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.

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

Open to Public Inspection Employer identification number

Par	t Posson f	or Public Cha	rity Status (All orga	nization	e muet o	omplete	this na	rt) Sooi	netructic	200	
			ation because it is: (Fo			-				JII5.	
1	•	•	•		-		•	,	`		
2		nurch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). shool described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A mospital of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5	An organizatio	ation operated for the benefit of a college or university owned or operated by a governmental unit described in 0(b)(1)(A)(iv). (Complete Part II.)									
6 7	An organizatio	ral, state, or local government or governmental unit described in section 170(b)(1)(A)(v). anization that normally receives a substantial part of its support from a governmental unit or from the general public bed in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)					
9											
10 11	An organization	on organized ar	l operated exclusively nd operated exclusive licly supported organ describes the type of	ely for th nizations	ne benefi [.] describe	t of, to p d in sect	berform t ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See se	
	a 🗌 Typel	 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	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).										
f	If the organiz	ation received a	a written determinatio	on from t	the IRS 1	that it is	a Type	I, Type I	ll, or Typ	be III supportin	g
	organization, o	check this box									
g	Since August following pers		he organization accept	pted any	gift or co	ontributio	n from a	ny of the	•		
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?					No					
	(ii) A family m	ember of a perse	on described in (i) abc	ove?						11g(ii)	
	(iii) A 35% cor	ntrolled entity of	a person described in	n (i) or (ii) a	above?.					11g(iii)	
h	Provide the fo	llowing informati	ion about the support	ed organi	ization(s).						
(i)	organization (describe above of		(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) listed in your the		the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
										-	

Total



Department of the Treasury

Name of the organization

	Internal Revenue Service	Inf
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Sched	ule A (Form 990 or 990-EZ) 2013						Page 2
Par	II Support Schedule for Organiza	tions Descr	ribed in Sect	ions 170(b)(1	I)(A)(iv) and f	170(b)(1)(A)(v	i)
	(Complete only if you checked th				•	•	alify under
0	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(a) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2009	(b) 2010	(C) 2011	(0) 2012	(e) 2013	(i) Totai
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			•			
	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.	-				12	
13	First five years. If the Form 990 is for the	•			•		
Sec.	organization, check this box and stop her ion C. Computation of Public Suppor						🕨
Sect	ion c. computation of Public Suppor	rercentag					

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		%	
15	Public support percentage from 2012 Schedule A, Part II, line 14	15		%	
16a	33 ¹ / ₃ % support test – 2013. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ box and stop here. The organization qualifies as a publicly supported organization				
b			s 33¹/₃% or more,		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization				
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization	is bo	x and stop here.		
	supported organization	• •	🕨		

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

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.)

Secti	on A. Public Support									
Calen	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.")									
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 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									
7a	Amounts included on lines 1, 2, and 3									
	received from disqualified persons .									
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									
С	Add lines 7a and 7b									
8	Public support (Subtract line 7c from									
	line 6.)									
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									
10a	Gross income from interest, dividends,									
	payments received on securities loans, rents,									
	royalties and income from similar sources .									
b	Unrelated business taxable income (less									
	section 511 taxes) from businesses									
	acquired after June 30, 1975									
С	Add lines 10a and 10b									
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									
40	(Explain in Part IV.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)									
4.4	,		n'a first sasan	d third fourth			$\int c d f(a) (2)$			
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			-					
Sooti	on C. Computation of Public Suppor		· · · · ·				🕨			
<u>3ecu</u> 15	Public support percentage for 2013 (line			2 column (f))		15	%			
15 16	Public support percentage for 2013 (intel Public support percentage from 2012 Sci		•			16	<u>%</u>			
	on D. Computation of Investment In					10	70			
<u>3ecu</u> 17	Investment income percentage for 2013 (-	v line 13 colu	mn (f))	17	%			
18	Investment income percentage for 2013			-		18	%			
10 19a						-				
130	33 ¹ / ₃ % support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than $33^{1}/_{3}$ %, and line 17 is not more than $33^{1}/_{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization .									
b	33 ¹ / ₃ % support tests – 2012. If the organiz	-	-	-		-				
U	line 18 is not more than $33^{1}/_{3}$ %, check this									
20	Private foundation. If the organization di	-	-							
20			557 61 1110 14	,,,						

Schedule A (Form 990 or 990-EZ) 2013

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Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						