## Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www irs goulform 990. Inspection

Open to Public

B Guess D. C. Name of organization Days FOR GIRLS INTERNATIONAL    Doing Business A	<u> </u>	TUR UTE	2013 calendar year, or tax year beginning MAR 1, 2013 and	encang r	ED 20, 2014	
Debto Business Ae   Number and street for P.O. box if mall is not delivered to street address)   Room/Surise   E Telephones numbers   163.0 GROVER STREET #B22   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-8393   36.0-220-83	B	Check if applicable	C Name of organization		D Employer identific	cation number
Dang Business As  16.10 GROVER SYRERE® #B22  16.10 GROVER SYRERE® #B22  LYNDEN, WA 98.264  I Grove servets the Control of the CELESTE MERGENS  31.0 H STREET, JYNDEN, WA 98.264  I Grove acceptance of principal officiner. CELESTE MERGENS  31.0 H STREET, JYNDEN, WA 98.264  I Grove acceptance with the control of the co						
Repetition   Contributions and grants (Part VIII, line 1s)   Security   Sec	<u>L</u>	jchang	Doing Business As		45-3	934671
City or town, state or province, country, and 2if or foreign postal code   G cream-resignat   Get 7, 577.				Room/suite		
LYNDEN, WA 98264   Help to this a group return   Increase principal officer/CELESTE MERGENS   810 H STREET, LYNDEN, WA 98264   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   10 H STREET, LYNDEN, WA 98264   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   10 H STREET, LYNDEN, WA 98264   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   10 H STREET, LYNDEN, WA 98264   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   10 H STREET, LYNDEN, WA 98264   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   10 H STREET, LYNDEN, WA 98264   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   Help to subcordinates?   Increase principal officer/CELESTE MERGENS   Help to subcordinates   Increase principal officer/CELESTE   Increase principal off	7	Ameno				
Pearly   P	H	ireturn Applic	T.VNDEN WA 98264			
Trace-exempt starts: XS 501(c)(3)	_	non pendir				
Tone-commont status:   S91(c)(3)   S01(c)( )   ▼ (neart no.)   4947(a)(1) or   527     H*No,* attach at latt, see instructions)   Jobbshits:   FWW. DAYSFORGIRLS.ORG     K Form of organization:   Z Corporation   Trust   Association   Other   Lyser of formation: 2011  M State of lapid douncies; WA			1010 it compared transplated by 00064			******
J Webster; ► WRW DAYSFORGIRLS - ORG From of organization: XI Corporation						
Form of corganization:				)[ 02/	4	
Briefly describe the organization's mission or most significant activities: TO PROVIDE SUSTAINABLE, QUALITY,  MENSTRUAL HEALTH MANAGEMENT AND REPRODUCTIVE HEALTH KNOWLEDGE  Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of independent voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of ordindivaluse employed in calendar year 2013 (Part VI, line 1a)  To Total unrelated business revenue from Part VIII, column (C), line 12  To Total unrelated business revenue from Part VIII, column (C), line 12  Prior Year  Current Year  Prior Year  Current Year  Prior Year  Current Year  Prior Year  Current Year  10 Investment income (Part VIII, line 1p)  Program service revenue (Part VIII, line 2g)  To 10 Investment income (Part VIII, column (A), lines 5, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 5, 6, 6c, 9c, 10c, and 11e)  11 Other revenue (Part VIII, column (A), lines 5, 6, 6c, 9c, 10c, and 11e)  12 Total revenue. add lines 8 through 11 must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Salends, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salends, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Forder scenese (Part IX, column (A), lines 11a-11d, 11f-24e)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total sepanses. Add lines 19 from line 20  19 Part II (Signature Block  Under penalties of perior, I cecter that have examined this prepare tassany knowledge and belief, it is true, correct, and compensation of circles and set the perior of circles in the law examined the penalties of perior, I cecter that have examined the prepare tassany knowledge and belief, it is true, correct, and compensation of circles and the				- 1: :: -	H(c) Group exemption	n number
Bitisfly describe the organization's mission or most significant activities. TO PROVIDE SUSTAINABLE, QUALITY, MENSTRUAL HEALTH MANAGEMENT AND REPRODUCTIVE HEALTH KNOWLEDGE    Check this box				IL Year	Of formation: AULIJN	A State of legal domicile, WAS
MENSTRUAL HEALTH MANAGEMENT AND REPRODUCTIVE HEALTH KNOWLEDGE  2 Check this box ▶	Ľ	arτι	Summary	SOUTH		D OTTE THE
Solution	欠	1	Briefly describe the organization's mission or most significant activities: TU PI	KOATDE	SUSTAINABL	E, QUALITY,
Solution	ë					
Solution	뚭					
Solution	Š	3	Number of voting members of the governing body (Part VI, line 1a)			
Solution	9	4	Number of independent voting members of the governing body (Part VI, line 1b)		*******	
Solution	8	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	
Solution	₹	6	Total number of volunteers (estimate if necessary)		6	
Solution	듛	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	,	7a	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total sisets (Part X, line 26) 22 Net assets or fund belances. Subtract line 21 from line 20 23 Net assets or fund belances. Subtract line 21 from line 20 24 A3, 030.  15 Signature Block  Under penalties of perjury, I decire that flave examined this return, including accompanying schidules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dilagration of Incerance	•	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	U.
Program service revenue (Part VIII, sine 2g)					Prior Year	
1	•	8	Contributions and grants (Part VIII, line 1h)	L	202,858.	
1	Ž	9	Program service revenue (Part VIII, line 2g)			
1	eve	1	Ŧ	1		
12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   20 2, 858 . 627,577.   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	Œ	1	· · · · · · · · · · · · · · · · · · ·		0.	0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Notal assets or fund balances. Subtract line 21 from line 20 24 Not assets or fund balances. Subtract line 21 from line 20 25 Sign Lature Block 26 Date 27 Firm's name LARSON GROSS PLLC 28 Firm's address 2211 RTMLAND DR., SUITE 422 29 BELLINGHAM, WA 98226 20 Phone no. (360) 734-4280 20 Phone no. (360) 734-4280			· · · · · · · · · · · · · · · · · · ·	P	202,858.	627,577.
14   Benefits paid to or for members (Part IX, column (A), line 4)   0	******	<del></del>			0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		ŧ			0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0   0	ø	1	•		0.	23,300.
The expenses (Part X, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Not assets or fund balances. Subtract line 21 from line 20  24 Not assets or fund balances. Subtract line 21 from line 20  25 Part II   Signature Block  Under penalties of perjury   declare that there exampled this return, including accompanying schidules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, but agriculture of officer    Signature of officer   Date	186				0.	0.
The expenses (Part X, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Not assets or fund balances. Subtract line 21 from line 20  24 Not assets or fund balances. Subtract line 21 from line 20  25 Part II   Signature Block  Under penalties of perjury   declare that there exampled this return, including accompanying schidules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, but agriculture of officer    Signature of officer   Date	ě		· ·	^ 1		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  31 Total liabilities (Part X, line 26)  32 Net assets or fund balances. Subtract line 21 from line 20  33 Net assets or fund balances. Subtract line 21 from line 20  34 Net assets or fund balances. Subtract line 21 from line 20  34 Net assets or fund balances. Subtract line 21 from line 20  35 Net assets or fund balances. Subtract line 21 from line 20  36 Net assets or fund balances. Subtract line 21 from line 20  36 Net assets or fund balances. Subtract line 21 from line 20  37 Net assets or fund balances. Subtract line 21 from line 20  38 Net assets or fund balances. Subtract line 21 from line 20  39 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets or fund balances. Subtract line 21 from line 20  30 Net assets o	ŭ	1			159,828.	509,524.
19   Revenue less expenses. Subtract line 18 from line 12   43,030. 94,753.			· · · · · · · · · · · · · · · · · · ·		159,828.	532,824.
Beginning of Gurrent Year  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund belances. Subtract line 21 from line 20  23 Net assets or fund belances. Subtract line 21 from line 20  24 Net assets or fund belances. Subtract line 21 from line 20  25 Net assets or fund belances. Subtract line 21 from line 20  26 Net assets or fund belances. Subtract line 21 from line 20  27 Net assets or fund belances. Subtract line 21 from line 20  28 Net assets or fund belances. Subtract line 21 from line 20  29 Net assets or fund belances. Subtract line 21 from line 20  20 Total assets (Part X, line 16)  30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ł			43,030.	94,753.
Part II: Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schildules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Delaration of preparer belief that afficer is based on all information of which preparer has any knowledge.  Signature of officer  CELESTE MERGENS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer STEVE FORBES—CPA Preparer Firm's name LARSON GROSS PLLC Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280	<b>~</b> 4	<del> </del>	TOTOTIO 1030 OADOTSOCT CHOMBOT IN TO TOTAL TO THE	Be		End of Year
Part II: Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schildules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Delaration of preparer belief that afficer is based on all information of which preparer has any knowledge.  Signature of officer  CELESTE MERGENS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer STEVE FORBES—CPA Preparer Firm's name LARSON GROSS PLLC Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280	ets (	20	Total assets (Part X line 16)			
Part II: Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schildules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Delaration of preparer belief that afficer is based on all information of which preparer has any knowledge.  Signature of officer  CELESTE MERGENS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer STEVE FORBES—CPA Preparer Firm's name LARSON GROSS PLLC Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280	SS.	24		······		0.
Part II: Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schildules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Delaration of preparer belief that afficer is based on all information of which preparer has any knowledge.  Signature of officer  CELESTE MERGENS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer STEVE FORBES—CPA Preparer Firm's name LARSON GROSS PLLC Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280	E SE	22	, , , , , , , , , , , , , , , , , , , ,	F	43,030.	137,783.
Under penalties of perjury, I declare that I have examined this return, including accompanying schidules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer bather data afficer) is based on all information of which preparer has any knowledge.  Sign   Signature of officer   Date    CELESTE MERGENS, EXECUTIVE DIRECTOR   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date    STEVE FORBES—CPA   Date    Prim's name   LARSON GROSS PLLC   Firm's address   2211 RIMLAND DR., SUITE 422   BELLINGHAM, WA 98226   Phone no. (360) 734-4280						
Sign Here Signature of officer Date  Print/Type preparer's name Preparer's name Preparer's name LARSON GROSS PLLC  Firm's address 2211 RIMLAND DR., SUITE 422  BELLINGHAM, WA 98226  PRINT SIGNATURE OF Which preparer has any knowledge.  Date Bate Date Date Date Date Date Date Date D	Hor	fer pans	ities of narkury I declare that Maye examined this return, including accompanying schildule	s and statem	ents, and to the best of m	y knowledge and belief, it is
Sign Here Signature of officer Date  CELESTE MERGENS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name STEVE FORBES-CPA Preparer Firm's name LARSON GROSS PLLC Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280	tree	on pone	t and complete. Deteration of prepare souther they afficert is based on all information of wi	hich prepare	has any knowledge	, /
CELESTE MERGENS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  Firm's name LARSON GROSS PLLC  Firm's address 2211 RIMLAND DR., SUITE 422  BELLINGHAM, WA 98226  PRINTED Date Print Date Print Pr		, 00,100	THINK TI. MUNARMS		9/18	3/2014
Paid Preparer Firm's name LARSON GROSS PLLC Use Only  Pinty Saddress 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226  PIRECTOR  Preparer Date   Check   PTIN   PTI	e1-	-	Signature of officer		Date /	7
Print/Type preparer's name  Print/Type preparer's name  STEVE FORBES CPA  Preparer  Firm's name LARSON GROSS PLLC  Use Only  Firm's address 2211 RIMLAND DR., SUITE 422  BELLINGHAM, WA 98226  Proparer  Preparer  Prepa	-		CELESTE MERGENS. EXECUTIVE DIRECTOR			
Print/Type preparer's name STEVE FORBES CPA Preparer Firm's name LARSON GROSS PLLC Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Preparer	TIE	10	Type or print name and little			
Paid STEVE FORBES-CPA 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_		i '		Date Check	PTIN
Preparer Firm's name LARSON GROSS PLLC Use Only Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280	Pai	d		- 1	9/18/14   Il self-employ	<sub>™</sub> 1200012098
Use Only Firm's address 2211 RIMLAND DR., SUITE 422 BELLINGHAM, WA 98226 Phone no. (360) 734-4280					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BELLINGHAM, WA 98226 Phone no. (360) 734-4280		-			1 3337 2 233	
DDD11101111111111111111111111111111111	ual	Only			Phone no. (3	60) 734-4280
Yes No	140	u Hea ii	3S discuss this return with the preparer shown above? (see instructions)		1- 10-10-11-1	Yes No

4d Other program services (Describe in Schedule O.) (Expenses \$

including grants of \$

509,524. Total program service expenses

Form 990 (2013)

Form 990 (2013) DAYS FOR GIRLS INTERNATIONAL Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٥	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	1	
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	4.4		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	•	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
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	111		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • •		
124	Och add D. Dada Wand Wil	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			•
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<del>- ''-</del>		<del>                                     </del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	···		┌╤
19		19		Х
20-2	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

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		X
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<b>37</b>
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	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		x
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		х
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,	l		₩
	complete Schedule L, Part Ii	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	l	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			4.7
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
v,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	, 990	(2013)

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					$\Box$
1a Enter the number reported in Box 3 of Form 1096, Enter-0 if not applicable   1b   0   1b   0   1c   1c   0   1c   1c   0   1c   0   1c   1c		Check is conedule of contains a response of flore to any line its this mark v				Yes	No.
b Enter the number of Forms W.26 included in line 1s. Enter - 0.4 not applicable or Did the organization comply with backing yell-holding rules for reportable payments to vendors and reportable gaming (gamining) withings to prize withings and prize withings accountly of prize withings and prize withings and prize withings and prize withings and	12	Enter the number reported in Box 3 of Form 1096. Enter 45 if not applicable	l 1a	l of	一	100	110
Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]						l	
(gambling) winnings to prize withners?  Ear first 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  Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-fife (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d Did 1*Y-se, * enter the name of the foreign country; (such as a bank account; your other authority over, a financial account)?  4c A vary 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)?  4c A vary 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)?  5c Was the organization have around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables or that where y solicitations?  5c If Yea, * India the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charitable contributions?  5c If Yea, * India the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charitable contributions?  5c If Yea, * India the organization receive a payment in excess of \$7				ble gaming			
22 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  1 to 1 t					1c	l	
filled for the calendary year ending with or within the year covered by this return 2 b l b l fal teast one is reported on line 24, diff the organization file all regularized federal employment tux returns? 2 b lb with a set of the organization have an interest in. or a signature or other authority over, a financial country (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry. 4 b lf 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 4 b lf 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 4 b lf 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 4 b lf 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accountry. 5 b lf 'Yes,' or other through a party to a prohibited tax shelter transaction at any time during the tax year? 5 b lif 'Yes,' or other financial accountry. 5 b lf 'Yes,' or other financial returns a financial financi							
big Hat least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   Note, if the sum of line 1a and 2a is greater than 250, you may be required to 4-file (see instructions)   3a   X   3b   17 'ves, ' has it filed a Form 990-T for this year? If 'No, ' to fine 3b, provide an explanation in Schedule 0   3b   X   3b   17 'ves, ' has it filed a Form 990-T for this year? If 'No, ' to fine 3b, provide an explanation in Schedule 0   3b   X   X   3b   X   X   3b   X   X   3b   X   X   X   X   X   X   X   X   X			2a	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unreliated business gross income of \$1,000 or more during the year?  b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry?  4a X  b If "Yes," enter the name of the foreign country. Image as a bank account, account, or other financial accountry?  5a in the first of the provide of the second			ms?		2b		
38   Dit the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X	_						
b if "Yes," has it filled a Form 99.0 T for this year? If "No," to line 5b, provide an explanation in Schedule O  At any time during the calonical year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial accountly.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any suxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6c Dose the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Desermed the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Desermed the organization receive anyment in excess of \$75 made party as a contributions?  6c Desermed the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fermion season of the value of the goods or services provided?  7c Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7d Did the organization received any funds, directly or indirectly, on a personal benefit contract?  7d Did the organization received a contribution of case, boats, arylanes, or other vehicles, did the organization and a form 1098-C7 by a personal property did the organization make an	3a				За		<u> </u>
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, sor other financial account)?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was 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?  5b If Yes, it is the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  5c If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(e).  5c If Yes, it did the organization notify the donor of the value of the goods or services provided?  5d If Yes, it did the organization notify the donor of the value of the goods or services provided?  5d If Yes, it did the organization notify the donor of the value of the goods or services provided?  5d If Yes, it did the organization notify the donor of the value of the goods or services provided?  5d If Yes, it did the organization notify the donor of the value of the goods or services provided?  5d If Yes, it did the organization notify the donor of the value of the goods or services provided?  6d If Yes, it did the organization notify the donor of the value of the goods or services provided?  7d If If the organization received a contribution of updated intellectual property (all the organization received and provided the provided that the provided provided to file Form 8899 as required?  6d If Yes, it is not the provided of the provided that organization file Form 8899 as required?  7d If the organization received a contribution	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
financial account in a foreign country; leuch as a bank account, securities account, or other financial account)?  4a	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 c 1 "Yes," to line 5 a or 5b, did the organization file Form 888-7?  5 c 2 Does the organization are 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?  5 b if "Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 c organizations that may receive deductible contributions under section 170(c).  8 b if "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  9 b if "Yes," did the organization notify the donor of the value of the goods or services provided?  1 b if Yes," indicate the number of Forms 8282 filed during the year  2 b id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 b if the organization received a contribution of qualified intellectual property, did the organization file form 899 as required?  1 organization, or a denor advised funds and section 896(a)(3) supporting organization. But the supporting organization make any taxable distributions under section 4966?  9 b id the organization make any taxable distributions under section 4966?  9 b id the organization make a distribution to a donor, donor advised funds and section 896(a)(3) supporting organization. But the understance is an accurate during the year?  9 c Sponsoring organizations make any taxable distributions under section 4966?  9 b id the organization make a		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u>
See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 c 1 "Yes," to line 5 a or 5b, did the organization file Form 888-7?  5 c 2 Does the organization are 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?  5 b if "Yes," did the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 c organizations that may receive deductible contributions under section 170(c).  8 b if "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  9 b if "Yes," did the organization notify the donor of the value of the goods or services provided?  1 b if Yes," indicate the number of Forms 8282 filed during the year  2 b id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 b if the organization received a contribution of qualified intellectual property, did the organization file form 899 as required?  1 organization, or a denor advised funds and section 896(a)(3) supporting organization. But the supporting organization make any taxable distributions under section 4966?  9 b id the organization make any taxable distributions under section 4966?  9 b id the organization make a distribution to a donor, donor advised funds and section 896(a)(3) supporting organization. But the understance is an accurate during the year?  9 c Sponsoring organizations make any taxable distributions under section 4966?  9 b id the organization make a							
b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  55		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
bit any locate part y notiny in construction in the sort \$3 and \$							
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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098 C?  Sponsoring organizations maintaining donor advised funds and section 509(3)(3) supporting organization file a Form 1098 C?  Sponsoring organizations maintaining donor advised funds and section 509(3)(3) supporting organization file Form 1098 C?  Sponsoring organizations maintaining donor advised funds.  b if the organization make any taxable distributions under section 4966?  b bid the organization make any taxable distributions under section 4966?  b bid the organization make a distribution is nuder section 4966?  c Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from members or shareholders  b If "Yes	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction:	·	5b		<u> </u>
any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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?  bif 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If I Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If I Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  Spensoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  Spensoring organizations maintaining donor advised funds an section 509(3) supporting organization file a Form 1098-C7  Spensoring organizations maintaining donor advised funds.  Did the organization make a distribution to a donor, donor advised funds.  Did the organization make a distribution to a donor, donor advised funds.  Did the organization make a distribution to a donor, donor advised funds.  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross receipts, included on Form 590, Part VIII, line 12, for public use of club facilities  11b					5c		
b if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization include with every solicitation and partly for goods and services provided to the payor?  Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  did if Yes,* indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-C7  Sponsoring organization amaintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund and section 599(a)(3) supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization organizations. Enter:  Gross income from members or shareholders  Gross income from embers or shareholders  Did the organization inconsection them).  Section 691(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  Section 4947(a)(1) non-exempt character teceived or accrued during the year  11b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Sc	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit			7.7
were not tax deductible?    Pryse,					6a		<u></u>
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 X  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year and if yes, indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract?  7b Did the organization received and ontribution of qualified intellectual property, did the organization file Form 8899 as required?  7f If the organization received a contribution of cars, boats, alriplanes, or other vehicles, did the organization file a Form 1098-C?  8 Spensoring 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?  9 Sponsoring organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Section 501(c)(7) organizations. Enter:  11 Section 501(c)(7) organizations. Enter:  12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 4947(a)	b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
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?  7b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c					6b		
bif "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c X  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  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?  9 Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  6 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a  13a  13a  14a  14b If the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 220 to report these payments? If "No," provide an explanation in Schedule O.  14b  14b  14b  14c	7	Organizations that may receive deductible contributions under section 170(c).		Canada at the constant		i	v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  Th if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advised person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(12) organizations. Enter:  Section 501(c)(12) organization are the organization filing Form 990 in lieu of Form 1041?  12a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor r			
to file Form 8282?  di If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  f Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7f  gif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f  7f  gif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization flies and capital contributions included on Part VIII, line 12  10 Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  11b  12c  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional i					70		
to the Form 2022/  It "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  The property of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  The property of the organization file a Form 1098-C7 to the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 to sponsoring organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  Note. See the instructions for additional information the organization must r	C				70		x
bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  fif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(2) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amo		to file Form 8282?	74		70		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Spensoring 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?  Spensoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make and distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a linitation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Is the organization licensed to issue qualified health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an		If "Yes," indicate the number of Forms 8282 filed during the year	Contra	ct2	70		
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make and sistribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  C Enter the amount of reserves on hand  Lib if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_	Did the organization receive any tunds, directly or indirectly, to pay premiums of a personal benefit continued.	ract?	ot:			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  5 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  10c  11s Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12s Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13a  15a  15a  15a  15a  15a  15a  15a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization file F	orm S	899 as required?			
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Bection 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15a Section 501(c)(29) qualified nonprofit health insurrance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b	g	If the organization received a contribution of qualified litteriectual property, and the organization most	ation :	file a Form 1098-C?			
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9		True organization received a contribution of cars, boats, an planes, of other vericles, and the organizations.	id the	supporting			
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	anv tir	ne during the year?	8		
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	٥						
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a 14a  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					9b		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		-		_			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11a			10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_		10b	<u></u>			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11						
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а		11a				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)		<u></u>	]		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a		<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			•
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		<del> </del>
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C  14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<del>                                     </del>	├
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b					1		
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	þ		1	ı			
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					1		
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C	Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·	14=	-	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Screedile C	14a	Did the organization receive any payments for indoor tanning services during the tax year?				<del>                                     </del>	<del>                                     </del>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	ıe∪.			990	(2013)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are Independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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	X	
	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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	Ĺ
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		]	ł
а	The organization's CEO, Executive Director, or top management official	15a	X	
h	Other officers or key employees of the organization	15b	X	
-	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	1		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Ì
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
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)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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 organiz	ation:	<b>-</b>	
	DOUG KIEHN - 360-510-9388			
	810 H STREET ROAD, LYNDEN, WA 98264			
		Ford	990	(2013)

332006 10-29-13

# 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.

(A) Name and Title	(B) Average hours per week	(do	net d	(C Posi heck r ss per	tion nore son i		one 1 an	ed any current officer, c (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Tustee	Officer	Көу етріоуве	Highest compansated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) CELESTE MERGENS	60.00								0	0.
XECUTIVE DIRECTOR		X	<u> </u>					0.	0.	U .
2) DAVID BURRI	10.00	١						0.	0.	0
SOARD MEMBER	40.00	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	
3) ALEXANDREA ROSSING	12.00	x					1	0.	0.	0
SOARD MEMBER	12.00	<del> </del> △	├	<u> </u>	$\vdash$	╀		V .	0.	<u>_</u>
4) MARY LANG	12.00	$\mathbf{x}$						0.	0.	0
SOARD MEMBER	4.00	^	<del> </del>	-	-		-			
5) JANINE KEBLISH	4.00	x			İ			l 0.	0.	0
GOARD MEMBER  6) ANDREA LEEBRON-CLAY	4.00	+	-	┢	_		┝			
PRESIDENT	1.00	1	İ	x				0.	0.	0
(7) JACQUELINE SCOTT	20.00	一		<del>  -</del>	H	Т	_			
/ICE PRESIDENT		1		x				0.	0.	0
(8) JANET RUTGERS	20.00	T	Т		1	Τ				
FREASURER		1		X	İ	<u> </u>		0.	0.	0
(9) SUSAN BURRI	30.00					Ī			_	]
SECRETARY		<u> </u>		X		上	<u>L</u>	0.	0.	0
		-					i			
		+	T	╁		T			-	
		╁	T	†			T			
		+	T	T	$\dagger$	T	T			
		+	十	$\dagger$	╁╴	$\dagger$	-			
		+	十	+	+	╁	+			
		1	$\perp$	1	igspace	╀-				<del>                                     </del>
		┚	1	1	1		1	1	1	I

332007 10-29-13

Form 990 (2013)

Name and title  Average hours per week (list any neutron related organizations below line)  1b Sub-total  C Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total remort of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation of the compensation of the organization of the compensation of the organization of th	Section A. Officers, Directors, 1	(B)	Jioy T	<del></del>			grie	o. C					/E\	
Noute part   Section					Posi	ition	ì			* -		Ec		, el
Sub-total	Haire and title										n			
Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for   Pour for		week							1 '	-				
1b Sub-total		1 '	햟						the	organizations	5	com	pensa	tion
1b Sub-total			Ę				Dag:			(W-2/1099-MIS	iC)			
1b Sub-total			1 E	truste			pens		(W-2/1099-MISC)		į	_		
1b Sub-total			雪	Bonai		pioya	it com	L						
1b Sub-total			§	nstitu	美	ley em	Highes of might	-0.73B				o.g.	u 112-41.11	J. 10
Total from continuation sheets to Part VII, Section A	***************************************		<u> </u>		_	×			<del></del>	<u>-</u>				
Total from continuation sheets to Part VII, Section A			1											
Total from continuation sheets to Part VII, Section A										<del></del>				
Total from continuation sheets to Part VII, Section A			1											
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A			]											
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A			$ldsymbol{ldsymbol{ldsymbol{eta}}}$											
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A									1					
Total from continuation sheets to Part VII, Section A			$\vdash$		$\dashv$									
Total from continuation sheets to Part VII, Section A									]					
Total from continuation sheets to Part VII, Section A									0		_			
d Total (add lines 1b and 1c)	1b Sub-total				•••••									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   No														
Solid the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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  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 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 ▼ X  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)  (B)  (C)  Name and business address NONE  Description of services  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 ▶ 0									<u> </u>	000 of reportabl				
Section B. Independent Contractors  (A)  Name and business address  NONE  Yes No  Yes No  Yes No  Yes No  In 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  To rany 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  To 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  Section B. Independent Contractors  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  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form the organization Policy Compensation Form Theorem Form Form Form Form Form Form Form For			1036	nore	iu al	)UVE	) WI	10 16	aceived Hote Han & Loc	,000 or reportabl	•			0
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  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  5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  NONE  Description of services  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.  □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  □ Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	COMPONDENCE IT THE OF GRANZATION								·····				Yes	No
line 1a? If "Yes," complete Schedule J for such individual  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  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  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  NONE  Description of services  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 ▶  0	3 Did the organization list any former offic	cer, director, or tro	ıstea	a. ke	v en	olan	VAA.	or	highest compensated e	mplovee on		$\neg$	$\neg$	
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  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 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  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsimes\)												3		X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual														
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  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 NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0												4		X
rendered to the organization? If "Yes," complete Schedule J for such person														
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)  (B)  (C)  Compensation  Compensation  Description of services  Compensation  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization												5	1	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Description of services  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	Section B. Independent Contractors	•				•								
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation PO	1 Complete this table for your five highes	t compensated in	depe	nde	nt co	ontr	acto	rs t	hat received more than	\$100,000 of com	pens	ation f	rom	
Name and business address NONE Description of services 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   0	the organization. Report compensation	for the calendar y	ear e	endi	ng w	ith o	or w	ithir	n the organization's tax	/ear.				
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   0										_	_			
\$100,000 of compensation from the organization	Name and busin	ess address	NC	NE	3			_	Description of s	ervices	С	omper	nsation	ነ
\$100,000 of compensation from the organization								- 1						
\$100,000 of compensation from the organization								_	<del></del>					
\$100,000 of compensation from the organization														
\$100,000 of compensation from the organization								-						
\$100,000 of compensation from the organization								ĺ						
\$100,000 of compensation from the organization								$\dashv$				-		
\$100,000 of compensation from the organization														
\$100,000 of compensation from the organization		· · · · · · · · · · · · · · · · · · ·						$\dashv$					-	
\$100,000 of compensation from the organization														
\$100,000 of compensation from the organization	6 Tatal washing of last as a stantage of a stantage of	un finalisation - Essa	- 11-	- 14 -	d +-	4b.c	nc 11	بـــــــــــــــــــــــــــــــــــــ	I about tube reselved	oro the				
Vide Boo of composition from the organization	∠ rotal number of independent contracto	ıs (including but f	iot ill	mæ	n ro.	CHOS	3U 115	i LGC	i adovej wilo tecelved it	OLG RISE				
	•	anitation -				ſ	1							

Pa	t VI			ne make ka saas ba	s in this Dort VIII			<u></u>
		Check if Schedule O contain	is a response o	or note to any line	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	d	b Membership dues c Fundraising events d Related organizations	1b 1c 1d					
Contributions and Other Sin	f g	Government grants (contribution     All other contributions, gifts, grants,     similar amounts not included above     Noncash contributions included in lines 1a     Total. Add lines 1a-1f	and <b>1f</b>	627,577. 477,361.	627,577.			
	2 a			Business Code	02.,0			
Program Service Revenue	c	b						
Progra	e	e						
	3	g Total. Add lines 2a-2f Investment income (including di other similar amounts)	vidends, intere	st, and				
	4 5	Income from investment of tax-e	xempt bond p	roceeds 🕨				
		a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
	c	d Net rental income or (loss)	(í) Securities	(ii) Other			<u> </u>	
		b Less: cost or other basis and sales expenses c Gain or (loss)						
evenue		d Net gain or (loss)a  Gross income from fundraising of including \$	events (not	<b>▶</b>	<u></u>			
Other Re		contributions reported on line 10 Part IV, line 18 b Less: direct expenses	a					
•	9 a	c Net income or (loss) from fundra a Gross income from gaming activ Part IV, line 19 b Less: direct expenses	vities. See a					
	(	c Net income or (loss) from gamin a Gross sales of inventory, less re and allowances	g activities tums	<b>&gt;</b>				
		b Less; cost of goods sold  C Net income or (loss) from sales  Miscellaneous Revenue	b					
	11 :							
	,	d All other revenue e Total. Add lines 11a-11d						
33200 10-29	12	Total revenue. See instructions.	***************************************	<u></u>	627,577.	0.	0	Form <b>990</b> (2013)

Form 990 (2013) DAYS FOR GIRLS
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
		(A)	(B) I	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				··········
2	Grants and other assistance to individuals in			1	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			İ	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 200		23,300.	
	trustees, and key employees	23,300.		23,300.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		i		
	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	400.	400.		
þ	Legal	400.	400.		
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	442 256	112 256		
	column (A) amount, list line 11g expenses on Sch O.)	443,256.	443,256. 48.		
12	Advertising and promotion	16,222.	16,222.		
13	Office expenses	10,222.	10,222.		
14	Information technology				
15	Royalties	1,571.	1,571.	· · · · · · · · · · · · · · · · · · ·	
16	Occupancy	42,319.	42,319.		
17	Travel	44,319.	42,319.		····
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u></u>
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance			<del> </del>	
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 0.)	1			
а					
ь					
C					·
d					
	All other expenses	5,708.	5,708.		
25	Total functional expenses. Add lines 1 through 24e	532,824.	509,524.	23,300.	0.
26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form <b>990</b> (2012)

		(A)		(B)
1 1	Cook non internet heaving	Beginning of year 10,064.	1	End of year 49,802
2	Cash - non-interest-bearing Savings and temporary cash investments	10,004.	2	45,002
3			3	
1 .	Pledges and grants receivable, net		4	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		_	
١.	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	22.066	7	07 001
8	Inventories for sale or use	32,966.	8	87,981
9	Prepaid expenses and deferred charges		9	<del></del>
10a	Land, buildings, and equipment: cost or other		l l	
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation10b		10c	
11	investments - publicly traded securities		11	
12	investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	43,030.	16	137,783
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		1	
1	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		1	
İ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	· ····
26	Total liabilities. Add lines 17 through 25	0.	26	C
	Organizations that follow SFAS 117 (ASC 958), check here			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarity restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
1	and complete lines 30 through 34.			_
30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	43,030.	32	137,783
33	Total net assets or fund balances	43,030.	33	137,783
1	Total liabilities and net assets/fund balances	43,030.	34	137,783

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

Form **990** (2013)

#### **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.

2013

Open to Public Inspection

Name of the organization

DAYS FOR GIRLS INTERNATIONAL

Employer identification number 45-3934671

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part ill.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d \_\_\_\_ Type III - Non-functionally integrated c Type III - Functionally integrated b ☐ Type il 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) is the ganization in col. (vii) Amount of monetary (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. support (i) organized in the U.S.? (described on lines 1-9 organization governing document? (i) of your support? above or IRC section (see instructions)) Yes No Nο Nο Yes

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 DAYS FOR GIRLS INTERNATIONAL Part II | Support Schedule for Organizations Described in Sections 1707 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>			202,857.	627,577.	830,434.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				İ		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	1			]		
	the organization without charge				i		
4	Total. Add lines 1 through 3				202,857.	627,577.	830,434.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ļ					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.	<b></b>			<u> </u>		830,434.
	ction B. Total Support	<del>,</del>	<u>,</u>	· ·			
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4				202,857.	627,577.	830,434.
8	Gross income from interest,	!					
	dividends, payments received on	,					
	securities loans, rents, royalties	!					
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	,					
44	assets (Explain in Part IV.)  Total support. Add lines 7 through 10						830,434.
	Gross receipts from related activities.	ata /aaa laatayati	l	<u> </u>		12	030/1311
	First five years. If the Form 990 is for	,	,		hav year as a sactio		
13	organization, check this box and stor				ax year as a section		▶□
Sec	tion C. Computation of Publ						
	Public support percentage for 2013 (			column (f))	,	14	100.00 %
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						-
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	ed organization		▶∐
b	10% -facts-and-circumstances tes	t - <b>2012</b> . If the org	anization did not o	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	<b>i stop here.</b> Explain	in Part IV how the	-
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported orga	anization	▶
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instruction	<u>s</u>
					Sche	dule A (Form 990	or 990-EZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	novi, picaco com	pioto i tart iii)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	<u> </u>					
	include any "unusual grants.")				ļ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		†				
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
<b>7</b> a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			<u> </u>	<u> </u>	<u> </u>	<u></u>
	ction B. Total Support				·	T	<del>,</del>
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	rd for other and the last	toy year as = desti	n 501/a)/9\ arasal	zation.
14	First five years. If the Form 990 is for						Lautori,
Ç,	check this box and stop here ction C. Computation of Publi			***************************************			
	Public support percentage for 2013 (li			column (fi)		15	%
	Public support percentage from 2012					16	_ %
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19:	33 1/3% support tests - 2013. If the	organization did	not check the box			33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						▶□
ı	33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	ea, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and a	stop here. The org	anization qualifies	s as a publicly supp	oorted organization	الباح
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	<u></u>
					Q <sub>n</sub>	hedule A (Form 90	20 ~ 000.E71 9013

Abo complete this part for any additional information. (See instructions).  Also complete this part for any additional information. (See instructions).	Schedule A (	Form 990 or 990-EZ) 2013 DAYS FOR GIRLS INTERNATIONAL	45-3934671 Page
Also complete this part for any additional information. (See instructions).	Part IV	Supplemental Information, Provide the explanations required by Part II, line 10: Part II, line 17a	or 17b; and Part III, line 12.
AND COLUMN UNITY AND AND AND AND AND AND AND AND AND AND		Also complete this part for any additional information (See instructions)	
		Also complete this part for any auditional imorniation. Gee instructionsy.	
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
		——————————————————————————————————————	
	<del> </del>		
			··
	-		

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2013

Name of the organization

DAYS FOR GIRLS INTERNATIONAL

Employer identification number

45-3934671

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### DAYS FOR GIRLS INTERNATIONAL

45-3934671

Part I	Contributors	(see instructions).	Use duplicate cor	pies of Part I if addition	onal space is needed
raiti	Continutors	(see instructions).	Ose auplicate col	JIOS OF PART I II AUGILIO	ла space is п <del>ес</del> с

	Continuators (366 instructions), as aupitoate copies of fair in additional		
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOROPTIMIST INTERNATIONAL OF ANACORTES PO BOX 654 ANACORTES, WA 98221	\$ 7,851.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GLOBAL GIVING FOUNDATION  1023 15TH STREET NW, 12TH FLOOR  WASHINGTON, DC 20005	\$ <u>28,317.</u>	Person X Payroll (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EMPOWER WOMEN IN AFRICA  1610 GROVER STREET  LYNDEN, WA 98264	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)		
No.	(b) Name, address, and ZIP + 4  JAMES CLAY  6449 ALDRICH ROAD	Total contributions	Type of contribution  Person Payroll Noncash (Complete Part II for
4 (a)	(b) Name, address, and ZIP + 4  JAMES CLAY  6449 ALDRICH ROAD  BELLINGHAM, WA 98226  (b)	Total contributions  \$ 5,505.	Type of contribution  Person
(a)	(b) Name, address, and ZIP + 4  JAMES CLAY  6449 ALDRICH ROAD  BELLINGHAM, WA 98226  (b) Name, address, and ZIP + 4  JENNIFER LEO  1221 SW 355TH PLACE	\$ 5,505.	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for
(a) No. 5	(b) Name, address, and ZIP + 4  JAMES CLAY  6449 ALDRICH ROAD  BELLINGHAM, WA 98226  (b) Name, address, and ZIP + 4  JENNIFER LEO  1221 SW 355TH PLACE FEDERAL WAY, WA 98023  (b)	\$ 5,505.  (c) Total contributions  \$ 10,000.	Type of contribution  Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

Employer identification number

### DAYS FOR GIRLS INTERNATIONAL

45-3934671

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
]		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			990, 990-EZ, or 990-PF) (

Name of org	ga nization		Employer identification number			
DAYS I	FOR GIRLS INTERNATIONAL  Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	ividual contributions to section 501(c) the following line entry. For organization tc., contributions of \$1,000 or less for	45-3934671 (7), (8), or (10) organizations that total more than \$1,000 for the sear. (Enter this information once.)			
(a) No.	Use duplicate copies of Part III if addition	<u> </u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Ļ						
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
İ		(e) Transfer of gift				
	Transferee's name, address, a	ınd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
		(e) Transfer of gift				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
14111						
ļ		(e) Transfer of gift				
į	Tono of consideration and discourse					
H	Transferee's name, address, a	10 <u> </u>	Relationship of transferor to transferee			
		- <u></u> -				
323454 10-24-	13	<u> </u>	Schedule B (Form 990, 990-EZ, or 990-PF) (2)			

#### **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

Open to Public Inspection

Name of the organization

DAYS FOR GIRLS INTERNATIONAL

Employer identification number 45-3934671

	(1) Types of Floperty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on		(d) ethod of de sh contribu	etermin		s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional Interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property						_			
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or					1				
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -								•	
	Historic structures									
14	Qualified conservation contribution - Other					,				
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory		,							
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (FEMININE HYGI)	X	0	424,	546.	EST. (	COSTS	FOR	SU.	$\overline{\mathtt{PPL}}$
26	Other • ()									
27	Other ()						-			
28	Other ( )					I				
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement	29				_	
									Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	oorted in Part I, lin	es 1 - 28,1	that it must	hold for			
	at least three years from the date of the initial of	ontribution	and which is not	required to be use	d for exen	npt purpose	es for			1
	the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-standa	rd contrib	utions?		31		X
32a	Does the organization hire or use third parties of	or related o	rganizations to soli	cit, process, or se	il noncash					
	contributions?		-					32a		X
ь	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c)	for a type of proper	rty for which colun	nn (a) is ch	necked,		j		
	describe in Part II.	(-)	<b>*</b>	-						L
LHA	<del></del>	the Instruc	tions for Form 99	0.		Sc	hedule M	(Form	990) (	2013)

332141 09-03-13

Schedule M	(Form 990) (2013) DAYS FOR GIRLS INTERNATIONAL	45-3934671	Page 2
Part II	(Form 990) (2013) DAYS FOR GIRLS INTERNATIONAL Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a cothis part for any additional information.	3 and whether the organiz	ation
	is reporting in Part I, column (b), the number of contributions, the number of items received or a co	mbination of both. Also con	autori nnieto
	this part for any additional information.	11011111111111111111111111111111111111	ilbiere
		·	
_			
		<del></del>	
<del></del> -			
· · · · · ·			
			•
		<u> </u>	
		<u> </u>	
	·		

332142 09-03-13

Schedule M (Form 990) (2013)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

DAYS FOR GIRLS INTERNATIONAL

Employer identification number 45-3934671

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WORLDWIDE TO WOMEN AND GIRLS THAT WOULD OTHERWISE GO WITHOUT. EVERY
GIRL. EVERYWHERE. PERIOD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GIRL AND WOMAN. EVERYWHERE. PERIOD.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: TWO MEMBERS OF THE BOARD OF DIRECTORS ARE MARRIED.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A DRAFT OF FORM 990 IS CIRCULATED TO ALL MEMBERS ON THE BOARD.
THE BOARD VOTES TO APPROVE THE FORM 990 FOR FILING TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: AN ANNUAL CONFLICT OF INTEREST POLICY DOCUMENT IS SIGNED BY
EACH MEMBER ON THE BOARD. BOARD MEETINGS INCLUDE IN THE AGENDA A GENERAL
DISCUSSION AND REITERATION OF THE CONFLICT OF INTEREST POLICY. THE
EXECUTIVE DIRECTOR IS VIGILANT IN IDENTIFYING POTENTIAL CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THERE IS PRESENTLY NO COMPENSATION PAID TO ANY PERSON IN THE
ORGANIZATION. HOWEVER, THE BOARD IS GUIDED BY PROPER MANAGEMENT VALUES,
AND WOULD DETERMINE COMPENSATION BASED UPON MARKET DATA AND INTERNAL
DISCUSSION AMONGST THE BOARD MEMBERS.
HA For Panerwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule O (Form 990 or 990-F7) (2013)

332212 09-04-13

FUNDRAISING EXPENSES

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization DAYS FOR GIRLS INTERNATIONAL	Employer identification number 45-3934671
TOTAL EXPENSES	3,518
PAYPAL :	
PROGRAM SERVICE EXPENSES	1,490
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,490
KIT SUPPLIES - OTHER :	
PROGRAM SERVICE EXPENSES	418
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	418
ACRYLIC TEMPLATES :	
PROGRAM SERVICE EXPENSES	2,776
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	2,776
FABRIC :	
PROGRAM SERVICE EXPENSES	3,208
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,208
PANTIES :	
PROGRAM SERVICE EXPENSES 382212 39-04-13	2,933

Name of the organization  DAYS FOR GIRLS INTERNATIONAL	Employer identification number 45-3934671
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,933.
ZIPLOC BAGS :	
PROGRAM SERVICE EXPENSES	1,470.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,470.
KIT MAILING & SHIPPING SERVICE :	
PROGRAM SERVICE EXPENSES	665.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	665.
FULLY ASSEMBLED KIT DONATED :	
PROGRAM SERVICE EXPENSES	424,546.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	424,546.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	443,256.

# Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 -

OMB No. 1545-1709

• Hyou	are filling for an Antonio C. C. Marie II.					1227
• If you	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			<u>▼ X</u>
Do not a	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this form	).	
Electron	complete Part II unless you have already been granted	an autom	atic 3-month extension on a previous	ly filed F	om 8868.	
required	nic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of tin	ne to file	(6 months for a c	orporation
of time t	to file Form 990-T), or an additional (not automatic) 3-mc	ntn exten	sion of time. You can electronically fi	le Form i	3868 to request a	an extension
Persona	o file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for 1	Fransfers	Associated With	Certain
vieit www.	Benefit Contracts, which must be sent to the IRS in pa w.irs.gov/efile and click on e-file for Charities & Nonprofits	per format	(see instructions). For more details of	n the ele	ectronic filing of the	nis form,
Part I		s. Only (	nubmit original (no coning	I N		
	ation required to file Form 990-T and requesting an auto	G. Office	submit original (no copies nee	eaea).		
Part I on					•	. $\square$
	ly corporations (including 1120-C filers), partnerships, REN		imade must use Fig. 70044.			, ▶ ∟
to file inc	come tax returns.	nos, and t	uusis musi use rorm 7004 to reques			_
Type or	Name of exempt organization or other filer, see instru	totione			er's identifying i	
print	That is a compt organization of other life, see lifetile	ictions.		Employe	er identification n	umber (EIN) or
<b>p</b>	DAYS FOR GIRLS INTERNATION	ΔT.			45-3934	671
File by the due date for			tions	0		
filing your return. See	1610 GROVER STREET #B22	.00 #15000	nions.	Social Si	ecurity number (S	99(V)
instructions		oreign add	fress see instructions			
	LYNDEN, WA 98264	or orgin acce	11000, 000 110110010179,			
			· · · · · · · · · · · · · · · · · · ·		<del>_</del>	<del></del>
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01
			application to dear rotally			
Applicat	ion	Return	Application			Return
is For		Code	is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02				08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	PF .	04	Form 5227			10
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870		· · · · · · · · · · · · · · · · · · ·	12
	DOUG KIEHN			_		<u></u> _
• The bo	boks are in the care of $\blacktriangleright$ 810 H STREET RO	DAD -	LYNDEN, WA 98264			
	none No. ► 360-510-9388		Fax No. ▶			
If the o	organization does not have an office or place of business	s in the Un	nited States, check this box			
If this	is for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN)	this is fo	r the whole group	o, check this
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension	is for.
1 Ire	quest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time (	until		
	OCTOBER 15, 2014 , to file the exempt	t organizat	tion return for the organization name	d above.	The extension	
is fo	or the organization's return for:					
▶ļ	calendar year or					
►l	X tax year beginning MAR 1, 2013	, and	d ending <u>FEB 28, 2014</u>			
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return IIF	inal retur	n	
	☐ Change in accounting period					
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069,					_
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pay					
	using EFTPS (Electronic Federal Tax Payment System). S			3с	\$	0.
Jaution. Instruction	If you are going to make an electronic funds withdrawal ns.	(direct det	oit) with this Form 8868, see Form 84	53-EO ar	nd Form 8879-EO	for payment
.HA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868	(Rev. 1-2014)