

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 **2013**Open to Public Inspection

1. General Information

1. General Informat	ION			
For Fiscal Year Beginnin	g (mm/dd/yyyy) 6		and Ending (mm/dd/yyyy	
Check if Applicable:	Name of Organization			Employer Identification Number (EIN):
Address Change	Lyndony	rille Music &	Boosters	161431733
☐ Name Change				NY Registration Number:
Initial Filing		Road %	Minnie Clark	20-06-37
Final Filing	City / State / Zip:		_	Telephone:
Amended Filing	· Lyndonv	rille Ny	14098	585-798-1367
Reg ID Pending	Website:		· -	Email:
Check your organization's registration category:	7A only EP	TL only X DUAL (7/	A & EPTL)	Find your registration category in the Charities Registry at <u>www.CharitiesNYS.com</u>
2. Certification				
See instructions for certificati	on requirements. Improp	er certification is a viola	tion of law that may be subje	ct to penalties.
			uding all attachments, and to t e laws of the State of New York	he best of our knowledge and belief, applicable to this report.
President or Author	ized Officer: $\frac{X}{Signat}$	Munul	JWN Pres	5ident 9/20/14 Date
Chief Financial Offic	er or Treasurer: XX	Dawn Maw ure	Ozenský Tred Title	75478/ 9/11/124 . Date
3. Annual Reporting	g Exemption	···		
categories (DUAL filers) that a	apply to your registration, you cannot claim an exem	complete only parts 1,	2, and 3, and submit the certif	itegory (7A and EPTL only filers) or both ied Char500. No fee, schedules, or additional tion, you must file applicable schedules and
and the organizatio		sional fund raiser (PFR)	or fund raising counsel (FRC)	nment agencies, etc. did not exceed \$25,000 to solicit contributions during the fiscal year.
3b. EPTL filing exem	n <u>ption</u> : Gross receipts did r	not exceed \$25,000 and	the market value of assets di	d not exceed \$25,000 at any time during the
4. Schedules and A	ttachments			
See the following page for a checklist of schedules and	∕es		ofessional fund raiser, fund rai yes, complete Schedule 4a.	sing counsel or commercial co-venturer for
attachments to complete your filing.	es 👿 No 4b. Did the	organization receive go	overnment grants? If yes, com	nplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
next page to calculate your fee(s). Indicate fee(s) you are submitting here:	\$ <u>a5-</u>	\$_25~	\$ 50-	payable to: "Department of Law"

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filling exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CF	1AR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Scho	edule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV
If you answered "yes" in Part 4b, submit Sch	edule 4b: Government Grants	
Check the financial attachments you must submit w	vith your CHAR500:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if	f applicable	
All additional IRS Form 990 Schedules includ	ing Schedule B (Schedule of Contrib	putors).
IRS Form 990-T if applicable		
If you are a 7A only or DUAL filer, submit the applic	able independent Certified Public A	Accountant's Review or Audit Report:
Review Report if you received total revenue	and support greater than \$250,000	and up to \$500,000.
Audit Report if you received total revenue a	nd support greater than \$500,000	
No Review Report or Audit Report is required	d because total revenue and suppor	rt is less than \$250,000
For more details, visit <u>www.CharitiesNYS.com</u> . Calculate Your Fee		
		Is my organization a 7A, EPTL or DUAL filer?
For 7A and DUAL filers, calculate the 7A fee:	n_	 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
\$0, if you marked the 7A exemption in Part \$25, if you did not mark the 7A exemption i		 EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.
For EPTL and DUAL filers, calculate the EPTL fee:		- DUAL filers are registered under both 7A and EPTL.
\$0, if you marked the EPTL exemption in Pa	rt 3b	Check your registration category and learn more about NY
\$25, if the NET WORTH is less than \$50,000		law at <u>www.CharitiesNYS.com</u>
\$50, if the NET WORTH is \$50,000 or more b	ut less than \$250,000	Where do I find my organization's NET WORTH?
\$100, if the NET WORTH is \$250,000 or more	e but less than \$1,000,000	NET WORTH for fee purposes is calculated on: - IRS From 990 Part I, line 22
\$250, if the NET WORTH is \$1,000,000 or mo	ore but less than \$10,000,000	 IRS Form 990 EZ Part I line 21 IRS Form 990 PF, calculate the difference between
\$750, if the NET WORTH is \$10,000,000 or m	ore but less than \$50,000,000	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).
\$1500, if the NET WORTH is \$50,000,000 or i	more	ו טנמו בומטוונופז (ו מול וון וווופ באטון).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Instructions for Completing Your NY Annual Filing www.CharitiesNYS.com

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov 2013

Open to Public Inspection

Before You Begin

Visit www.CharitiesNegastry and search the Charities Registration find your organization's NY State Registration Number (##-##-##) and Registration Category (7A, EPTL, DUAL, EXEMPT). Knowing your organization's Registration Category will help you respond to Sections 1 and 3, determine the required attachments to the CHAR500 and calculate your filing fee. EXEMPT organizations are exempt from registration and not required to file with the NY Charities Bureau. If your organization is not registered with the Charities Bureau, please complete CHAR410 "Registration Statement for Charitable Organizations".

1. General Information

Enter the accounting period covered by the report. Provide the best contact information for your organization. This information will be publicly available in the Charities Registry and will be used for communication to your organization. If your organization is registered and this is your regular annual filing, check Initial Filing. If your contact information needs to be updated, check Address Change and/or Name Change. Check Amended Filing if you are making a change to a previous filing. If you have submitted a CHAR410 - "Registration Statement for Charitable Organizations" - but do not yet have a NY State Registration Number, check NY Reg Pending. If this is a final filing and the organization is seeking dissolution or ceasing operations, check Final Filing and submit all applicable IRS schedules and attachments. If your organization is a NY corporation, visit www.CharitiesNYS.com for information on how to dissolve. Check the registration category of your organization (7A, EPTL, DUAL or EXEMPT).

2. Certification

When you have completed the form, sign and print the name, title and date. For 7A and DUAL filers, the CHAR500 must be signed by both the president or another authorized officer and the chief financial officer or treasurer. These must be different individuals. EPTL filers have the option of a single signature if the certification is by a banking institution or a trustee of a trust. Clearly state the title of the representative (e.g. "President," "CEO", Treasurer," "CFO," "Bank Vice President" or "Trustee").

3. Annual Reporting Exemption

You may claim an exemption from the reporting and fee requirements if you meet the filing exemptions applicable to your organization. If claiming an exemption under one statute (7A and EPTL only filers) or both statutes (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedule, or additional attachments are required. Otherwise, file all required schedules and attachments and pay applicable fees.

Note: A 7A or DUAL filer with contributions over \$25,000 that did not contract with a professional fund raiser may check the 7A filing exemption if it (i) received all or substantially all of its contributions from a single government agency to which it submitted an annual report similar to that required by Executive Law Article 7A, or (ii) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000.

4. Schedules and Attachments

If you do not qualify for the reporting exemption as described in Part 3, review the checklist of schedules and attachments required to complete your filing. If your organization qualified for and submitted an IRS 990-N "e-Postcard", you must complete and submit a 990EZ to the NY Charities Bureau for reporting purposes. The NY Charities Bureau will not accept an IRS 990-N "e-postcard". Also, be aware that CPA audit requirements for 7A and DUAL filers are set to change again in 2017 and 2021 in accordance with the Nonprofit Revitalization Act of 2013.

5. Fee

Your total fee is based on your registration category (7A, EPTL or DUAL). 7A or EPTL filers only pay the fee that applies to the statute under which they have registered unless they have claimed an exemption in Part 3. DUAL filers must pay both fees, unless they have claimed an exemption in Part 3. Consult the CHAR500 to calculate your fee or contact the NY Charities Bureau if you have additional questions.

When to Submit Your Filing

7A and DUAL filers: postmarked within 4 1/2 months after the organization's accounting period ends. For example, fiscal year end December 31 reports are due by May 15th of the following year. EPTL filers: postmarked within 6 months after the organization's accounting period ends. A filer may request an extension of time to file of up to 180 days. <u>Instructions for requesting an extension</u> are available at <u>www.CharitiesNYS.com</u>.

Where to Submit Your Filing

Payment must be made to the "**Department of Law**". Send the complete filing with payment to:

NYS Office of the Attorney General, Charities Bureau Registration Section, 120 Broadway, New York, NY 10271.

Penalties

The Attorney General may cancel the registration of or seek civil penalties from an organization that fails to comply with the filing requirements.

Total Government Grants:

Schedule 4b: Government Grants www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
Lyndonville Music Boosters	
2. Government Grants	
Name of Government Agency	Amount of Grant
1.	1.
2 None-	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.

Total:

charitable organization (Article 7A, 171-a.6).

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Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
Lyndonville Music Boosters	[a0] [00] [a1]
2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer l	
Fund Raising Professional type: Name of FRP:	NY Registration Number:
V Professional Fund Raiser 2ap- A-Snach Fundraiser	
Professional Fund Raiser Zap - A - Snack Fundraiser Mailing Address: Tund Raising Counsel 7500 Center St	Telephone: . 716 - 655 - 5232
City/State/Zip:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Commercial Co-Venturer West Falls My 14170	
3. Contract Information	
Contract Start Date: Contract End Date:	
7/1/13 6/30/14	
4. Description of Services	
Services provided by FRP: Provided Zappg Snacks + Checsecukes for 115	ale,
Provided Zappa Snauks + cheesecukes for les including Sales and organizational literature.	
5. Description of Compensation	
Compensation arrangement with FRP:	Amount Paid to FRP:
	\$ 319800
6. Commercial Co-Venturer (CCV) Report	
Yes No If services were provided by a CCV, did the CCV provide the charitable organization with Section 173(a) part 3 of the Executive Law Article 7A?	the interim or closing report(s) required by
Definitions	
A Professional Fund Raiser (PFR) , in addition to other activities, conducts solicitation of contributions and/o A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assis such functions for itself (Article 7A, 171-a.9). A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engag funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainm	ting a charitable organization to perform ed in trade or commerce other than raising

charitable organization (Article 7A, 171-a.6).

2013

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

•
NY Registration Number:
20-00-37
er Information
NY Registration Number:
Telephone:
585-798-1676
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ratuu.

Amount Paid to FRP:
£ ,
\$2808-
\$ 3808 -
with the interim or closing report(s) required by
with the interim or closing report(s) required by
with the interim or closing report(s) required by

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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2013

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use

additional pages in necessary. The	inducting seried are with your certified Charleson WTS Affindary filing for Char	itable Organizations.
1. Organization Inform	nation	
Name of Organization:		NY Registration Number:
Lyndonvill	e Music Boosters	20-00-37
2. Professional Fund Ra	iser, Fund Raising Counsel, Commercial Co-Venture	r Information
Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Professional Fund Raiser	Boston's Best Cottle Ruaster	
	Mailing Address:	Telephone:
Fund Raising Counsel	43 Norfold Ave City/State/Zip:	
Commercial Co-Venturer	50 Easton MA 003715	
	1 30 LUSTON 1014 00360	
3. Contract Informatio	n .	•
Contract Start Date:	Contract End Date:	
7/1/3	6/30/14	•
4. Description of Serv	ices	
Services provided by FRP:		
pron	ided coffee products for resale including Sales librature and organizational Me	·
	Sales literature and organizational Me	rteriuls
5. Description of Com	•	
Compensation arrangement with	·	Amount Paid to FRP:
		\$ 657.90
6. Commercial Co-Ver	nturer (CCV) Report	
	vere provided by a CCV, did the CCV provide the charitable organization wite (a) part 3 of the Executive Law Article 7A?	ith the interim or closing report(s) required by
Definitions		
	R), in addition to other activities, conducts solicitation of contributions and	
A rung kaising Counsei (FKC) d	oes not solicit or handle contributions but limits activities to advising or as	sisting a charitable organization to perform

such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
Lyndonville Music Boosters	[90]-[00]-[3])
2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Ventu	
Fund Raising Professional type: Name of FRP:	NY Registration Number:
Professional Fund Raiser Separate of Contract Cont	
Mailing Address:	Telephone:
Fund Raising Counsel City / State / Zip:	585-798-W60
Commercial Co-Venturer Medina M 14103	
3. Contract Information	
Contract Start Date: Contract End Date:	
7/1/13 6/30/14	•
4. Description of Services	
Services provided by FRP: Provided fresh apples for 185all.	·
5. Description of Compensation	•
Compensation arrangement with FRP:	Amount Paid to FRP:
	\$ 611,40
6. Commercial Co-Venturer (CCV) Report	
Yes No If services were provided by a CCV, did the CCV provide the charitable organization Section 173(a) part 3 of the Executive Law Article 7A?	on with the interim or closing report(s) required by
Definitions	

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

charitable organization (Article 7A, 171-a.6). .

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization: Lyndonville Musi'c Boosters	NY Registration Number:
2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer II	nformation
Fund Raising Professional type: Name of FRP:	NY Registration Number:
Professional Fund Raiser Cherry club Farms Mailing Address:	Telephone:
Fund Raising Counsel 707 N. Valley furge Rd City/State/Zip:	1-877 - 619 -4822
Commercial Co-Venturer City/State/Zip:	·
3. Contract Information	*
Contract Start Date: Contract End Date:	
4. Description of Services Services provided by FRP:	
Provided pretzel products for usale including all sales and organizational makinals	
all Sales and organizational makinals	· .
5. Description of Compensation	
Compensation arrangement with FRP:	Amount Paid to FRP:
·· .	# 764 -
6. Commercial Co-Venturer (CCV) Report	·
Yes No If services were provided by a CCV, did the CCV provide the charitable organization with Section 173(a) part 3 of the Executive I aw Article 7A?	the interim or closing report(s) required by
Definitions	
A Professional Fund Raiser (PFR) , in addition to other activities, conducts solicitation of contributions and/or A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assist such functions for itself (Article 7A, 171-a.9).	

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

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

Open to Public

Inter	nal Reven	nue Service	► Information about Form 990-EZ	and its instructions	is at wu	/w.irs.gov/for	m990.		
A F	or the	2013 calenda	r year, or tax year beginning	7/1	, 2013,	and ending			·30 , 20 14
В	Check if ap	plicable:	C Name of organization	0 -1 .					entification number
<u></u>	Address cl	hange	Lyndonville Music	Boosters)	6-1	131733
	Name chai	nge	Number and street (or P.O. box, if mail is not delive	ered to street address)		Room/suite	E Telep		
=	Initial retur		Blood Road			•	59	85.	198-1367
==	Terminated		City or town, state or province, country, and ZIP or	foreign postal code			F Grou	ıp Exer	nption
=	Amended (Application		Lyndonville	N4	1409	8		ber 🕨	
		ting Method:	✓ Cash	. ')		Н	Check I	∀ ii	f the organization is not
	Vebsite	:> Lati	nc. rochister, rr. com/ Boosters/	index ntml					ach Schedule B
JΤ	ax-exem		ck only one) - 501(c)(3) 501(c) ()		47(a)(1) or	r □527	(Form 99	90, 990)-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☐	Association	Other				
			7b, to line 9 to determine gross receipts. If gro	oss receipts are \$20	0,000 or	more, or if tota	l assets		
) are \$500,000 or more, file Form 990 instead					▶ \$	48,858
Р	art I	Revenu	e, Expenses, and Changes in Net A	Assets or Fund	Balanc	es (see the	instruc	tions	for Part I)
			the organization used Schedule O to r						🗆
	1	Contributio	ns, gifts, grants, and similar amounts red	ceived				1	37,784-
	2		ervice revenue including government feet				[2	6
	3	_	p dues and assessments					3	+
	4	Investment					1	4	-
	5a		unt from sale of assets other than invent	tory	5a				
	b	_	or other basis and sales expenses	•	5b	0		3	
	c		s) from sale of assets other than invento		b from li	ine 5a)		5c	- U -
	6		d fundraising events			,		* # ' · ·	
	a	Gross inc	ome from gaming (attach Schedule	G if greater than	n			**	
ě		\$15,000) .			6a	1 - A -		* , *	
Revenue	b		me from fundraising events (not including	g \$ 20,784		f contribution	19	35	
ě	"		aising events reported on line 1) (attach				.	5	
Œ	İ		h gross income and contributions excee		_ 6b	20,78	∤	3.1	
	C		t expenses from gaming and fundraising	•	6c	15.04			
			e or (loss) from gaming and fundraising			15/10/			
] -	line 6c) .	· · · · · · · · · · · · · · · · · · ·					6d	5.7 <i>3</i> 8
	7a	•	s of inventory, less returns and allowance	AC	7a	l _		(#K + 5)	
	b		of goods sold	cs	7b			1000	
	C		t or (loss) from sales of inventory (Subtra	act line 7b from line	لتنا			7c	.0
	8		nue (describe in Schedule O)					8	290 -
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and				. ▶	9	33,812 -
_	10		similar amounts paid (list in Schedule O					10	
	11		id to or for members	•				11	30,941-
S	1.0		her compensation, and employee benefi					12	* A .
Expenses	13		al fees and other payments to independent				• •	13	
jec	14							14	<u>.</u>
X	15							15	· ()
_	16	Other eyes	iblications, postage, and shipping nses (describe in Schedule O) らいについて	filing - 50 art	3 - 250.	Profile Ad	-150	16	592-
	17	Total expe	nses Add lines 10 through 16	1 9 . #3	,	,		17	31,533
	18	Evenes or	nses. Add lines 10 through 16 deficit) for the year (Subtract line 17 from		· · ·			18	2,279
ets	19		or fund balances at beginning of year					10 5'4, 3	
SSI	'	end-of-vea	r figure reported on prior year's return)					19	14,078
Net Assets	20		ges in net assets or fund balances (expla					20	- 14.8-
ž	21		or fund balances at end of year. Combir					21	16,357
		1101 000010	or raina balantood at ond or your. Dombii	.ccc .c anough	<u></u>				

	1	
Form	990-EZ	(2013)

Dage	2
rage	_

Par		•			
	Check if the organization used Schedule	O to respond to a			
			<u></u>		
22			[_		
	· · · · · · · · · · · · · · · · · · ·		 		
					•
What	is the organization's primary exempt purpose?	fundraiser +	fur High School	Music Progra	501(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompl	ishments for each o	of its three largest pr	ogram services,	4947(a)(1) trusts; optional
			e services provided	, the number of	for others.)
					
28	10 See the theoler cliscoid	Honaca a th and see a	P-10 NYG, N Show.	•	
	(Grants \$) If this amount	includes foreign gra	ants, check here	· · · · • · · · ·	28a 30,941
29					
	(Grants \$.) If this amount	avings, and investments in dividings. Seets (describe in Schedule O) seets (describe in Schedule O) seets or fund balances (line 27 of column (B) must agree with line 21). atement of Program Service Accomplishments (see the instructions for seck if the organization used Schedule O to respond to any question in this anization's primary exempt purpose? I undraiser Fur High Scharganization's program service accomplishments for each of its three largest by expenses. In a clear and concise manner, describe the services provide ted, and other relevant information for each program title. Shugents + Hadielts Attended a through Mile of See the instructions for each of its three largest by expenses. In a clear and concise manner, describe the services provide ted, and other relevant information for each program title. Shugents + Hadielts Attended a through Mile of See the instructions for each program title. If this amount includes foreign grants, check here gram services (describe in Schedule O) If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a). If this amount includes foreign grants, check here gram service expenses (add lines 28a through 31a).	ants, check here .	▶ □	29a
23 24 25 26 27 Part I What is Describe as meaperson 28 29 (0 30 31 (0 32 T Part I					
	(Conta ¢ \ If this amount	tingludge foreign gr	anto chock horo		302
24					304
31		ididings so (describe in Schedule O)			
32	Total program service expenses (add lines 28a	through 31a)	ants, check here .	` ` ` ` 	
	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	h one even if not comp ny question in this I	pensated—see the in Part IV	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list eac e O to respond to a (b) Average	h one even if not comp ny question in this I (c) Reportable	pensated—see the in Part IV	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list eac e O to respond to a (b) Average hours per week	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list eac e O to respond to a (b) Average hours per week	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Cark Frision	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title Minnic Clark Frision Cind Sullivan	y Employees (list eac e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	structions for Part IV)

Part	0-EZ (2013) Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	/	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1/
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b. Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√.
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			ļ. Ž.,
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a	Initiation fees and capital contributions included on line 9	1.	e	, /.
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		*	3 A 7
40a	section 4911 ► ; section 4912 ► ; section 4955 ►	8,5,	30 5	*: ·
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			·
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1,00	THE PARTY OF THE P	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	3		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	- ' "	V.
41	List the states with which a copy of this return is filed ► New York			
42a	The organization's books are in care of ▶ Juwn Martis zewstei Telephone no. ▶			
b	Located at ► 1 2367 Ridgr Rd Meding My 14103 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶		6.5	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	12.	~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	، مُسَمَّد	V
С	Did the organization receive any payments for indoor tanning services during the year?	44c	 	V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	3- 1	13.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	** .		
. 3.3	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1.1.	1

Form 99	0-EZ (2013)							age 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						Yes	No
Part \		s only s must answer que	stions 47-49b and	52, and cor	······································	. .	or line	 ;s
	Check if the organization used Sci	redule O to respond	to any question in t	ilis i ait vi	· · · · ·		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	tll				× 47		√
	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	o an exempt non-cha ection 527 organization ifive highest compen	ritable related organi: n?	zation? ner than offic	 ers, director			V V J key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions t benefit plans, a compen	o employee (e and deferred	e) Estimated other com		
	None							
				1				
	· · · · · · · · · · · · · · · · · · ·						-	
f 51	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the organization	s five highest compe	ensated independent	contractors	who each r	eceived	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of sen	vice	(c) C	ompensatio	on	
	None							
d	Total number of other independent contra	actors each receiving	over \$100,000	>				
52	Did the organization complete Schedule Anonexempt charitable trusts must attach			and 4947(a)	(1) ►	☐ Yes		10
Under pe	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other that	return, including accompan officer) is based on all info	ying schedules and statem rmation of which preparer	ents, and to the has any knowled	best of my knov lge.	vledge and	belief, i	t is
Sign	Signature of officer	will			9/20	14		
Sign Here	Minnie Clark	Presid	ent	Date				
Paid	Print/Type preparer's name	Preparer's signature		ate	Check 1/2 if	PTIN		
Prepa	arer Denise L Albone	Wenisa & A	et en	8-13-14	self-employed	14705h	1164	¥Y
Use (Poly Firm's name > JR Thy Firm's address > 437 Main 5t in	ener Medinu 1	M 14103		's EIN ► 16 · ne no.	מעטערו		
May th	e IRS discuss this return with the prepare				•	 Yes		10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name	of the organization	Lilladorado	le Music Boo	e la					entificatio	
. Par			rity Status (All orga		c must c	omplete	this par		<u>1431つ</u>	
			ation because it is: (Fo						nstructio	J115.
1	<u> </u>	•	•		_		-	•	1	
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
•	hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	_		nment or government	al unit de	scribed i	n section	170(b)(1)(A)(v).		
7	An organization	on that normally	receives a substantia	al part of					nit or fror	n the general public
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)				
9			receives: (1) more that				om contri	ibutions,	member	ship fees, and gross
	receipts from	activities related	d to its exempt funct	ions—su	bject to	certain e	ceptions	s, and (2)	no mor	e than 331/₃% of its
			ent income and unre						n 511 ta	x) from businesses
	acquired by the	ne organization a	ifter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	plete Par	t III.)		•
10	An organization	on organized and	l operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(4).	
11			nd operated exclusive							
			licly supported organ							
			describes the type of							
	a Type I		• •		-	•				tionally integrated
е			that the organization							
			ers and other than on	e or more	e publicly	support	ed organ	izations o	described	in section 509(a)(1)
f	or section 509		ittan datauminati	an fram	the IDC :	that it ia	a Tuna	LTune	li or Tur	a III ournorting
•		check this box	a written determination							
g	•		he organization acce							
9	following pers		no organization accep	prou uny	9 0. 0.			, 0,		
			ndirectly controls, eit	her alone	or toget	her with	nersons	describe	d in (ii) a	nd Yes No
			ody of the supported							
			on described in (i) abo	_						11g(ii)
			a person described in							11g(iii)
h			on about the support							<u></u>
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did v	ou notify	(vi)	s the	(vii) Amount of monetary
•••	organization	1	(described on lines 1-9	in col. (i) h	sted in your	the organ	nization in	organizat	tion in col.	support
			above or IRC section (see instructions))	governing document? col. (i) of your support?			(i) organized in the U.S.?			
]	,	Yes	No	Yes	No	Yes	No	
(A)	-	1								
		NIA.								
(B)		1 11/1		1				ĺ	1	
(C)				ļ	Ì	1		l	İ	
				<u> </u>						ļ
(D)										
(E)				}	}					
		E'M CHARLE	NEW WARD STOP TO	3 15 1	1250		1. 6. 1	23436	A 3	
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0011000	371 (1 01111 000 01 000 EE) E010							
Part								
	(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.)							
Socti	on A. Public Support	duality unde	er the tests is	sted below, p	lease comple	te Part III.)		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(6) 2011	(a) 2012	(e) 2013	(I) IOIai	
'	membership fees received. (Do not	ĺ				-		
	include any "unusual grants.")	1		1				
2	Tax revenues levied for the							
_	organization's benefit and either paid		NIA	}	{			
	to or expended on its behalf		'/'					
3	The value of services or facilities							
	furnished by a governmental unit to the	ŀ						
	organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by			1 1 4 15 mm 18 18				
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on	1	The state of	A STATE OF THE STA		A THE WAY IN A		
	line 1 that exceeds 2% of the amount				[13] 激扬。	E		
•	shown on line 11, column (f)	1 195 3 1 85	\$1.5k			1		
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support			1 10 1		L		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	(a) 2000	(6) 2010	(0) 2011	(u) 2012	(0) 2010	(1) 10141	
8	Gross income from interest, dividends,			-				
•	payments received on securities loans,							
	rents, royalties and income from similar	1						
	sources	Ì	1.14	ĺ	}			
9	Net income from unrelated business		11/1					
	activities, whether or not the business	}	,-		}	}		
	is regularly carried on	ŧ						
10	Other income. Do not include gain or							
	loss from the sale of capital assets			İ				
	(Explain in Part IV.)							
11	Total support. Add lines 7 through 10	32 De 1736	12 19 July 1	1.33.26 金錢	新海岸域(河南	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12	Gross receipts from related activities, etc	•	•			12		
13	First five years. If the Form 990 is for the				-		n 501(c)(3)	
	organization, check this box and stop he			· · · · ·	· · · · ·		· · • 📙	
	on C. Computation of Public Suppor			II column (f)		14	%	
14 15	Public support percentage for 2013 (line		-			15		
16a	Public support percentage from 2012 Schedule A, Part II, line 14							
.00	box and stop here . The organization qua						. ▶ □	
b	331/3% support test—2012. If the organ	•	• • •	_				
-	check this box and stop here. The organ						. ▶ □	
17a	10%-facts-and-circumstances test—2	013. If the oras	anization did n	ot check a box	on line 13, 16	a. or 16b. and		
	10% or more, and if the organization me							
	Part IV how the organization meets the "I							
	organization			-			. ▶ □	
b	10%-facts-and-circumstances test—2				on line 13 16	ia 16b or 17a		
U	15 is 10% or more, and if the organiza							
	Explain in Part IV how the organization m	neets the "facts	s-and-circums	tances" test. T	he organizatio	n qualifies as a	publicly	
	supported organization						. ▶ 🗆	
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	
							_	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section	Section A. Public Support							
	dar 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.")		36,352	57,187	2,200	27,784	146,042	
2	Gross receipts from admissions, merchandise	32,719	المارين الماري	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000	Q 1, 10.	110,01	
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	[3,332]	10,203	_38'081	13,379	av; 784	85,679	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4	Q .	0-	-6	4	θ	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	U	-0	e	θ	в	θ	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	()	Đ	Ф	Ð	-6	O	
6	Total. Add lines 1 through 5	46,051	-34 <u>-</u> 555	8.5,268	15,479	48568	231,921	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	Ð	0-	0-	·O	<i>&</i>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-6	-0	Ð	θ	6	. 6	
•	Add lines 7a and 7b	Ð	6	Û	.62	·t	E	
8	Public support (Subtract line 7c from line 6.)			The second				
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	46,031	36,555	85,368	15,479	48,568	231,921	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	Ð	₽.	4	Û	6-	6	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Û-	Ð	÷	-0-	0 -	0	
С	Add lines 10a and 10b	- () -	4	-0-	U	0	0	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	θ	b	-0	0-	. C -	6	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6	÷	-6-	0-	.6-	6	
13	Total support. (Add lines 9, 10c, 11, and 12.)	46,051	36,555	85,268	15, 479	48,568	231,921	
14	First five years. If the Form 990 is for the organization, check this box and stop he	he organization	n's first, secon		•		on 501(c)(3) ► □	
Secti	on C. Computation of Public Suppo							
15	Public support percentage for 2013 (line			3, column (f))		15	100 %	
16	Public support percentage from 2012 Sc					16	100 %	
	on D. Computation of Investment In			<u> </u>				
17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))							
18	Investment income percentage from 2012 Schedule A, Part III, line 17							
19a	331/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line							
198	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .							
b	331/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and							
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	CHECK THIS DOX	and see instru	ictions 🚩 📘	

Schedule A (F	-orm 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and
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