Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990, MAY 31

A F	or the 2	2013 calenda	ar year, or tax year beginning	JUNE 1	, 2013,	and ending	M	AY 31	, 20	14	
	heck if app	Section 1	C Name of organization				D Emplo	yer ider	ntification number	ər	
Address change			AUDUBON OF SOUTHWEST FLORIDA, INC					23-7282218			
			Number and street (or P.O. box, if mail is n	ot delivered to street add	ress)	Room/suite	E Teleph	elephone number			
	Initial return P.O. BOX 61041					239-936-6982					
-	Terminated City or town, state or province, country, and ZIP or foreign postal code					F Group Exemption					
=	Amended i Application	CONTRACTOR INC.	FORT MYERS, FL 33906-1041				Num	ber 🕨			
-		ing Method:	✓ Cash	ecify) 🕨		Н	Check >	✓ if	the organization	n is not	
	Vebsite:	_	V.AUDUBONSWFL.ORG				required	to attac	ch Schedule B		
JТ	ax-exem	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c)	() ◀ (insert no.)] 4947(a)(1) or	527	(Form 99	0, 990-	EZ, or 990-PF).		
K	orm of	organization:	: Corporation Trust	Association	Other						
L /	Add lines	s 5b, 6c, and	7b, to line 9 to determine gross receip	ts. If gross receipts are	\$200,000 or	more, or if tot	al assets				
(Pa	rt II, colu		w) are \$500,000 or more, file Form 990					▶ \$		13,628	
P	art I	Revenu	ie, Expenses, and Changes in	Net Assets or Fu	und Balanc	es (see the	instruc	tions	for Part I)		
		Check if	the organization used Schedule	O to respond to an	ny question	in this Part I		<u> </u>		. 🗸	
	1	Contribution	ons, gifts, grants, and similar amou	ints received			[1		10,268	
	2	Program s	ervice revenue including governme	ent fees and contrac	ts			2	24/200 10 10 10 10 10 10		
	3	Membersh	nip dues and assessments					3			
	4	Investmen	t income					4		3,092	
	5a	Gross amo	ount from sale of assets other than	inventory	5a		268				
	b		or other basis and sales expenses			<u> </u>	0				
	С	Gain or (lo	ss) from sale of assets other than i	nventory (Subtract l	ine 5b from l	ine 5a)		5c		268	
	6	Gaming and fundraising events									
	а	Gross income from gaming (attach Schedule G if greater than									
ᆵ		\$15,000)									
Revenue	b										
æ			raising events reported on line 1)			1					
			ch gross income and contributions								
	C		ct expenses from gaming and fund		<u>6c</u>	1.05	1,299				
	d		ne or (loss) from gaming and fund	Iraising events (add	lines 6a an	d 6b and su	btract				
		line 6c)					, .	6d		-1,299	
	7a		es of inventory, less returns and all	owances	7a	-				40	
	b	Less: cost	t of goods sold	(Cubtract line 7b from				7c			
	C		enue (describe in Schedule O)					8			
	8		enue, Add lines 1, 2, 3, 4, 5c, 6d, 7				,	9		12,329	
	10		d similar amounts paid (list in Sche					10		7,297	
	11		aid to or for members					11	•	1,231	
S	2.5		other compensation, and employee					12			
Se	13		nal fees and other payments to inde					13		1,614	
Expenses	14		cy, rent, utilities, and maintenance					14		250	
Ä	15	filling the file out the same	publications, postage, and shipping					15	C (1990)	2,509	
	16		enses (describe in Schedule O) .					16		493	
	17		enses, Add lines 10 through 16 .					17		12,163	
	40	Excess or	(deficit) for the year (Subtract line	17 from line 9)				18		166	
ets	19		s or fund balances at beginning o						* *		
Net Assets			ar figure reported on prior year's re					19		93,165	
et /	20	Other cha	nges in net assets or fund balance	s (explain in Schedu	ıle O)			20		-233	
Ž	21		s or fund balances at end of year. (With the second of the contract of the contrac			21	N-000000000000000000000000000000000000	93,098	

Par	t II Balance Sheets (see the instructions f		-			
	Check if the organization used Schedule	O to respond to an				<u>, , , , L</u>
			1.0	(A) Beginning of year	r	(B) End of year
22	Cash, savings, and investments			93,165		93,098
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			93,165	25	93,098
26	Total liabilities (describe in Schedule 0)			Printed to the second s	26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	93,165	27	93,098
Par		plishments (see the	e instructions for P	art III)		Expenses
	Check if the organization used Schedule	O to respond to an	y question in this F	Part III 🔟	(Rec	quired for section
What	is the organization's primary exempt purpose?				5010	(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis		its three largest pr	ogram services,	•	anizations and section 7(a)(1) trusts; optional
as m	neasured by expenses. In a clear and concise m	anner, describe the	services provided	, the number of		others.)
	ons benefited, and other relevant information for ea					<u> </u>
28	ENVIRONMENTAL BREAKFAST - ASWF's sixteenth a	nnual environmental	breakfast - "100 Yea	rs of National		
	Wildlife Refuges in Southwest Florida" - was present	ed by representatives	of the US Fish & Wil	dlife Service		1
	from the JM "Ding" Darling NWR. Attendance at this	free and open to the	public event was ove	r 90.		No. 100 (100 (100 (100 (100 (100 (100 (100
	(-0.70)	includes foreign gra		🟲 📋	28a	850
29	SPONSORSHIPS TO 501(C)(3) ORGANIZATIONS - sp	onsored or co-sponse	red Everglades Coa	lition		
	Conference, Big "O" Birding Festival, the Harns Mars	sh Wings over Water I	estival, and scholar	ships to FGCU		
	and the Calusa Nature Center for environmental ben-					
		includes foreign gra	nts, check here .	<u>► □</u>	29a	5,800
30	SHOREBIRD PARTNERSHIP - in cooperation with the	e Florida Shorebird Al	liance, ASWF contin	ued monitoring		
	Least Tern, Snowy Plover, & Black Skimmer nesting					
	engaged hundreds of people counting nests and chi					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🔲	30a	a 857
31	Other program services (describe in Schedule O)	<u> </u>				
٠,		includes foreign gra	nts check here	▶ □	31a	a 500
00			ance, encountries .	<u> </u>	_	
-1/	Total program service expenses ladd lines 28a	through 31a). . .		>	32	8.007
32 Par					32 estru	
200	List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not com	oensated—see the i		
200		y Employees (list each O to respond to ar	one even if not comp ny question in this	pensated – see the in Part IV		
200	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list each O to respond to ar (b) Average	one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	nstru 	octions for Part IV)
200	List of Officers, Directors, Trustees, and Ke	y Employees (list each O to respond to ar	one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	nstru 	ictions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to ar (b) Average hours per week	one even if not comp ny question in this (c) Reportable compensation	pensated—see the in Part IV	nstru 	octions for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru ee (e	ctions for Part IV)
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ROG F VIRG V CHE S JIM I 2 MEL BRE C BRA C C CAR	List of Officers, Directors, Trustees, and Kerneck if the organization used Schedule (a) Name and title (a) Name and title (b) RESIDENT GINIA BURFORD (C) PRESIDENT RYL BLACK (E) ECRETARY (E) RODENFELS (Ind VICE PRESIDENT AND TREASURER (INDA AVERHART (INDA AVERHART (INDA BROOKS (INDA	y Employees (list each O to respond to ar (b) Average hours per week devoted to position 6 6 8 4 2	one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0	octions for Part IV) Settimated amount of other compensation 0 0 0 0 0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		Щ
			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		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			į.
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	0.4		,
05-	change on Schedule O (see instructions)	34		✓
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		ļ	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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			,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization		ě.	
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	si.	1
41	List the states with which a copy of this return is filed ► FLORIDA			
42a	9	239-93	6-698	2
	Located at ► P.O. BOX 61041, FORT MYERS, FL ZIP + 4 ►		-1041	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	6	✓
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	40 - 40 m	000000000000000000000000000000000000000	
			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		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<u> </u>	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700		Y
100	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

Form 99	00-EZ (2013)				300	<u> </u>	F	age 4
		11 11 12		n habalt at and	n opposition		Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of					46		1
Part			, , , , , , , , , , , , , , , , , , , ,	• • • •		140	1	
T CITE	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and con	plete the t	ables f	or lin	es
	50 and 51.	is made and the speed		,				
	Check if the organization used Sci	hedule O to respond	I to any question in	this Part VI				
-	Ondok ii tile organization abba ob		<u> </u>				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electi			47		1
48	Is the organization a school as described in					48	1	1
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organ	ization?		49a	10000	1
b	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's	s five highest compen	sated employees (o	ther than office	ers, director:	s, truste	ees an	d key
-	employees) who each received more than	1 \$100,000 of compet	nsation from the org	anization. If the	ere is none,	enter "l	Vone."	,
0		(b) Average	(c) Reportable	(d) Health b	enefits,			
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to benefit plans, a compens	nd deferred) Estimate other cor		
-								
		†		1				
				1				
NONE				1				
NONE								
		T			4		-	
		-			Į			
f	Total number of other employees paid ov	ver \$100,000	• 0	202100000 u. 28				
51	Complete this table for the organization	's five highest comp		nt contractors	who each r	eceivec	more	than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."		200-200	-50		
	(a) Name and business address of each indepen-	dent contractor	(b) Type of se	ervice	(c) C	ompensat	tion	
N 12 12 12 12 12 12 12 12 12 12 12 12 12					10			
			-					
NONE							75.70	
			1					
					- 10 to 10 t			-
			1 00 000		0			
d				1.40.47(-)		1,111		-
52	Did the organization complete Schedule			ns and 4947(a)		[7] Va		No
	nonexempt charitable trusts must attach				•	✓ Ye		
Under	penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other tha	return, including accompar on officer) is based on all inf	nying schedules and state formation of which prepare	ments, and to the l er has anv knowled	oest ot my knov ae.	wledge an	nd belief	, it is
	offect, and complete. Bediatation of pippore, tourise the	77	orridation of minor property		1	10	1.	
Cian	Signature of officer			Date	07/10	1801	7_	
Sign Here				Date	,			
пете	JIMRODENFELS, TREASURER							
		Preparer's signature			Issa s Fig.	PTIN		
Paid	Print/Type preparer's name	r reparer a signature		Julio:	Check if self-employe			
28 53	parer					<u> </u>		
Use	Only Firm's name				s EIN ▶			-
	Firm's address ► the IRS discuss this return with the prepare	or about about ? Can	inetructions	Phor	е по.	☐ Ye		No
		* SOOWD ROOVE (See	DISTILLUDIS			1 1 YA	s + l	No

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ. ▶ Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

Name of the organization	Employer identification number
AUDUBON OF SOUTHWEST FLORIDA, INC	237282218
Dut I lim 10 (Cranto and cimilar amounts paid)	
Part I - line 10 (Grants and similar amounts paid) -	
no grants or similar amounts were paid in excess of \$5,000	
Part I - line 16 (Other expenses) -	
Business Registration Fees 61	
Credit Card Processing 432	
total 493	
Court 1990	
Part 1 - line 20 (Other changes to net assets -	
unrealized gains and losses on investments carried at market value -232	
unrealized gains and 1055es on investments carried at market value -252	
rounding adjustment -1	
total 222	
total -233	
я.	
Part III - What is the organization's primary exempt purpose -	
	ha waarida
The mission of Audubon of Southwest Florida is to protect plants, animals, and their habitats and	to provide
environmental education and a greater community involvement with the natural world.	
Part III - line 31 (Other program services) -	
Study of "Estimate of the Ecosystem Services of Existing Conservation 2020 Lands in Lee County	Florida" 500

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

Open to Public Inspection

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.

Name of the organization Employer identification number AUDUBON OF SOUTHWEST FLORIDA, INC. 23-7282218 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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 331/3% 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 331/3% 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 III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary (vi) is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support governing document? col. (i) of your support? (i) organized in the above or IRC section (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

18

	ule A (Form 990 or 990-EZ) 2013						Page
Par	(Complete only if you checked the	he box on lin	e 5, 7, or 8 o	f Part I or if th	e organizatio	n failed to au	i) alify under
Sect	Part III. If the organization fails to ion A. Public Support	o quality und	er the tests li	sted below, p	lease compl	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(4) 2010	(-) 0012	45 T. L.
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	600% (E)	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support				·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
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 assets (Explain in Part IV.)						· · · · · · · · · · · · · · · · · · ·
11	Total support. Add lines 7 through 10		"				
12	Gross receipts from related activities, etc.	(see instruction	ons)	· · · · ·		12	2 ES
13	First five years. If the Form 990 is for th	e organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
528 - 63X	on C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2013 (line 6	3, column (f) di	vided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2012 Sch 331/a% support test—2013. If the organiz box and stop here. The organization qual	zation did not d	check the box	on line 13, and	l line 14 is 331	15 swarp or more, cl	200
b	331/2% support test—2012. If the organicheck this box and stop here. The organicheck	ization did no	t check a box	on line 13 or	16a, and line	15 is 33½%	or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meets the "factorganization	113. If the orga	nization did no and-circumsta mstances" tes	ot check a box nces" test. che	on line 13, 16a ck this box an ation qualifies a	a, or 16b, and l d stop here. E as a publicly su	ine 14 is xplain in ipported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me	ion meets the	nization did no "facts-and-cii	ot check a box cumstances"	on line 13, 16 test, check th	a, 16b, or 17a, is box and ste	n here

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

instructions

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.)

Secti	ion A. Public Support	under the tes	sts listed beit	w, piease co	mpiete Part i	1.)	
	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.")					1 222	
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	9,616	10,217	9,897	8,766	10,268	48,764
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	9,677	10,217	9,897	8,766	10,268	48,825
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1,215	325	889	415	2,844
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				A CONTRACTOR OF THE CONTRACTOR		
С	Add lines 7a and 7b		1,215	325	889	415	2,844
8	Public support (Subtract line 7c from						
Saati	on B. Total Support						45,981
	idar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(n) 0011	(4) 0040	(-) 0040	(D.T.)
9	Amounts from line 6	9,677	10,217	(c) 2011	(d) 2012	(e) 2013	(f) Total
10a	Gross income from interest, dividends,	9,011	10,217	9,897	8,756	10,268	48,825
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources .	1,898	3,130	3,913	3,849	3,092	15,882
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					•	
C	Add lines 10a and 10b	1,898	3,130	3,913	3,849	3,092	15,882
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						46
13	Total support. (Add lines 9, 10c, 11, and 12.)	11,575	13,347	13,810	12,615	13,360	64,707
14	First five years. If the Form 990 is for the organization, check this box and stop here	e organization'	s first, second	l, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Section	on C. Computation of Public Support						
15	Public support percentage for 2013 (line 8	, column (f) div	ided by line 13	3, column (f))		15	71.06 %
16	Public support percentage from 2012 Sch			. <u> </u>	<u> </u>	16	67.66 %
	on D. Computation of Investment Inc						(C) 400 P
17	Investment income percentage for 2013 (li					17	24.54 %
18 19a	Investment income percentage from 2012 331/3% support tests—2013. If the organization	Schedule A, Pa	art III, line 17 .	on line 14 ==		18	28.24 %
194	17 is not more than 331/3%, check this box a	nd stop bere 7	heok ine box The organizatio	on iine 14, and n qualifies as a	u iine 15 is mo nublick/suppo	ore than 331/3% Ited organization	la
b	33 ¹ / ₃ % support tests—2012. If the organiza	ation did not ch	eck a box on li	ne 14 or line 10	Pacificity supply a. and line 16	is more than 22	n . ► ☑ ¹७% and
	line 18 is not more than 331/3%, check this b	ox and stop he	re. The organiz	ation qualifies a	as a publicly su	pported organiz	ation $ ightharpoonup$
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	ınd see instruct	tions ►