnts_1	imprvmnts_2	imprvmnts_tot_imprvmnts_expns	imprvmnts_4	imprvmnts_net_imprvmnts_expns	
2	Economic development	econ_dev_1	econ_dev_2	econ_dev_tot_econ_dev_expns	econ_dev_4	econ_dev_net_econ_dev_expns	
3	Community support	com_suprt_1	com_suprt_2	com_suprt_tot_com_suprt_expns	com_suprt_4	com_suprt_net_com_suprt_expns	
4	Environmental improvements	environ_1	environ_2	environ_tot_environ_expns	environ_4	environ_net_environ_expns	
5	Leadership development and training for community members	ldrshp_1	ldrshp_2	ldrshp_tot_ldrshp_expns	ldrshp_4	any_nfixed_pymt	
6	Coalition building	coal_bldg_1	coal_bldg_2	coal_bldg_tot_coal_bldg_expns	coal_bldg_4	coal_bldg_net_coal_bldg_expns	
7	Community health improvement advocacy	hlth_adv_1	hlth_adv_2	hlth_adv_tot_hlth_adv_expns	hlth_adv_4	hlth_adv_net_hlth_adv_expns	
8	Workforce development	wrk_dev_1	wrk_dev_2	wrk_dev_tot_wrk_dev_expns	wrk_dev_4	wrk_dev_net_wrk_dev_expns	
9	Other	oth_1	oth_2	oth_tot_oth_expns	oth_4	oth_net_oth_expns	
10	**Total**	tot_1	tot_2	tot_tot_tot_expns	tot_4	tot_net_tot_expns	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 bad_debt_expns_rptd		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 bad_debt_expns_amt		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 amt_attr_to		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5 amt_reim_by_medicare	
6	Enter Medicare allowable costs of care relating to payments on line 5	6 cst_care_reim_by_medicare	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 medicare_surpls_shrtfall	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other cst_mthdlgy

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a wrttn_debt_coll_plcy		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b prov_for_chrty_care		

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

Repeating table

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	enty_name	descr_ent_prim_acty	org_prft_or_ownr	ofcrs_etc_prft_or_ownr	phys_prft_or_ownr
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Repeating table

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? _____

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 fclt_num fclty_name fclty_zip st_lic_num	type_of_fclty									fclt_rpt_grp
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group hsptl_fclt_name

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) hsptl_fclt_num

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.	1 chna_cndct		
If "Yes," indicate what the CHNA report describes (check all that apply): chna_descr			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Section C)			
2 Indicate the tax year the hospital facility last conducted a CHNA: nds_assmnt_cndct __ __			
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 tk_into_acct		
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 oth_fclt		
5 Did the hospital facility make its CHNA report widely available to the public?	5 chna_wdly_avlbl		
If "Yes," indicate how the CHNA report was made widely available (check all that apply): chna_public			
a ☐ Hospital facility's website (list url):			
b ☐ Other website (list url):			
c ☐ Available upon request from the hospital facility			
d ☐ Other (describe in Section C)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year): nds_addrssd			
a ☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide plan			
d ☐ Participation in the execution of a community-wide plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Section C)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7 all_nds_addrssd		
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a org_incr_exc_tx		
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b fil_4720_rpt_exc_tx		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ exc_rprt_4720_all_amt			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	elgbl_crtr_explnd	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	uss_fpg_fr	
	If "Yes," indicate the FPG family income limit for eligibility for free care: __ __ __ % fpg_fr_pct			
	If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	uss_fpg_dscntd	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: __ __ __ % fpg_dscnt_pct			
	If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	explns_bss	
	If "Yes," indicate the factors used in determining such amounts (check all that apply): bss_for_amts			
a	☐ Income level			
b	☐ Asset level			
c	☐ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☐ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Residency			
i	☐ Other (describe in Section C)			
13	Explained the method for applying for financial assistance?	13	explns_applctn_mthd	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	inclds_pblcty_msrs	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply): how_msrs_pblczd			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Section C)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	actns_nnpymnt	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: nnpymnt_actn_mthds			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17	coll_acty	
	If "Yes," check all actions in which the hospital facility or a third party engaged: coll_acty_mthds			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply): pre_coll_acty

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19** nndscrm_emrgncy_cr_plcy	
	If "No," indicate why: rsn_no_nndscrm_plcy		
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	☐ Other (describe in Section C)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. max_amt_dtrmnd		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Section C)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21** amt_gnrlly_blld	
	If "Yes," explain in Section C.		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22** gr_chrg	
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? schh_ptv_sec_c_num_oth_fclt

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef) fringe_bnfts			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b** wrttn_plcy_t_and_e_expns		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2** subst_rqrd		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee estab_comp_mthd			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a** severance_pymt		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b** supp_nqlfy_ret_pln		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c** eqty_based_comp_arrngm		
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a** comp_bsd_rev_filng_org		
b	Any related organization?	**5b** comp_bsd_rev_rltd_org		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a** comp_bsd_net_earn_filng_org		
b	Any related organization?	**6b** comp_bsd_net_earn_rel_org		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7** any_nfixed_pymt		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8** init_cntrct_excpt		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9** rbttbl_prsmptn_prcdr		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation reported as deferred in prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1		(i)	j_base_comp	j_bonus_incntv_comp	j_oth_rptble_comp	j_def_comp	j_nontxbl_bnfts	j_total_comp	j_comp_rptd_prior
		(ii)							
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
A		issr_ein_a	cusip_a	dt_issd_a	issr_price_a		defeased_a	on_behalf_of_issr_a	pl_fin_a
B		issr_ein_b	cusip_b	dt_issd_b	issr_price_b		defeased_b	on_behalf_of_issr_b	pl_fin_b
C		issr_ein_c	cusip_c	dt_issd_c	issr_price_c		defeased_c	on_behalf_of_issr_c	pl_fin_c
D		issr_ein_d	cusip_d	dt_issd_d	issr_price_d		defeased_d	on_behalf_of_issr_d	pl_fin_d

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	amt_ret_a	amt_ret_b	amt_ret_c	amt_ret_d
2	Amount of bonds legally defeased	amt_bnd_dfsd_a	amt_bnd_dfsd_b	amt_bnd_dfsd_c	amt_bnd_dfsd_d
3	Total proceeds of issue	tot_proc_a	tot_proc_b	tot_proc_c	tot_proc_d
4	Gross proceeds in reserve funds	amt_in_rsrv_fnd_a	amt_in_rsrv_fnd_b	amt_in_rsrv_fnd_c	amt_in_rsrv_fnd_d
5	Capitalized interest from proceeds	cptlz_int_d	cptlz_int_b	cptlz_int_c	cptlz_int_d
6	Proceeds in refunding escrows	rfndng_escrw_c	rfndng_escrw_b	rfndng_escrw_c	rfndng_escrw_d
7	Issuance costs from proceeds	iss_cst_from_proc_a	iss_cst_from_proc_b	iss_cst_from_proc_c	iss_cst_from_proc_d
8	Credit enhancement from proceeds	cr_enhncmnt_a	cr_enhncmnt_b	cr_enhncmnt_c	cr_enhncmnt_d
9	Working capital expenditures from proceeds	wrk_cap_expend_a	wrk_cap_expend_b	wrk_cap_expend_c	wrk_cap_expend_d
10	Capital expenditures from proceeds	cap_expend_a	cap_expend_b	cap_expend_c	cap_expend_d
11	Other spent proceeds	oth_spnt_prcd_a	oth_spnt_prcd_b	oth_spnt_prcd_c	oth_spnt_prcd_d
12	Other unspent proceeds	amt_unspent_a	amt_unspent_b	amt_unspent_c	amt_unspent_d
13	Year of substantial completion	yr_of_subst_compl_a	yr_of_subst_compl_b	yr_of_subst_compl_c	yr_of_subst_compl_d
		Yes **No**	**Yes** **No**	**Yes** **No**	**Yes** **No**
14	Were the bonds issued as part of a current refunding issue?	curr_refunding_a	curr_refunding_b	curr_refunding_c	curr_refunding_d
15	Were the bonds issued as part of an advance refunding issue?	adv_refunding_a	adv_refunding_b	adv_refunding_c	adv_refunding_d
16	Has the final allocation of proceeds been made?	fnl_alloc_made_a	fnl_alloc_made_b	fnl_alloc_made_c	fnl_alloc_made_d
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	adq_bks_recds_maint_a	adq_bks_recds_maint_b	adq_bks_recds_maint_c	adq_bks_recds_maint_d

Part III Private Business Use

		A	B	C	D
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	own_bnd_fincd_prop_a	own_bnd_fincd_prop_b	own_bnd_fincd_prop_c	own_bnd_fincd_prop_d
2	Are there any lease arrangements that may result in private business use of bond-financed property?	any_lease_arrgmnt_a	any_lease_arrgmnt_b	any_lease_arrgmnt_c	any_lease_arrgmnt_d

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	mgmt_cntrct_bnd_fincd_prop_a		mgmt_cntrct_bnd_fincd_prop_b		mgmt_cntrct_bnd_fincd_prop_c		mgmt_cntrct_bnd_fincd_prop_d	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	engg_bnd_cnsl_cntrct_a		engg_bnd_cnsl_cntrct_b		engg_bnd_cnsl_cntrct_c		engg_bnd_cnsl_cntrct_d	
c	Are there any research agreements that may result in private business use of bond-financed property?	any_rsrch_agrmnt_a		any_rsrch_agrmnt_b		any_rsrch_agrmnt_c		any_rsrch_agrmnt_d	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	engg_bnd_cnsl_rsrch_a		engg_bnd_cnsl_rsrch_b		engg_bnd_cnsl_rsrch_c		engg_bnd_cnsl_rsrch_d	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	pct_prvt_bus_use_by_oth_a %		pct_prvt_bus_use_by_oth_b %		pct_prvt_bus_use_by_oth_c %		pct_prvt_bus_use_by_oth_d %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	pct_prvt_bus_re_ubi_a %		pct_prvt_bus_re_ubi_b %		pct_prvt_bus_re_ubi_c %		pct_prvt_bus_re_ubi_d %	
6	Total of lines 4 and 5	tot_prvt_bus_use_a %		tot_prvt_bus_use_b %		tot_prvt_bus_use_c %		tot_prvt_bus_use_d %	
7	Does the bond issue meet the private security or payment test?	bnd_iss_mt_prvt_sec_pay_tst_a		bnd_iss_mt_prvt_sec_pay_tst_b		bnd_iss_mt_prvt_sec_pay_tst_c		bnd_iss_mt_prvt_sec_pay_tst_d	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	chg_use_bnd_fin_prp_a		chg_use_bnd_fin_prp_b		chg_use_bnd_fin_prp_c		chg_use_bnd_fin_prp_d	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	prcntg_bnd_fin_prp_a %		prcntg_bnd_fin_prp_b %		prcntg_bnd_fin_prp_c %		prcntg_bnd_fin_prp_d %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	rmdl_actn_tkn_a		rmdl_actn_tkn_b		rmdl_actn_tkn_c		rmdl_actn_tkn_d	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	non_qlfd_bnd_rmd_prcdrs_a		non_qlfd_bnd_rmd_prcdrs_b		non_qlfd_bnd_rmd_prcdrs_c		non_qlfd_bnd_rmd_prcdrs_d	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	form_8038t_filed_a		form_8038t_filed_b		form_8038t_filed_c		form_8038t_filed_d	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	rbt_not_due_yet_a		rbt_not_due_yet_b		rbt_not_due_yet_c		rbt_not_due_yet_d	
b	Exception to rebate?	excpt_rbt_a		excpt_rbt_b		excpt_rbt_c		excpt_rbt_d	
c	No rebate due?	no_rbt_due_a		no_rbt_due_b		no_rbt_due_c		no_rbt_due_d	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	var_rate_iss_a		var_rate_iss_b		var_rate_iss_c		var_rate_iss_d	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	hedge_id_bks_recs_a		hedge_id_bks_recs_b		hedge_id_bks_recs_c		hedge_id_bks_recs_d	
b	Name of provider								
c	Term of hedge	term_of_hedge_a		term_of_hedge_b		term_of_hedge_c		term_of_hedge_d	
d	Was the hedge superintegrated?	sprntgrtd_hdg_a		sprntgrtd_hdg_b		sprntgrtd_hdg_c		sprntgrtd_hdg_d	
e	Was the hedge terminated?	hdg_trmntd_a		hdg_trmntd_b		hdg_trmntd_c		hdg_trmntd_d	

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	gro_proc_invst_in_gic_a		gro_proc_invst_in_gic_b		gro_proc_invst_in_gic_c		gro_proc_invst_in_gic_d	
b	Name of provider								
c	Term of GIC	term_of_gic_a		term_of_gic_b		term_of_gic_c		term_of_gic_d	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	reg_safe_harbor_stsfy_a		reg_safe_harbor_stsfy_b		reg_safe_harbor_stsfy_c		reg_safe_harbor_stsfy_d	
6	Were any gross proceeds invested beyond an available temporary period?	gro_proc_invst_a		gro_proc_invst_b		gro_proc_invst_c		gro_proc_invst_d	
7	Has the organization established written procedures to monitor the requirements of section 148?	wrttn_prc_mntr_rqs_a		wrttn_prc_mntr_rqs_b		wrttn_prc_mntr_rqs_c		wrttn_prc_mntr_rqs_d	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	prc_undrtk_crrctv_actn_a		prc_undrtk_crrctv_actn_b		prc_undrtk_crrctv_actn_c		prc_undrtk_crrctv_actn_d	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

Employer identification number

Part 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 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art		works_num_of_contri	works_ncsh_contri_rptd_f990	
2	Art—Historical treasures		arth_num_of_contri	arth_ncsh_contri_rptd_f990	
3	Art—Fractional interests		artf_num_of_contri	artf_ncsh_contri_rptd_f990	
4	Books and publications			books_ncsh_contri_rptd_f990	
5	Clothing and household goods			goods_ncsh_contri_rptd_f990	
6	Cars and other vehicles		cars_num_of_contri	cars_ncsh_contri_rptd_f990	
7	Boats and planes		boats_num_of_contri	boats_ncsh_contri_rptd_f990	
8	Intellectual property		iprop_num_of_contri	iprop_ncsh_contri_rptd_f990	
9	Securities—Publicly traded		spt_num_of_contri	spt_ncsh_contri_rptd_f990	
10	Securities—Closely held stock		schs_num_of_contri	schs_ncsh_contri_rptd_f990	
11	Securities—Partnership, LLC, or trust interests		spti_num_of_contri	spti_ncsh_contri_rptd_f990	
12	Securities—Miscellaneous		smisc_num_of_contri	smisc_ncsh_contri_rptd_f990	
13	Qualified conservation contribution—Historic structures		qchs_num_of_contri	qchs_ncsh_contri_rptd_f990	
14	Qualified conservation contribution—Other		qco_num_of_contri	qco_ncsh_contri_rptd_f990	
15	Real estate—Residential		rer_num_of_contri	rer_ncsh_contri_rptd_f990	
16	Real estate—Commercial		rec_num_of_contri	rec_ncsh_contri_rptd_f990	
17	Real estate—Other		reo_num_of_contri	reo_ncsh_contri_rptd_f990	
18	Collectibles		coll_num_of_contri	coll_ncsh_contri_rptd_f990	
19	Food inventory		food_num_of_contri	food_ncsh_contri_rptd_f990	
20	Drugs and medical supplies		drugs_num_of_contri	drugs_ncsh_contri_rptd_f990	
21	Taxidermy		txdrmy_num_of_contri	txdrmy_ncsh_contri_rptd_f990	
22	Historical artifacts		histart_num_of_contri	histart_ncsh_contri_rptd_f990	
23	Scientific specimens		spcmn_num_of_contri	spcmn_ncsh_contri_rptd_f990	
24	Archeological artifacts		archart_num_of_contri	archart_ncsh_contri_rptd_f990	
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )		oth_prprty_num_of_contri	oth_prprty_contri_rptd_f990	

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	num_of_8283_rcvd

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.**
- ► **Attach certified copies of any articles of dissolution, resolutions, or plans.**
- ► **Attach to Form 990 or 990-EZ.**
- ► **Information about Schedule N (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC section of recipient(s) (if tax-exempt) or type of entity
	rows_lqdtn_trmntn_dsltn						

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a dir_of_sucsr	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b empl_of_sucsr	
c	Become a direct or indirect owner of a successor or transferee organization?	2c ownr_of_sucsr	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . .	2d rcv_comp	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ►		

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	assts_distri	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	rqrd_to_ntfy_ag	
b	If "Yes," did the organization provide such notice?	4b	ag_notif	
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	liab_pd	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	bnds_outstd	
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	bnd_liab_dischrgd	
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
rows_sale_xchg_dspstn						

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a	dir_sucsr2	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	empl_of_sucsr2	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	ownr_of_sucsr2	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	rcv_comp2	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) rows_dsrgrdd_ents					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) rows_rltd_tx_exmpt_orgs							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization rows_rltd_txbl_prtnrshps	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization rows_rltd_txbl_corp_trst	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?				
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a			rcpt_int_ann_rnts_rylts
b	Gift, grant, or capital contribution to related organization(s)	1b			gft_grnt_contri_to_oth_org
c	Gift, grant, or capital contribution from related organization(s)	1c			gft_grnt_contri_from_oth_org
d	Loans or loan guarantees to or for related organization(s)	1d			lns_gurnt_to_oth_org
e	Loans or loan guarantees by related organization(s)	1e			lns_gurnt_from_oth_org
f	Dividends from related organization(s)	1f			div_rltd_org
g	Sale of assets to related organization(s)	1g			sl_of_assts_to_oth_org
h	Purchase of assets from related organization(s)	1h			sl_of_assts_from_oth_org
i	Exchange of assets with related organization(s)	1i			exch_of_assts
j	Lease of facilities, equipment, or other assets to related organization(s)	1j			rntl_of_fclts_to_oth_org
k	Lease of facilities, equipment, or other assets from related organization(s)	1k			rntl_of_fclts_from_oth_org
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l			perf_of_srvcs_for_oth_org
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m			perf_of_srvcs_by_oth_org
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			shr_of_fclts
o	Sharing of paid employees with related organization(s)	1o			shr_of_pd_empls
p	Reimbursement paid to related organization(s) for expenses	1p			reimb_pd_to_oth_org
q	Reimbursement paid by related organization(s) for expenses	1q			reimb_pd_by_oth_org
r	Other transfer of cash or property to related organization(s)	1r			oth_trnsfr_to_oth_org
s	Other transfer of cash or property from related organization(s)	1s			oth_trnsfr_from_oth_org

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	rows_trnsctns_w_rltd_orgs			
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

rows_unrltd_txbl_prtnrshps

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

REJECT SCPL COND DLN

Form **990-EZ**

Short Form
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.**

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

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending E010 **, 20**

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

C Name of organization E020

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

City or town, state or province, country, and ZIP or foreign postal code E030 E040

D Employer identification number EIN

E Telephone number

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) E050 ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association type

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	R040
	2	Program service revenue including government fees and contracts			2	R050
	3	Membership dues and assessments			3	R060
	4	Investment income			4	RZ100
	5a	Gross amount from sale of assets other than inventory	5a	RZ200		
	b	Less: cost or other basis and sales expenses	5b	RZ300		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	R190
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	R195		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	R200		
	c	Less: direct expenses from gaming and fundraising events	6c	R210		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	R220
	7a	Gross sales of inventory, less returns and allowances	7a	R230		
	b	Less: cost of goods sold	7b	R240		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	R250
	8	Other revenue (describe in Schedule O)			8	R260
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	R270
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	XZ100
	11	Benefits paid to or for members			11	F020
	12	Salaries, other compensation, and employee benefits			12	XZ200
	13	Professional fees and other payments to independent contractors			13	XZ300
	14	Occupancy, rent, utilities, and maintenance			14	XZ400
	15	Printing, publications, postage, and shipping			15	XZ500
	16	Other expenses (describe in Schedule O)			16	XZ600
	17	**Total expenses.** Add lines 10 through 16 ▶			17	X050
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	N010
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	N020
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	N030
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	N040

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	AZ101	22	AZ100
23	Land and buildings	A023	23	A160
24	Other assets (describe in Schedule O)	AZ201	24	AZ200
25	**Total assets**	A030	25	A180
26	**Total liabilities** (describe in Schedule O)	L010	26	L090
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	B010	27	B020

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? NTEE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
	C010	C020	C030	C040

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33			QX005
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34			QX010
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			QX015
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			Q020
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			QX025
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36			Q030
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	Q050		
b	Did the organization file **Form 1120-POL** for this year?	37b			Q060
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			QX070
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	QX080		
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	39a	Q150		
b	Gross receipts, included on line 9, for public use of club facilities	39b	Q160		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ Q170 ; section 4912 ▶ Q180 ; section 4955 ▶ Q190				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			Q200
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		Q210		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		Q220		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			Q222
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____				
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b			QX225
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c			QX230
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	QX235		

				Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a			QX240
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			QX245
c	Did the organization receive any payments for indoor tanning services during the year?	44c			QX250
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d			QX260
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a			QX270
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b			QX280

		Yes	No		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46			Q300

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No	
47	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	47			Q310
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			QX320
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a			QX330
b	If "Yes," was the related organization a section 527 organization?	49b			QX340

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
		H100	H110	H120
		H200	H210	H220
		H300	H310	H320
		H400	H410	H420
		H500	H510	H520

f Total number of other employees paid over $100,000 ▶ H600

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here

Signature of officer | Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No