## Form **990**

OMB No. 1545-0047

Open to Public Inspection

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.
Information about Form 990 and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service For the 2013 calendar year, or tax year beginning , 2013, and ending

В	Check if a	applicable:	С			D	mployer Iden	tification Number
	Addr	ess change	BERKSHIRE COUNTY BOARD	OF REALTORS, I	INC.		04-2255	5710
	Nam	e change	99 WEST STREET #200			E	elephone nun	nber
	Initia	ıl return	PITTSFIELD, MA 01201				(413) 4	42-8049
	Term	ninated						
	Ame	nded return					Gross receipts	
	Appl	ication pending	F Name and address of principal officer:			H(a) Is this a grou		П
			SAME AS C ABOVE		1	H(b) Are all subor If 'No,' attach	dinates include a list. (see in	ed? Yes No
I	Tax-ex	empt status	501(c)(3) X 501(c) (6 ) ◀	(insert no.) 4947(a)(1	) or 527	JUST TOOLING IN COLUMN SOCIETY		TIP 1 (1817 - 19 (1700 ) (1914 ) .
J	Webs	site: ► WW	N.BERKSHIREREALTORS.COM	1	1	H(c) Group exemp	tion number	<b>-</b>
K		f organization:	X Corporation Trust Association	Other▶	L Year of formatio	n: 1941	M State of	legal domicile: MA
Pa	art I	Summar	1					*
	<b>1</b> B	riefly descri	e the organization's mission or mos	st significant activities:	TRADE_ASS	SOCIATION	_SERVI	NG REAL ESTATE
ø	I	LICENSEE	S_IN_BERKSHIRE_COUNTY_					
and	-							
Activities & Governance	1		if the organization disconti				77	
8	2 C	theck this bo	ing members of the governing body	nued its operations or d	iisposea ot moi	re than 25% (	<b>3</b>	ssets.
∘ઇ	4 N		lependent voting members of the go					11
ties	5 T		of individuals employed in calendar					3
ťi	6 T		of volunteers (estimate if necessary					40
Ac			d business revenue from Part VIII, o					0.
	b N	let unrelated	business taxable income from Forn	1 990-T, line 34			7b	0.
	2					Prior	Year	Current Year
ē	2007		and grants (Part VIII, line 1h)					212.251
enr			ce revenue (Part VIII, line 2g)				1,896.	249,354.
Revenue			come (Part VIII, column (A), lines 3 (Part VIII, column (A), lines 5, 6d,				1,770.	1,046.
-	1		<ul> <li>add lines 8 through 11 (must equ</li> </ul>				4,785. 8,451.	6,980. 257,380.
_			milar amounts paid (Part IX, column				00,431.	231,360.
			to or for members (Part IX, column					
	100000000000000000000000000000000000000		r compensation, employee benefits				70,629.	78,667.
es	162 0		undraising fees (Part IX, column (A		0,029.	70,007.		
ens	104							The second second second second
Expenses	b 1		ing expenses (Part IX, column (D),					
	1/ 0		es (Part IX, column (A), lines 11a-1				17,857.	201,306.
			s. Add lines 13-17 (must equal Part				38,486.	279,973.
- 5 6	19 R	evenue less	expenses. Subtract line 18 from lin	e 12			30,035.	-22,593.
seets or	20 ⊺	otal accets	Bart V. Jina 16)			Beginning of		End of Year
Ass	20 T		Part X, line 16)s (Part X, line 26)				12,461. 54,230.	543,830. 279,079.
Net Ass Fund Ba	20 1		ACT IN THE STATE OF THE STATE O					
_		7	fund balances. Subtract line 21 from	n line 20			38,231.	264,751.
	art II	Signatu		8 8 8 8 9	ne ne ne ne		76 27 096	
com	er penaltie plete. Dec	s of perjury, I d laration of prepa	clare that I have examined this return, including er (other than officer) is based on all informatio	accompanying schedules and s n of which preparer has any kn	statements, and to ti owledge.	he best of my kno	wledge and be	lief, it is true, correct, and
-		<b>N</b>	CHENT'S COPY					
Sig	an	Signatu	e of officer			Date		
He	ere	MAR	MCILOUHAM			PRESIDE	NT	
			print name and title.			TRUDIDE	., .	
_		Print/Type	reparer's name Preparer's	signature	Date	Chec	k if	PTIN
Pa	id	RICHA	D A. LOMBARDI	L L. EPA	5/12/14		employed	P00225243
	eparer	14011-1000-100		NY & KEEGAN, CP	A'S			1
Us	e Only	Firm's addr	And the state of t	or		Firm	s EIN ► 04	1-2511474
			PITTSFIELD, MA 0120	01-4718			101 5030	3) 499-3733
Ma	v the IR	S discuss th	s return with the preparer shown at				, , , ,	X Yes No

	990 (2013) BERKSHIRE COUNTY BOARD OF REALTORS, INC.	04-2255710	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TRADE ASSOCIATION SERVING REAL ESTATE LICENSEES IN BERKSHIRE COUNTY	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the price		
	Form 990 or 990-EZ?	Yes	X No
_	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set If 'Yes,' describe these changes on Schedule O.	rvices? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	ices, as measured by e f grants and allocations to	xpenses.
4 a	(Code: ) (Expenses \$ including grants of \$ ) (Fig. 1)	Revenue \$	)
	ASSOCIATION MEMBERSHIP EXPENSES RELATED TO THE REMITTANCE OF DUES	S TO NATIONAL A	ND
	LOCAL ASSOCIATIONS, MAILINGS TO MEMBERS AND MEMBERSHIP MEETING.		
4 h	(Code: ) (Expenses \$ including grants of \$ ) (F	Revenue Š	·
7.	/ (CApolloso 4		
	<b>~ • • • • • • • • • • • • • • • • • • •</b>		
		<del></del>	
4 0	: (Code: ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
		10101100 1	
4 0	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
Λı	e Total program service expenses ►		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
I	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		<u>X</u>
(	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	Find the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's fiability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	:	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013)

Part IV Checklist of Required Schedules (continued) Yes No 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ Schedule J....... 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a. Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I...... 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV...... X 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M........... 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N. Part II . . . . . . . . . 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1..... Χ 34 X 35a 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ...... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... 36 Did 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X

BAA

## Part V Statements Regarding Other IRS Filings and Tax Compliance

<u>a-turidî</u>	Check if Schedule O contains a response or note to any line in this Part V		,		
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments to vendors and rules for reportable payments to vendors and rules (gambling) winnings to prize winners?	eportable gaming	1 c		Х
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	3		
b	f at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2 b	Х	**
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)		2.5	
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the yea	ır?	3 a	III. SOLVE PRODUITION	X
Ŀ	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	,,,,,,,,,	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a inancial account)?	4 a		Х
Ł	If 'Yes,' enter the name of the foreign country: *				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	1		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt				Х
C	of Yes, to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		х
ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			en ser	
â	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a	artly for goods and	7 a		
Ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7 f		
ç	g If the organization received a contribution of qualified intellectual property, did the organization file l as required?	Form 8899	. 7g		
ł	1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.				
á	a Did the organization make any taxable distributions under section 4966?	,	. 9a		
i	b Did the organization make a distribution to a donor, donor advisor, or related person?		. 9 b		
10	Section 501(c)(7) organizations. Enter:				
á	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
i	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:			1000	
-	a Gross income from members or shareholders	11 a			
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		1.76	(2) (B)
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	of Form 1041?	. 12 a		
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		818		
ŧ	a Is the organization licensed to issue qualified health plans in more than one state?		13 a		o macada dala
	Note. See the instructions for additional information the organization must report on Schedu	le O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			100
	c Enter the amount of reserves on hand	13c			
	<b>a</b> Did the organization receive any payments for indoor tanning services during the tax year?			<b></b>	X
-	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	. 14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If 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 O. 11 11 **b** Enter the number of voting members included in line 1a, above, who are independent..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents Χ since the prior Form 990 was filed?..... 5 X Did the organization have members or stockholders?....SEE SCHEDULE O ...... Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or other persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Яa a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O...... Х 12 c X 13 13 Did the organization have a written whistleblower policy?..... X 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE.O..... 15 a X 15 b b Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a X taxable entity during the year?..... b If 'Yes.' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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Form 990 (2013) BERKSHIRE COUNTY BOARD OF REALTORS, INC.

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Positione bo	on (do ox, un	not c	heck	mora H	. 1		/=×	<b>/</b> E\	
	any hours		er an	d a di				(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) MARK MCILQUHAM	1										
PRESIDENT ELECT	0	X		Χ				0.	0.	0.	
(2) CHRISTY MARTINO	0										
DIRECTOR	0	X						0.	0.	0.	
(3) ANDREW MYERS	0								_	•	
DIRECTOR	0	X						0.	0.	0.	
(4) CRAIG KAHN	0							_	_	•	
DIRECTOR	0	X						0.	0.	0.	
(5) DEANE CHRISTOPOLIS	1	ļ								0	
TREAS & SEC	0	X		Х			_	0.	0.	0.	
<u>(6) SUZANNE CRERAR</u>		ļ						_		0	
VICE PRESIDENT	0	X	-	Х				0.	0.	0.	
_(7)_MAUREEN_MCFARLAND		ł "						_	0.	0.	
DIRECTOR	0	X					┢	0.	υ.	0.	
(8) DAVID WALKER PRICE		ł "				1	ŀ	0.	0.1	0.	
DIRECTOR	0	X	$\vdash$		-		├	0.	<u> </u>	<u> </u>	
(9) GARY OSTRANDER		X				}	İ	0.	0.	0.	
DIRECTOR	4	+^	$\vdash$				$\vdash$	<u> </u>	0,1		
(10) BARBARA OSBORNE PRESIDENT		X		Х	1			0.	0.	0.	
(11) LAWRENCE CHAPIN FISH	1	<u>^</u>	+	1	-				· · ·		
PAST PRESIDENT		† x		X				0.	0.	0.	
(12) SANDRA CARROLL	18	<del> </del>	+	1	├		t				
CEO	-   - = = -	1			x		l	37,763.	46,154.	15,346.	
(13)		+							, , , , , , , , , , , , , , , , , , , ,		
(14)			+								

Part VII   Section A. Officers, Directors, Trus	1	<u>ney</u>	<u>Em</u>	***************************************	_	es, a	ına	i Hignest Con	pensated Empl	oyees (continuea)
	(B)			Pos	•			<b>(D)</b>	(E)	<b>(E)</b>
(A) Name and title	Average hours	(do box,	not ch unles	neck ss pe	more erson	than o is both or/truste	an an	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	per week (list any							compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	hours for related organiza	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	me	(11-2) 1035 (11/00)	((, 2,1022,1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related
	organiza - tions	व व	93		ploy	e com	Ì			organizations
	below dotted	ustee	truste		ě	oensa				
	line)	"	8			ited				
(15)										
(16)										
		<u> </u>								-1
(17)	<del> </del>							-		
(18)	1	-						***************************************		
(19)										
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	1									
(21)	<del> </del>									
(22)										
(23)								***************************************		
(24)		+			<del> </del>					- www.
(25)	<del> </del>	·								
1 b Sub-total							<b>-</b>	37,763.	46,154.	15,346.
c Total from continuation sheets to Part VII, Section							<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)	to those	licted	aho.	٠٠٠	who		<b>▶</b>	37,763.	46,154.	15,346.
2 Total number of individuals (including but not limited from the organization ▶ 0	io inose	nsieu	abo	vej	WHO	Tecer	veu	more than proofo	oo of reportable comp	, or i data i i
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or tri	ustee	, key	y er	nplo	yee,	or l	nighest compensa	ited employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$	150,0	)00?	If '	Yes	com,	ple	te Schedule J for	110111	. 4 X
5 Did any parson listed on line 1a receive or accrus	compe	nsati	on fr	'nm	any	, unre	late	ed organization o	rindividual	
for services rendered to the organization? If 'Yes  Section B. Independent Contractors	, compi	ete S	cnec	JUIE	9 3 1	or suc	zn j	person		··  3 1   A
Complete this table for your five highest compens compensation from the organization. Report compens	sated in	deper	nden	it co	ontra	actors	tha	at received more	than \$100,000 of	r_
(A)  Name and business addr		THE V	Jaron	IGGI	,,,,	, origin	9	(E	3)	(C)
Name and business addr	ess							Description	of services	Compensation
			··········							
	المعالمين	nita -	to th	000	ادمال	بط مامہ	,,,,,,	who received man	e than	
Total number of independent contractors (including by \$100,000 of compensation from the organization)		ппеа	io (I)	სამ	: 1150	su abC	.ve)	WIND TECESVED THOS	C dian	
φ, σσ, σσο στ σοπιροποατίστι ποιπ αιο σι gariazation	Ų									Corm 000 (2012

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ..... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business function under sections revenue 512-514 revenue 1 a Federated campaigns...... 1a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 b **b** Membership dues..... 1 c c Fundraising events..... d Related organizations..... 1 d 1 e e Government grants (contributions) . . . . f All other contributions, gifts, grants, and similar amounts not included above... 1 f q Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f...... PROGRAM SERVICE REVENUE **Business Code** 236,237 236,237 900099 2a MEMBERSHIP DUES & ASSESSMENTS b EDUCATION INCOME 900099 13,117 13,117 f All other program service revenue ... g Total. Add lines 2a-2f..... 249,354 Investment income (including dividends, interest and 1,046 other similar amounts)..... 1,046 Income from investment of tax-exempt bond proceeds. Royalties..... (i) Real (ii) Personal 6 a Gross rents...... b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss)..... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory... **b** Less: cost or other basis and sales expenses . . . . . c Gain or (loss)..... d Net gain or (loss)..... 8 a Gross income from fundraising events *JTHER REVENUE* (not including . \$\_ of contributions reported on line 1c). See Part IV, line 18..... a **b** Less: direct expenses...... **b** c Net income or (loss) from fundraising events...... 9 a Gross income from gaming activities. See Part IV, line 19...... a b Less: direct expenses..... b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances...... a **b** Less: cost of goods sold . . . . . . b c Net income or (loss) from sales of inventory...... Miscellaneous Revenue **Business Code** 11a SPONSORSHIPS 5,200 5,200 900099 1,780 900099 1,780 b MISCELLANEOUS \_\_\_\_ d All other revenue..... 6,980

1.046

0

12 Total revenue. See instructions.....

257,380

256,334

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (D) (A) Total expenses (B) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members..... Compensation of current officers, directors, 37,763 trustees, and key employees..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 28,190 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 1,107 Other employee benefits..... 6,255 5,352 10 Payroll taxes..... 11 Fees for services (non-employees): a Management..... 2,735 c Accounting...... d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees...... g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)..... 12 3,869 13 Office expenses..... Information technology..... 14 15 Royalties.... 12,805 Occupancy........ 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 9,529 377 20 Interest..... Payments to affiliates..... 1,631 22 Depreciation, depletion, and amortization . . . 828 Insurance..... Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e 138,096 a DUES 17,147b EDUCATION\_EXPENSE c CREDIT CARD EXPENSE 4.137 1,966 d TELEPHONE 8,186. e All other expenses..... 279,973. 25 Total functional expenses. Add lines 1 through 24e . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

Part X

BAA

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year 194,613. 179,667 1 Cash — non-interest-bearing..... 2 234,974. 255,561 2 Savings and temporary cash investments ..... 3 Pledges and grants receivable, net ..... 3 76,675 4 87,490. Accounts receivable, net...... Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L.... Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . 6 7 320. 624 Notes and loans receivable, net ..... 8 Inventories for sale or use..... 8 9 830. 9 Prepaid expenses and deferred charges..... 2,581 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 30,309 10 c 10 b 5,760 4,129. b Less: accumulated depreciation ..... 26,180 Investments – publicly traded securities..... 11 12 Investments – other securities. See Part IV, line 11..... Investments - program-related. See Part IV, line 11..... 13 13 Intangible assets ..... 14 15 21,474 21,593 Other assets. See Part IV, line 11..... 15 543,830 542,461 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 17 1,250 1,612 Accounts payable and accrued expenses..... 17 18 Grants payable..... 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 277,829. 252,618 26 279,079 254,230. Total liabilities. Add lines 17 through 25..... 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 27 264,751. 288,231 Unrestricted net assets..... 28 Temporarily restricted net assets ..... 28 29 29 Permanently restricted net assets..... Q R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32 32 33 288,231 264,751 Total net assets or fund balances..... 33 542,461 34 543,830 34 Total liabilities and net assets/fund balances ..... Form 990 (2013)

	255710	Page <b>12</b>
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
1 Total revenue (must equal Part Vill, column (A), line 12)	1 2	257,380.
2 Total expenses (must equal that my solution by most expenses that my solution by m	2 2	279,973.
3 Neverse 1933 expenses, oubtract fine 2 state into 111111111111111111111111111111111111	3 –	-22,593.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	288,231.
5 Net unrealized gains (losses) on investments	5	-887.
	6	
7 Investment expenses	7	
	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
column (B))	10 2	<u> 264,751.</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	al X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a	
Separate basis Consolidated basis Both consolidated and separate basis	,	in the second se
b Were the organization's financial statements audited by an independent accountant?	2t	) X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	c .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 8	a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	31	b

BAA

Form **990** (2013)

TEEA0112L 07/08/13