DLN: 93493189010994

GMB No. 1545-0047

2013

Form 990

Experiment attack mass by mens Devenue Service.

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made bublic. By law, the LRS generally cannot reduct the information on the form

► Information about Form 990 and its instructions is at www.165.gov/form996

Open to Public Inspection

	A Fo	rthe 2	2013 cal <u>endar year, or tax year beginning 01-01-2013 ,</u> 2013, and ending 12-31	-2013								
Dotted boundary Dotted bou	в съ	eck niop			D Employer	Identification number						
Third extent House and client for 20 box ("valid brief delived to steet add early "down/state E Februaries with an interference Street Hard Scenarie Street Hard Scenaries Hard	Addition change 26, 3443135											
The committee Section Section	Пны	ne mar	Kie Found beariess /6									
The common of	☐ 1ml	al iet ir	Indiffer and street (or a proximal ratios for derivered to street and east confident	<u>. </u>	E Telephone	11011241						
Age rates in virtual Fill Name and address of principal officer Plant Plant	□ ter	T instell	4960 Sesame Siree.									
File Head and address of principal officer H(a) In this a group return for Yes File H(b) A recility control File H(c) Stop of principal officer Yes File H(b) A recility control Yes File H(c) Group exempt on authority H(c) Group exempt H(c) Group exempt	∏ An	er cedir			(303)30	2-00-3						
Filter and address of principal officer H(a) Is this a group return for subordinates Yes Filter	Far	ication	Continuity on 4574-		G Gross lebe	pts \$ 371,823						
The remains with a Facility (1) Facility (1)			F Name and address of principal officer	H(a) Is th		· · · ·						
The commutations						F Yes M No						
The commutations				н(ы) к		Ev. E						
Website:						(45 145 lx 1/0						
	I Ta	k ekam	of status ▼ 501(a)(3) ≈01(a)(1) ◆ (insertine) 4947(a)(1) a: ≈27	TF "44	o," attach a l	st (see instructions)						
				H(c) Gran	ili exembt ou	number 🗠						
1 Directly describe the organization of relation, and social justice in the ration of small				Li Year of To	ппальят 2000	Mi State of legal dominate. TX						
	Pa	rt I	Summary									
1												
Number of note in members of the governing body (Part VI, Ire 1a) 3 4 4 3 3 6 4 1 3 5 5 5 1 5 5 5 5 1 5 5	0	-	o advance civil rights, rreedom of religion, and social justice in the nation of Lar	तन।								
Number of note in members of the governing body (Part VI, Ire 1a) 3 4 4 3 3 6 4 1 3 5 5 5 1 5 5 5 5 1 5 5	ĕ											
Number of note in members of the governing body (Part VI, Ire 1a) 3 4 4 3 3 6 4 1 3 5 5 5 1 5 5 5 5 1 5 5	Ë	-			_							
Number of note in members of the governing body (Part VI, Ire 1a) 3 4 4 3 3 6 4 1 3 5 5 5 1 5 5 5 5 1 5 5	φ.	2 (Theck this box ► if the organization discontinued its operations and sposed of	riore than 2	of its ne אייכ:	cassets						
Number of independent voting members of the governing body (Part VI, Irre 1b)	ಭ	3 F	Number of yeting members of the governing body (Part VII) ine Ia)		. 1	3 4						
Tailoral unrelated husiness revenue from Part VIII, column (2), une 12	9	ı										
Tailoral unrelated husiness revenue from Part VIII, column (2), une 12	Ē	ı										
Tailoral unrelated husiness revenue from Part VIII, column (2), une 12	Ę.	ı										
Prior Year Current Year	۹.	ı				7a 0						
Second Suppose Seco		ьм	let urrelated husiness taxable income from Form 490-T, line 34 \odot . \odot .	<u> </u>	<u></u>	7ь						
9				Prio	r Year	Current Year						
11 Other revenue—act increases through 11 (must equal Print V.11, column (A), lines 1.3)	a.	8			342.09	,						
11	3N16	l				0						
11 Other revenue—act increases through 11 (must equal Print V.11, column (A), lines 1.3)	34	l				0						
12 342.095 371.833	_					0						
13 Grants and similar amounts baid (Part IX, bolumn (A), lines 1 3)		12			342.093	3/1,833						
15 Salaries, other compensation, employee benefits (Part IX, column IA), lines 90,425 91,549 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Professional fundraising fees (Part IX, column (C), line 2); 16a 17a 17		13				207,590						
16a Professional fundraising fees (Part IX, column (A), lina 11e)		14				0						
17 Other excesses (Part IX, column (A), lines 11s-11c, 11F-2/e) 245.077 87,309 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 335.503 386,448 19 Revenue less expenses Subtract line 18 from line 12 6.592 14,615 20 Total assets (Part X, line 16) 8eginning of Current Year End of Year 20 Total liabilities (Part X, line 25) 445 100 21 Total liabilities (Part X, line 25) 445 100 22 Net assets on fund balances Subtract line 21 from line 25 15,325 3,711	8	15			90,429	5 91,549						
17 Other excesses (Part IX, column (A), lines 11s-11c, 11F-2/e) 245.077 87,309 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 335.503 386,448 19 Revenue less expenses Subtract line 18 from line 12 6.592 14,615 20 Total assets (Part X, line 16) 8eginning of Current Year End of Year 20 Total liabilities (Part X, line 25) 445 100 21 Total liabilities (Part X, line 25) 445 100 22 Net assets on fund balances Subtract line 21 from line 25 15,325 3,711	S (Ta	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0						
17 Other excesses (Part IX, column (A), lines 11s-11c, 11F-2/e) 245.077 87,309 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 335.503 386,448 19 Revenue less expenses Subtract line 18 from line 12 6.592 14,615 20 Total assets (Part X, line 16) 8eginning of Current Year End of Year 20 Total liabilities (Part X, line 25) 445 100 21 Total liabilities (Part X, line 25) 445 100 22 Net assets on fund balances Subtract line 21 from line 25 15,325 3,711	*	ь	Total functaening expenses (Part IX, column (D), line 25) ► 9,942									
19 Revanue less expenses Subtract Ine 18 from Ine 12	_	17	Other excenses (Part IX, column (A), lines 11s-11s, 11f-27e) \langle , \rangle .		245.073	87,309						
Beginning of Current Year		16	Total expenses: Add lines 13-17 (must edual Part IX, column (A), line 25)		335.50	386,448						
		19	Revenue less expenses Subtractine 18 from ine 12			2 14,615						
	5 ± 3 20 ± 3 20 ± 3				_	End of Year						
	100 A	20	Total assets (Part X, Ime 16)			3,811						
	₹.5 4.3	21										
	žĒ	22			15,325							
	Par	t II	Signature Block									

Hinder penalties of perjury, I declare that I have examined this return, including my knowledge and be lef, it is true, correct, and complete. Declaration of prepai proparar has any knowledge.

Sign
Неге

-1-11-Signature of difficer an Piyers Sect/Treas ype or pinn, name and title Print/Type preparers hame Chuck Tomble CPA Piepalei's signature

Paid Preparer Use Only

Firm's name - 🕨 Clergy Advantage Firm's additives № 2003 Eil 11th 5T STE 200 Eveland, CO | 805270209

May the IRS discuss this return with the preparer shown above? (see instruct o

4e Total program service expenses ► 3.59,620

(Expenses 9

no uding grants of 4

) (Revenue si

			Yes	No
1	is the organization described in section $50.1(a)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $R \odot 1$	1	Ves	
2	us the organization required to dompleta <i>Schodolo B. Schodolo of Contributor</i> a (see instructions)? $m{g}_{-}$, $-$, $-$	2	Чes	
3	Did the organization engage in circuit or indirect political compaign activities on behalf of or in opposition to canorisates for public office? If "Yes," complete Schedole C, Part $I_1, \ldots, I_{n-1}, \ldots, I_{n-1}, \ldots, I_{n-1}$.	3		Чο
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section $501(h)$ election in effect during the tax year? If "Yes." complete Schedule C, Part $II = 1.00000000000000000000000000000000000$	4		Na
5	is the organization disection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 <i>If "Yes," complete Schedule C, Bact III</i>	5		Чa
6	Did the organization maintain any denomadvised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schodulo D, Part 1	6		Чa
7	Did the organization race we or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D_i Part $II = 1 \dots 1$.	7		Чо
a	Did the organization maintain collections of works of art, instanced treasures, or other similar assets? If "Yes," complete Schodule D, Part 11:	8		Na
9	Did the organization report on amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide preprioducing, debt management, credit repair, or debt negotiation services? If "Yas," complete Schodula D, Part IV	9		Na
10	Did the organization, cirectly on through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule Ω , Part V_1,\ldots,V_n ,	10		Чо
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report on amount for land, buildings, and equipment in Fart X, line 10% If "Yes," complete Schedule D, Pert VI	1 1a		чо
Ь	Did the organization report an amount for investments—other securities in Fart X, the 12 that is 5%, or more of its total assets reported in Part X, line 167 if "Yes," condicte Schedule D, Part VII	11b		Na
	Did the organization raport an amount for investments—program related in Fart X, line 13 that is 5% or more of its total assets reported in Part X, line 167 <i>If "Yes," complete Schedule D, Part VIII</i>	1 1 c		Чо
	Did the organization report an amount for other assets in Fart X, the 15 that is 5% or more of its total assets reported in Port X, line 15? If "Yos," complete Schedule D. Part IX is a second of the	11d		Na
в	Did the organization raport on amount for other liabilities in Port X, line 252 If "Yes," complete Schedule D. Part X	110		40
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 746)? <i>If "Yes," complete Schodulo D, Part</i> X	117		No
	Did the organization obtain separate, independent and ted financial statements for the tax years $H''(\mathbf{res}_i)''$ complete Schedule D, Perto XI and $\lambda II = 0.00000000000000000000000000000000$	12a		Na
	Was the organization included in consolidated, independent and ted financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts 31 and XII is optional	12Ь		Ча
13	is the organization a school described in section $1/C(b)(1)(A)(B)(B)$ if "Yas," complete Schodula $B=0$	13		Чо
1 4 a	Did the organization maintain an office, embloyees, or agents outside of the United States? (\cdot,\cdot) . (\cdot,\cdot)	14a		Чо
ь	Did the organization have aggregate revenues or expenses of more than \$1.0,000 from grant making, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$1.00,000 or more? If "Yes," complete Schedule 5, Bacto I and $IV = 1.00000000000000000000000000000000000$	146		No
15	Did the organization report on Part 1X, no umn (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," considete Schedule F, Parts II and IV.	15	Ves	
16	Disiphe organization report on Part IX, column (A), line 3, more than 45,000 of aggregate grants or other assistance to or for foreign more duals? <i>If 'Yes,' complete Schedule I, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of excenses for professional functaising services on Part LX, column (A), lines 8 and $11e^2$ if "Yes," complete Schedule 0, Part I (see instructions)	17		Na
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part-VIII, thes tip and 8a7 II 'Yes,' complete Schedule G. Part II	18		Чо
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, the 9a7 If "Yes," complete Schedule C, Part III	19		Na
20a	Did the organization observe one or more hospital facilities $^{\prime}$ If $^{3}\!Ycs.^{3}$ complete Schedule $H(s, s, s$	20a		Чо
Þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Form	990 (2013)			Page
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than $45,000$ of grants or other assistance to any comestic organization or government on Fait IX, column (A), the 17 H Yes, "complete Schedule 1, Parts 1 and H	21		40
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part LX, column (A), this 27.16 Yes, "complete Schedule 1, Parts 1 and 111	22		Na
23	Did the organization answer "ries" to Port VII. Section A, line 3.4, or 5 about compensation of the organization's current and former officers, precious, trustees, key employees, and highest compensated employees? If "Yes," complete Schodule J	23		Чо
2 4 a	Did the organization have a tax exempt bond issue with an outstanding annuing amount of more than $$100,000$$ as of the last day of the year, that was issued after December 31, 2002? If Yes, * shower lines 24b through 2 ld and complete Schedule K. If "No." go to line 25a	24a		Na
ь	Did the organization investignly proceeds of tax-exempt bonds beyond a temperary penal exception? (z_1, \ldots, z_n)	24b		Чa
c	Did the organization maintain an escriptian account other than a refunding escriptiant any time during the year to defease any tax-exercit bonds?	24c		No
Ь	Due the organization act as an "or echa flot" issuer for bones outstanding at any time outing the year x_1,\dots,x_n	244		Ча
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqual field person curing the year? If "Yes," complete Schedole i, Part $I_1, \ldots, I_n \in \mathbb{R}^n$.	25a		Ча
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been respited on any of the organization's prior forms $990 e29.16$. West," complete Schedule 4, Part $I_{\rm color}$ is $I_{\rm color}$ and $I_{\rm color}$ is $I_{\rm color}$.	256		No
26	Did the organization report any amount on Far. X, line 5, 5, or 22 for race vables from or payables to any current or former officers, cirectors, trustees, key employees, highest companied employees, or disqualified persons? If so, complete Schedule L, Part II	26		Чa
27	Did the organization provide a grant or other assistance to an officer, chector, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part $III = 1, \dots, 1, \dots, 1, \dots$.	27		No
	Was the organization a carty to a business transaction with one of the following carties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28-a		40
	A family member of a current or former officer, director, trusted, or key employed? <i>If "Yes,"</i> complete Schedule 1, Part IV	28Ь		40
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule 1, Perr FV	28c		Na
29	Did the organization rane we more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M_{\odot}	29		Na
30	Due the organization race we contributions of art, historical treasures, or other similar assets, or qualified nonservation contributions 2 if Yes , $Topoplere$ Schedule M	30		No
	Due the organization liquidate, terminate, or dissolve and chase operations? If "Yes," complete Schedule N_i Part I	31		Ча
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N, Part IT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32		No
33	sections 301 7701-2 and 301 7701-37 if "Yes." complete Schedule R, Part I	3 3		¥a
	Was the organization related to any tax-exempt or taxable antity? If "Yes," complete Schedule R, Part II, III. or IV, and Part V, line 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(c)(13)?$	35a		¥а
Ь	16 Yes' to line 3.5a, did the organization rane we any payment from an engage in any transaction with a controlled entity within the meaning of section $512(3)(13)^2$ if "Yes," complete Schedule R. Part V, line 2^{-1} .	35Ь		Ча
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule 8, Back V, line 2	36		No
37	Due the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Ча
38	Did the organization complete Schedule Olland provide explanations in Schedule Olifor Part VI, I has 11b and 197 Note. All Form 990 filters are required to complete Schedule Olifornia, and the complete Schedule Olifornia and the complete Schedule A	38	≻es	

Part V	Statements Regarding	Other	TRS Filings	and Tax	Compliance
	containence regulation,		TIES I HILLIAND	U114 14A	vviiipiiaiiv

	L V	Statements Regarding Other INS Filings and Tax Compliance			_
		Check it Schedule Clicontains a response or note to any line in this Part Villian III. III. III. III.		· ·	l _
1-	Fr. w.	the number reported in Box 3 of Form 1096 Enter -C- if not applicable 1a 2		Yes	No
		the number of Forms W-2G included in line 1a. Enter -5- if not applicable 1b 0	_		
			ה		
C		ne organization comptly with backup withholding rules for reportable payments to vendors and reportable ig (gambling) with tigs to prize withers? The first of the	1e		Na
2a	Enter Lax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year dovered.			
	•	es return to the control of the control of the control of the all regulars federal employment tax returns?	- -		
В		ess, one is reported on the Za, did the organization mean required to eithe (see instructions). If the sum of lines 1a and Za is greater than 250, you may be required to eithe (see instructions).	2ь	vez	
3 a	Die th	ne organization have unralated business gross income of 91.000 or more during the year? ~ 1000 $ m s$	3a		40
ь	TENV C	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation is Schedule O	3ь		Ча
43	over,	y time during the calendar year, did the organization have an interest in, on a signature or other authority is a financial account in a foreign country (such as a bank account, securities account, or other financial ant)?	40		Чa
ь		es," enter the name of the foreign country 🕨			
	See n	rs, lenter the name of the foreign country. Fig	-		
53	Was t	no organization a party to a probibited tax shelter transaction at any time during the tax year? 🔒 🧠	Sa		Чa
Ь	Diplo	ry taxah o party notify the organization that it was on is a party to a condicited tax shelter transaction?	5b		Ча
c	.≐°Ye	es," to line 5a or 55, did the organization file Form 8886-17			
			5c		
	organ	the organization have annual gross race p.s. that are normally greater than \$1,00,000, and did the station so idit any continuit one that were not tax deduct ble as chantable contributions?	6a		Na
D		es," did the organization include with every so iditation an express statement that such contributions or gifts not lexideductions?	8ь		
7	Organ	nizations that may receive deductible contributions under section 170(c).			
	Die J	ne organization race we a payment in excess of \$75 made partly as a contribution and partly for goods and coes provided to the payor?	7a		٧a
b	.= " Ye	es," did the organization notify the donor of the value of the goods or services provided? $(\cdot,\cdot,\cdot,\cdot,\cdot)$	7b		
_		ne organizat on sell, exchange, or otherwise discose of tangicle personal emperty for which it was required to			
		orm 82327 · · · · · · · · · · · · · · · · · · ·			٧a
-	. re	es," and cate the number of Forms 5282 field during the year	-		
c		ne organization care ve any fundsy disantly or indirectly, to day promiums on a personal canefit act?	7e		٧a
r	Die th	ne organization, curing the year, pay premiums, directly on indirectly, on a personal benefit contract? 🔒 🖫	71		No
	recuir	organization received a contribution of qualified intellectual property, did the organization file Form 5599 as rep? The first transfer of the first transfer of the first transfer of the first transfer of the first transfer	7g		Чa
	Form	organization care yed a contribution of cars, costs, a splanes, or other vehicles, did the organization file a 1998-C7	7h		No
В	-	soring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, have excess			
		ess holdings at any time during the year?	8		Чa
9	Spons	soring organizations maintaining donor advised funds.			
	Die J	ne organization make any takable districtions under section 49667 (1000) (1000) (1000)	9a		Nα
Þ	Die th	ne organization make aid stribution to a donor, cononadvisor, or related person?	9b		No
.0	Section 1	on 501(c)(7) organizations. Enter			
а	, nitiat	tion fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gmas fauil l	receipts, included on Form 990. Part VI.1, line 12, for public use of club. 10b	-		
		on 501(c)(12) organizations. Erter			
		sunderne from members or shareholders	_		
b		s indome from other sources (Do not net arrounts due or baid to other sources standards due or received from them.)	-		
.2a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in figural Form 1941?	12a		Nα
Þ		es," enter the amount of tax-exempt interest received or accrued during the	_		
3	Section	on $501(z)(29)$ qualified nonprofit health insurance issuers.	,		
	Note.	e organization I consed to issue qualified health plans in more than one state? See the instructions for additional information the organization must report on Schedule O	13a		чо
	ir whi	the amount of reserves the organization is required to maintain by the states ich the organization is lineased to issue qualified health plans	-		
_	Гптег	the amount of reserves or hand	_		
.4a	Die th	ne organization receive any payments for indoor tanning services during the tax year?	140		No
h.	*****	se " has at the day a Form 770 to report to acquire pts 7.1ft Way 1 served an expression of Especials O	1 4 414	ı I	

Section A. Governing Body and Management

			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year			
	Of there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0			
Ь	Enter the number of voting members multided in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship on a business relationship with any other officer, priester, briggless, or key employee?	2	ves	
3	Did the organization delegate control over management daties costomarily performed by or under the briedt supervision of officers, directors on trustees, or key employees to a management company or other person?	3		Ча
4	Did the organization make any significant charges to its governing documents since the prior form 990 was filed?	4		Ча
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		٧a
7a	Did the organization have members, stockholders, or other persons who had the power to election appoint one or more members of the governing body?	7a		40
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7ь		Ча
8	Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following			
3	The governing body?	8.	Ves	
ь	Fact committee with authority to act on behalf of the governing hopy 2^{-1} , 2^{-1} , 2^{-1} , 2^{-1} , 2^{-1} , 2^{-1} , 2^{-1}	аь		Чa
9	Is there any officer, director, trustee, or key employee fished in Part VIII, Section Al, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule $O(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,$	9		พง
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	as rais.	io Card	
	regain per continue of their periodical anno marion about bounds not bedancer by the internal V	even	re cou	e. j
	жалан ы. г аныва ттоо оссиято годивою интоглатоп аровероныво нистеция ви ру (не плетан к	even	Yes	No No
10a	Did the organization have local chapters, branches, proff liates?	10a		
10a b	Did the organization have local chapters, branches, proffliates?	10a 10b		No
10a b	Digithe organization have local chapters, branches, proffliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, proffliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, profif liates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete popy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, proff liates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Horm 990	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, proff liates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If Wo," go to line 13	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, profif liates? .f "Yes," did the organization have written polities and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes? Has the organization provided a complete popy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, proff liates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, profif liates? .f "Yes," did the organization have written polities and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes? Has the organization provided a complete popy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b 11a 12s 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? .filines," did the organization have written polities and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all organization have a written conflict of interest politing? If Why," go to line 13. Where officers, directors, or trusteds, and key employeds required to displace annually interests that could give insects conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe its Schedule O have this was done. Did the organization have a written whishelplayer politing? Did the organization have a written whishelplayer politing? Did the process for betermining combensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, executive Director, or top management official.	10a 10b 11a 12s 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, and fliates? .f. Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written nonflict of interest policy? If We," go to hear 13	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete popy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If Wo," go to hee 13. Where afficiers, directors, or trustees, and key employeds required to displace annually interests that could give rise to conflicts? Did the organization regularly and consistently mornton and enforce compliance with the policy? If "Yes," describe its Schedule G box this was done. Did the organization have a written whistloblower policy? Did the organization have a written whistloblower policy? Did the organization have a written document retention and destruction colicy? Did the process for betermining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, executive Director, or top management afficial . Other officers or key amployees of the organization. The organization is CEO, executive Director, or top management afficial . Other officers or key amployees of the organization.	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No Чо Чо Чо
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? .fiffes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes? Has the organization provided a complete popy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "Woy" go to line 13. Where officers, directors, or thustees, and key employees required to displace annually interests that could give inset to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe its Schedule O has this was done. Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? The organization have a written ming compensation of the following persons include a review and approval by independent persons, compensablity data, and contemporaneous substantiction of the deliberation and decision? The organization's CEO, executive Director, on top management official Other officers or key amplayees of the organization The organization investing controcte assets to, or participation a joint venture or similar arrangement with a taxobile entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No Чо Чо Чо
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? .fires," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "Wo," go to line 13	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	Nо Чо Ча Ча Чо Ча

- 17 List the States with which a copy of this Form 990 is recurred to be filed▶
- Section 6107 recurres an organization to make its Form 1023 (or 1027 if approache), 990, and 990-T (501(c) (3)s only) available for tubility instaction. Indicate how you made these available. Check all that apply.
 Cwn website. Another's website. F. Upon request. F. Other (explain in Schedule O).
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►lahi Myers / 963 Sessine Street.

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether incividuals or organizations), regardless of amount of compensation. Enter -C- in columns (D.), (E), and (F) if no compensation was paid
 - List all of the organizations current key employees, if any iSee instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee). who received reportable compensation (Box 3 of Form W-2 and/or Box 7 of Form 1049-MISC) of more than \$1,00,000 from the proanization and any related proanizations
- List all of the organizations former officers, key employees, or highest compensated employees who received more than \$100,000. of reportable compensation from the order zation and any related order zations.
- It shall of the organization's former directors or trustees that rare yed, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees on directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

 Γ Check this box if neither the ordanization not any related organization compensated any current officer, director, or trustee

(A) Name and Little	(B) Average hours per week (list any hours for related arganizations below dotted line)	niore pars	than or is	ane bot ecu	not bos h ar br/U	t en a de	÷₽2	(D) Reportable compensation from the organization (Will 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) John Myers	40,00	×		x				22,903	c	68,646
Short than	0.00							·		
(Z) Cably HiMyers	1.60	×		×					I:	0
Piesden.	0.00	L^	L_	Ĺ	L_	<u> </u>		"	"·	
(R) Scottrey I. Cohon	1.00									
Moe President	0.00	×		*				1	i:	0
(4) Canna Coleman Smith	1 00									
Director	0.00	×						اد ا	c	U
P105 0 27	_			\vdash	\vdash					
				_	_					
				_	_					
				\vdash	\vdash					
			L_	L	L_	<u> </u>				
					_					
				\vdash						
										Form 990 (2013)

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

	(A) Name and Title	(B) Average hours por week ilist any hours	mora t perso	thark On s	(C) (de not c and box, both an intor/tru	neck Repair unless compa- officer from stee) progenia			(D) ortable onsation in the vation (W-	(E) Reportable rompersation from related organizations (W-	(F Estim amount (comper from	ated of other sation the
		for related organizations be ow dotted line)	Individual pristae or director	Institutional Trustee	Key employee Officei	Highest compensated	Fcimer	2/1599	-4150;	2/1099-MISC;	organizat ralat organiz	ted
						_						
						\vdash	\vdash					
							\vdash					
						-	_					
						\vdash	┝					
				\vdash		\vdash	\vdash					
16	Sub-Total		L	<u> </u>			<u> </u>					
c	Total from continuation sheet	ts to Part VII, S	ection A	۹.			۰					
đ	Total (add lines 1b and $1c)$.						٠		22,503			68,646
2	Total number of incividuals (in \$100,000 of records be comp					t abov	(4) W	ho race ve	d more th	nen		
											Yes	No
3	Did the organization list any fo								t compar	sated employer _		
	on line 1a7 If "Yes," complete t								• •		3	Na
4	For any indicacual listed on I'm organization and related organ											
5	individual				· ·					_	4	40
•	services rendered to the organ							_			5	Чa
54	ction B. Independent Co	ntractore										
1	Complete this table for your friction concensation from the organi	va highest comp										,
	-	(A) Name and business	-		D. 1110					(B)	1 6	כו
			II : <:						180	or poich of services	C.D.T. [II.	14010.1
,	Fotal number of independent op	ntractors (motor	erne bul	nal	I muted t	: Thas	e I si	led share)	economiene	ned core than	+	

\$100,000 of compensation from the organization ▶0

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f
, Giffs, nilar A	d
Contributions, Gifts, Grants and Other Similar Amount	f
Contril	a h
ograni Service Reveriue	2a b c d e f g 3 4 5 5 5
	3
	4 5
	6а Б
	c d
	7 a
	ь
Sevenue	c d 8a
Other Rev	ь с 9а
	ն C 10-ն
	b C
	11a 6 c d

Form 99						Page 9
Part V	/##1	Statement of Revenue Check if Schedule Copposition response or note to any lin	our this Part VIII			Г
			(A) Total revenue	(B) Related or exampt function revenue	(C) Unrelated Sustiness Teveride	(D) Revenue excluded from lax under sections 512-514
× 2	1a	Federaled campaigns 1a				
amit Emi	ь	Membership dues 16				
وَق	c	Fundraising avents 1c				
ar J	a	Related organizations id				
r, G	_	Covernment grains (contributions) 1e				
tion er Si	f	All other contributions, grifus, granus, and 16 371,600 sm is name units not use utility above.				
Contributions, Gifts, Grants and Other Similar Amounts	a	Noncosh contributions included in lines				
Con	н	Total Add ires la 1f	3/1,831			
		Businesa Code				
≅	2a					
Program Service Revenue	ь					
	£					
	d					
Ë	-					
TOOF	ſ	All other program service revenue				
<u> </u>	9	Total. Add lines 2c−2f	9			
	3	Investment income (including dividence, interest, and other similar amounts)	5			
	4	Income from investment of tox exempt hand proceeds •	:1			
	5	Rovalties	:1			
		(i) Keal (ii) Personal				
		Cross rents				
	•	Less reme capenses				
	c	Rental riconne or floss;				
	4	Net rental income or (loss)	:1			
	_	() Securities (i) Other				
	7a	Gress amount from sales of payers with:				
	١.	than inventory				
	•	Lass loss on other basis and				
	_ ر	Sales expenses Gamor (loss)				
	d	Net gair or (loss)	э			
4.	8a	Grass income from fundraising				
Other Revenue		events (not including				
5 0 ≳		of contributions reported on the Eq.(
Ğ.		See Part IV, line 18				
ē.	ь	Less direct expenses b				
5		Net income or (loss) from fund tising events 🛌	נ			
	9a	Gross irrome from gaming activities				
		See Part IV, line 15				
	ь	Less direct expenses b				
	٠,	Net income or (loss) from gaming activities	9			
	10a	Grossisa es of inventory, lass				
		returns and allowances .				
	ь	Less costoficods sold b				
	c	Net income or (loss) from sales of inventory 🛌	:1			
		Miscellaneous Revenue Business Code				
	11a					
	Ь.					
	<u>د</u>					
	d	All other revenue				
	ı.c	Total Add Intestitation	3			
	12	Total revenue. See Instructions	371 933			

Part IX Statement of Functional Expenses

Secuar	501((c)(3	3;26	id 501	l(c)	(4)) org	anizacións	IPUS.	com	plete	all	columns	А	Lather	270	gamizations must	com	piete do	damır (Α,	:

	Check if Schedule Oricontains a response or note to any line in this	Par.(X T	(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Iota expenses	Program service expenses	Managen er Jand general expenses	Functioning exercises
1	Grants and other assistance to governments and organizations in the United States. See Part TV, line 21	c			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	c			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 1.5 and 1.6	207,590	207,590		
4	Renefits paid to or for members	c			
5	Compansation of current officers, directors, trustees, and key employees	91,549	77,817	9.155	7,577
6	Compensation not included above, to disqual field persons (as defined under section $4959(f(T))$ and persons described in section $4959(G(B), \dots, \dots, \dots)$	c			
7	Other salanes and wages	c			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) $-1, -1, -1$	c			
9	Other employee benefits ()	I:			
10	Payrol taxes	I:			
11	Rees for services (non-employees)				
a	Management	c			
ь	_ega	2.350	1,998	205	1:7
c	Accounting	910	774	\$1	15
Ь	abhying	С			
c	Professional fundraising services. See Part IV, Lee 17	c			
F	Investment management fees	I:			
B	Other (If the dig amount exceeds 10%) of the 25, column (A) amount, list the ling expanses on Schedule C) in the line of the l				
12	Advertising and promotion	3,613	3,371	.391	181
1.3	Office expenses	· ·	,		
14	Information technology	· ·			
15	invaltes	c			
16	Occupancy	c			
17	Travel	10,742	ગુ1રા	1,074	537
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	c c	4		
19	Conterences, conventions, and meetings				
20	Interest	C			
21	avments to afiliates	c			
22	Depreciation, con otion, and amortization	c			
23	Insurance	С			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e of fine 24e amount exceeds 10% of fine 25, column (A) amount, list fine 24e expenses on Schedule 0)				
	Outside services	57.572	49,936	5,757	2,979
ь	Danor system	4,026	3,422	433	201
c	Merchant bank fee	يا1 د. د	2,990	غوال	1/6
đ	Telephone	2.332	1,960	213	11/
e	A Lother expenses	2.2/5	1,908	225	1:2
25	Total functional expenses. Add lines 1 through 24e	386,448	359,620	7,986	9,942
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined column campaign and fundraising solid fation. Check here ► □ if to lowing SOP 95-2 (ASC 955-726)				

Par	ŧΧ	Balance Sheet Check if Schedule Clicontains a response or note to any line in this Part X (1), (2), (3).			
		,	(A)		(B)
			Beginning of year		Enclofyear
	1	Cash-non interest bearing	16,476		33/5
	2	Savings and temporary rash investments	2.285		465
	3	Pleages and grants rane vable, net		3	э
	4	Accounts race vable, net 1000 to 1000		4	э
	5	Loans and other receivables from coment and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule II is a second of the compensated employees.		5	
₹.	6	Loans and other race vables from other disqual fied persons (as defined under section $4958(f)(1)$), persons described in section $4958(a)(3)(R)$, and nontributing employers and sponsoring organizations of section $551(a)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part 11 of Schedule I		6	2
Assets	7	Notes and loans rare vable, not		7	, ,
ă	l á	Inventories for sale or use		Ŕ	, ,
	9			9	- ن
	10a	Precard expenses and deferred charges			
	IVa	VI of Schoolule D			
	ь	Loss and unulated deprenation		10c	٥
	11	Investments publicly traded securities		11	э
	12	Investments—other securities: See Part IV, the 11		12	э
	13	Investments—program-related. See Part IV, the III		13	5
	14	Intang ble assets		14	5
	15	Otherassets See Part IV, ine 11		15	5
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,771	15	3 81-
	17	Accounts payable and accived extenses	/45	17	100
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exemp, bond habilities		20	
S	21	Escrewior customal account hability. Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and discussified			
윤		persons Complete Part II of Schedule I		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties (1)		23	
	24	Unsecured notes and loans payable to unrelated third parties (1000) 1000.		24	
	25	Other habilities (multiding federal income tax, payables to related third parties, and other habilities not included on lines 17, 24). Complete Part X of Schedule Discussion in the control of the contr		25	
	26	Total liabilities. Ado lines 17 Urrough 25	-45	26	100
- S-		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets		27	
9	28	Temporarily restricted net assets		28	
=	29	Permanently restricted net assets		29	
돌		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔽 and			
<u>~</u>		complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds (1) (2) (3) (3) (3)		30	
Net Assets or Fund Balance	31	Parc-in or capital surplus, or land, building or equipment fund		31	
A S	32	Retained earnings, endowment, accumulated income, or other funds	-8,326	32	3 71°
늄	33	Lotal net assets or fund balances	-8,326	33	371
Ζ	34	Lotal liabilities and net assets/fund balances	18.771	34	3.811
				Fo	m 990 (2013)

Par	Reconcilliation of Net Assets Check if Schedule G contains a response connote to any line in this Part X [*]				
1	Total revenue (must equal Part V100, column (A.), line 12 (, , , , , , , , , , , , , , , , , ,	1			871,633
2	Total expenses (must equal Part 1X, no umn (A), une 25)	2		3	886,448
3	Revenueless expenses Subtractine 2 from ine 1	3		,	-14,615
4	Net assets or fund halances at original of year (must coupline X, line 33, no umn $\langle A \rangle / 1$.	4			18.326
5	Net unreal zecigens (losses) on investments	5			
ß	Donated services and use of facilities	6			
7	Investment expenses	7			
B	Prior period adjustments	8			
9	Other charges in net assets or fund balances (explain in Schedule C)	9			
10	Net assets or fund halances at end of year. Combine lines 3 through 9 (must equal Part X, line 33), column (Bi)	10			3,711
Par	t XIII Financial Statements and Reporting				
	Chack if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Fig. Cash Fig. Accrual Fig. Deter				
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		49
	If Yes, Inheck a box helow to indicate whather the financial statements for the year were compiled or review a separate basis, consolidated pasis, or both	wed n	٦ -		
	Separate basis Consolidated pasis Both consolidated and separate basis		1		
D	Were the organization's financial statements audited by an independent accountant?		26		No
	f 'Yes,' check a box below to indicate whather the financial statements for the year were audited on a sepa - basis, consolidated basis, or both 	rate			
	Separate basis Consolidated casis Doub consolidated and separate basis				
_	Coffee," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?		·E 26		
	Lifthe organization changed either its oversight process or selection process during the tax year, explain it Scriedule O		,		
	r As a result of a federal award, was the organization recuired to undergo an audit or audits as set forth in th - Single Audit Act and DMB Circular All 1997	Ė	3a		40
ь	15° Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treesury Internal Revenue Scholice

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11

h

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. ▶ See separate instructions.

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

OMB No 1545 0047

Open to Public Inspection

Name of the organization Jeiusalem Institute of Justice Inc. Employer identification number

26-3443135 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, theck only one box?) A church, convention of churches, priessociation of churches described in **section 170(b)(1)(A)**(II). A school described in section 170(b)(1)(A)(II). (Attach Schedule Elii 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 pollege or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) 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 ceneral public described in section 170(b)(1)(A)(vi). (Complete Part II) A normounity trust described in **section 170(b)(1)(A)(vi)** (Complete Part 11.) An organization that normally receives (1) more than 33.7% of its support from contributions, membership fees, and gross race pts from activities related to its exempt functions—subject to dertain exceptions, and (2) no more than 33±0% of its support from grass investment income and unrelated business taxable income (less section 510 tax) from businesses. accurred by the organization after Lune 30, 1975. See section 509(a)(2), (Complete Part 101). An organization organized and operated explusively to test for public safety. See section 509(a)(4). An organization organized and operated explosively 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 909(a)(1) or section 909(a)(2). See **section 909(a)(3).** Check in the box that describes the type of supporting organization and complete lines if the through fithing □ Type . b □ you L c □ you L1 -unctionally integrated d □ Type L1 Non-functionally integrated By checking this box, I deitify that the organization is not controlled directly or indirectly by one or more disgualified 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 II, Type III, or Type III supporting organization, check this box. Since August 17,2006 , has the organization andepted any gift or contribution from any of the following persons? (ii) A person who directly an indirectly controls, either alone or together with persons described in (e)Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (besonbed on lines 1 to above or 1RC section (see	(iv) is the organization in to (i) listed in your governing document?		(v) Did you not fy the organization in col. (i) of your support?		(vi) Is the organization in the U.S.?		(vii) Amount o monetary support	
		instructions)}	Yes	No	Yes	No	Yes	No]	
Total										

and (iii) helow, the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above 4

Provide the following information about the supported organization(s):

(iii) A family member of a person described in (i) above?

11g(i)

11g(ii)

11**a(i**ii)

nstructions

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you cliecked 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.) Section A. Public Support Calendar year (or fiscal year beginning (e) 2009 (b) 2010 (c) 2011(d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and menicarship fees received. (Do not 10,201 231,951 3/2,095 371,833 \$58,110 notude any flandsual. grants "). Tax revenues levied for the organization's panent and either. 0 date to or expended on its caha f The value of services or fault ties: furnished by a governmental unit to: the organization without charge. 10.231 231,951 342,095 371,833 9.55,110 4 Total, Add tres 1 through 3. 5. The portion of total contributions: by cach person (other than a) governmental unit or publicly supported organization), no udad on : 11,755 ine I that exceeds 2% of the ambunt shows on line 10, column. :11: Public support. Subtract line 5 from 944, 354 **I**Γ∈ 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013. (f) Total: in} 🏲 10,231 231,551 .42.095 371,833 956,110 Amounts from line 4 Gross income from interest. dividends, payments randived on . securities loans, rents, royalties and income from similar. sources Net income from unrelated ausiness act vities, whether on 0 not the business is regularly carried on Other noome Do not include gain. or loss from the sale of capital. assets (Explain in Part IVII). 11 Total support (Add) res 7 956,111 through 100. 12 Gross receipts from related activities, etc. (see instructions); 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, on fifth tax year as a 501(a)(3) organization, check Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 5, column (f) divided by line 11, column if)) 98 770 % 14 15 Public support percentage for 2012 Schedule Al, Part J., line 14. 15 16a 33 1/1% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 $\pm 3\%$ or more, check this box. ▶▼ and **stop here.** The organization qualifies as a publicly supported organization. b 33 1/17% support test—2012. If the organization did not check a box on line 13 or 15 a, and line 15 is 33 0/% or more, check this ▶□ box and **stop here.** The organization dualifies as a publicly supported organization 17a 10'Verfacts-and-circumstances test - 2013. If the organization did not check allow on line 13, 16a, or 16b, and line 14. s 10% or more, and if the organization meets the "facts-and-proprietances" test, check this box and **stop here.** Explain n Part LV how the organization meets the "facts and circumstances" test. The organization dualifies as a public y supported arganization b 10%-facts-and-circumstances test +2012, if the organization did not check allow on line 13, 16c, 15b, or 17c, and line 15 is 10% or more, and if the organization meets the "facts-and-oncomptances" test, check this box and stop here. z×plain in Part . Vi how the organization meets the "facts and circumstances" test. The organization dualifies as a public γ supported organization. **Private foundation.** If the organization district check a box on line 13, 16a, 16b, 17a, or <math>17b, sheck 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
Combined and a feet and an arrange and a feet and a feet and a feet a fe
Part II. If the organization fails to qualify under the tests listed below, please complete Part II.')

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2510	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership faes received. (30 not						
z	include any funusual grants "). Gross receipts from admissions,		+	+			
-	merchanoise solo or services						
	performed, or facilities furnished in						
	any activity that is related to the organization sitax exempt.						
	hathore						
Э	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's behalf thank 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			-			
5	Total. And I nes 1 through 5 Amounts included on lines 1, 2,						
74	and 3 rane yed from disqualified						
	persons						
ь	Amounts included on lines 2 and 3 received from other than						
	disqual fice persons that expeed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year			+			
8	Add lines 7a and 7b Public support (Suptract line 7c)		+	+			
•	from I ne 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning In) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
Lúa	Gross income from interest,						
	prodends, payments received on						
	secunt es loans, rents, myalt es and muome fram similar						
	sources						
ь	Unrelated business taxable						
	indome (less section 511 taxes) from businesses accumed after						
	June 30, 1975						
	Acd I nes 10a and 10b						
11	Not innome 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 on loss from the sale of	l					
	capital assets (Exclain in Part	l					
	IV)						
13	Total support . (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is	ion the long anizatio	an's first, second	l, third, fourth, or	äfth tax year as a	501 (r.)(3.) organ	ization,
	check this box and stop here						<u>▶</u> □
<u>Se</u> 15	ction C. Computation of Pub Public support percentage for 2013			1.3. column /f/)		15	
16	Public support percentage from 201					15	
	ction D. Computation of Inve					16	
17	The estment income percentage for .				nn (f))	17	
18	This estimant income percentage from					18	
	33 1/3% support tests—2013. If the		-		line 15 is more .		line 17 is not
	more than 33 1/75, theck this box a	nt stop here. Th	e organization qu	ialifies as a public	aly supported arg	anization	▶ □
Ь	33 1/3% support tests—2012. If the	arganization did	nat check a box	on Ime 14 ar Ime	19a, and line 15	s inpre Jian 33	1/3%) and the 1.6

is not more than 3.3 17%, check this box and **stop here.** The organization qualifies as a publicly supported organization. **Private Foundation.** If the organization old not check a box on line 14, 19a, or 19b, check this box and see instructions

	formation. Provide the explanations required by Part I line 12. Also complete this part for any additional inform									
Facts And Circumstances Test										
Return Reference	Explanation									
	-	Schedule A (Form 990 or 990-EZ) 2013								

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As Filed Data -

DLN: 93493189010994

2013

GMB No. 1545-0047

Department of the Treasury

memo Herren in Berolde.

Name of the prose zation

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Information about Schedule F (Form 990) and its instructions is at www.ies.gov/form090.

Open to Public Inspection

Employer identification number

Jerus	salem Institute of Justice (no				' '									
					26-3443135									
Рв	"Yes" to Form 990, Pa			he United States. Co	omplete if the organiz	ation answered								
1	For grantmakers. Does the public assistance, the grantee to award the grants or assist	es' eliq bil tv fo	r the grants d	hassistance, and the s	soloction or tena lused									
2	For grantmake rs. Describe in assistance dutside the United		gan zation's p	rocedures for monitor	ng the use of its gran	ts and other								
3	Activities per Region (The following Part 1, line 3 table can be duplicated if additional space is needed)													
	(a) २२५०म	(b) Number of offices in the region	(c) Number of amployees, agents, and respendent, contractors in agent	(d) Activities conducted in region (by type) (e.g., fund a sing, program services, investments, grants to recipients located in the region)	(e) Claculity Isted in (d) is a program of vice, describe specific type of service(s) in region	(f) Total expend tines renand investments in region								
35	Suc-tota													
b	Total from continuation sheets in Part I													
	: Totals rado lines 3a and 3b!	I	I	1	I	I								

Pā				nizations or Entitic sived more than S5,i					' lo Form 99 0,
1	(a) Name of organization	(b) 1RS code section and EIN (f applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(F) Manner of cash discursement	(g) Amount of non-cash assistance	(h) Description of nor-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			.รเล+ีโ	assistance	207,590	(A) Lé			
2				ted above that are r c or counsel has pro				ns	1
3	Enter total nun	nber of other	organizations or en	titles					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

((a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of ron cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, TMV) appraisal, other)
$\overline{}$								

Part IV Foreign Forms

1	was the organization a U.S. transferor or property to a foreign contoration during the tax year? If the juristic organization may be required to file form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (used Instructions for Form 926)	Г	٧e	ś	F	٧o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to tile form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	v _e	s	r	۷a
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yas." the organization may be required to file form 5 (71, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 54/1)	Г	٧e	ė	F	٧o
۷	Was the organization a direct or incident shareholder of a passive foreign, ovestment nomeany or a qualified electing func during the tax year? If "Yes," the organization may be required to tile form \$621, Information Return by a Shareholder of a Pansive Sweige Towertment Company or Qualified Flecting Sued. (see Instructions for Form \$621)	Г	٧ _e	5	r	۷a
,	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yas." the organization may be required to file form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	чe:	ś	r	٧o
G	Did the organization have any operations in or related to any boycotting nountries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	٧ą	5	ᅜ	Чo

Schedule F (Form 990) 2013

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).		
	RetuinReference	Exp enation	

Schedule F (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493189010994

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Experiment of the Treasure. mens Beverue Sevice.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Jenuse em Instituté of Justice tho	
	26-3443135
990 Schedule O. Supplemental Information	

Return Reference	Explanation
Form 990, Part VII Line 2 Description of Business or Lonnity Relationship of Officers, Directors III.	John Wyers is the father of Calevi Wyers
Form 990, Part VI Line 11b Form 990 Review Process	The treasurer reviews the the statements with the president. A complete package of information is given to the CPA to prepare the Form 900. The director assigned to review the tax return works with the CPA during the entire tax return preparation process and dislogues at saues during the tax return preparation process. After the CPA and the assigned director agree that the return is accurate and complete, the final draft of the Lorm 900 is neviewed by the treasurer and president.
Form 990, Part VII Line 12c Explanation of Mentoring and Enforcement of Conflicts	The board discusses conflicts of interest as needed
Form 980, Fart VI Line 19 Other Organization Documents Publisly Available	Available upon request