SCANNED JUN 1 7 2014

Form **990-EZ** 

# **Short Form Return of Organization Exempt From Income Tax**

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

2013

OMB No. 1545-1150

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

8 Other revenue (describe in Schedule O)	A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20					<del></del>		
Number and attent (or P.C. box, if mail is not delivered to street address)   Room/aute   E Telephone number	В	heck if ap	f applicable C Name of organization D Em			Employer identification number		
Number and street (or P.C. box, if mails in on delivered to street address)   Room/surte   E Telephone number		Address cl	change Serve All, Help All, Inc.				4-3824631	
Terminated	Name change			Number and street (or P.O. box, if mail is not delivered to street address)  Room/surte	E Telep	hone n	ımber	
City or town, state or province, country, and ZIP or foreign postal code Americate manage Certritos CA 99703    Application premium	=			11418 Bertha Street		62	6-616-6038	
Replease prevenes   Cerritos CA 90032   Number   Number   Name	Ħ		-		F Grou	p Exe	mption	
G Accounting Method:	=		1	i l		Manual Committee		
Website:   Face   Transport					heck I	N N		
Tax-exempt status (check only one)			-					
Revenue   Componition   Comp					•			
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (if) below) are \$500,000 or more, lie Form 990-EZ   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I   0   0   0   0   0   0   0   0   0								
Part II   column (6) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ					assets			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaining and fundraising events 6 Garning and fundraising events 6 Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from fundraising events genoried on line 1 (lattach Schedule G if the sum of such gross income from fundraising events genoried on line 1 (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross income from fundraising events (lattach Schedule G if the sum of such gross from fundraising events (lattach Schedule G if the sum of such gross from fundraising events (lattach Schedule G if the sum of such gross from fundraising events (lattach Schedule G if the sum of such gross from gross in growing fundraising events (lattach Schedule G if the sum of such growing events (lattach Schedule G if the sum of such growing events (lattach Schedule G if the sum of such growing events (lattach Schedule G if the sum of such growing events (lattach Schedule G if the sum of such growing events (lattach Schedule G if the sum of such growing events (lat						▶ €	^	
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	_	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	<u>. ▶</u>	21_	00	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

_	t II Balance Sheets (see the instruction			C			
	Check if the organization used Sched	ule O to respond to a	ny question in this	(A) Beginning of		· · ·	B) End of year
			}	(A) Beginning of			<del>``</del>
22	Cash, savings, and investments		}		0	_	0
23	Land and buildings				0		0
24	Other assets (describe in Schedule O)					24 25	0
25	Total assets					26 26	0
26 27	Net assets or fund balances (line 27 of colu					20 27	0
Par				Dort III\	0	21	0
Pal	Check if the organization used Sched	-		•			Expenses
Who	t is the organization's primary exempt purpose				<u>. L</u>		ured for section (3) and 501(c)(4)
		<del></del>	<del></del>				izations and section
as m	ribe the organization's program service accorneasured by expenses. In a clear and concisons benefited, and other relevant information for	e manner, describe th	e services provide	d, the number	ces, er of	4947	(a)(1) trusts; optional hers.)
28	Organization is waiting for reinstatement of exer	nption.					· · · · · · · · · · · · · · · · · · ·
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		unt includes foreign gr	ants, check here .	<u> ▶</u>		28a	
29	Organization is waiting for reinstatement of exer	nption.			}		Į
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		unt includes foreign gr				29a	
30	Organization has to begin the operations.						İ
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	(O						
0.4		unt includes foreign gr				30a	
31	Other program services (describe in Schedule	())					t
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	(Grants \$ ) If this amo	unt includes foreign gr	ants, check here .	>		31a	
32	(Grants \$ ) If this amo	unt includes foreign gr 8a through 31a)	ants, check here .	· · · •	▶	32	tions for Dort IVA
32	(Grants \$ ) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and	ount includes foreign gr 28a through 31a) <b>Key Employees</b> (list eac	ants, check here		□ ► the in	32 istruc	
32	(Grants \$ ) If this amo	unt includes foreign gr 8a through 31a) Key Employees (list each	ants, check here  th one even if not cor  try question in this	npensated-se	e the in	32 istruc	
32	(Grants \$ ) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and	ount includes foreign gr 28a through 31a) <b>Key Employees</b> (list eac	ants, check here	npensated—se Part IV (d) Health b contributions to benefit plan	e the in	32 istruc	
32 Par	(Grants \$ ) If this amo Total program service expenses (add lines 2  I IV List of Officers, Directors, Trustees, and Check if the organization used Scheo	wint includes foreign gr 28a through 31a)	check here ch one even if not core compensation (Forms W-2/1099-MIS)	npensated—se Part IV (d) Health b contributions to benefit plan	e the in	32 istruc	Estimated amount of
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32 Par	(Grants \$ ) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo  (a) Name and title  Indar A. Amin, president  Interval Patel, Vice President	Runt includes foreign gr Ra through 31a)	ants, check here  th one even if not coruny question in this  (c) Reportable compensation (Forms W-2/1099-MIS) (if not paid, enter -0-	npensated—se Part IV (d) Health becontributions to benefit plan deferred comp	e the in	32 sstruction (e) 0	Estimated amount of ther compensation
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32 Par	(Grants \$ ) If this amo Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo  (a) Name and title  Indar A. Amin, president  Interval Patel, Vice President	Runt includes foreign gr Ra through 31a)	ants, check here  th one even if not coruny question in this  (c) Reportable compensation (Forms W-2/1099-MIS) (if not paid, enter -0-	npensated—se Part IV (d) Health becontributions to benefit plan deferred comp	e the in	32 sstruction (e) 0	Estimated amount of ther compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-		\ <u>\</u>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			1
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		٠.	
<b>L</b>		38a	<u> </u>	<b>1</b>
39 b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b></b>		3
a	Initiation fees and capital contributions included on line 9		-	. 5
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		] :	, , , , , , , , , , , , , , , , , , ,
	section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0	1	-	34
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	· ~ .~ .		C
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b	<del>,</del>	1
ŭ	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<b> </b>	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	·   · . ,	*	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ California			
42a		626-61		8
ь	Located at ► 11418 Bertha Strete Cerritos CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	90	703	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ▶	720	-	V
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Ĭ
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🛘
	and enter the amount of tax-exempt interest received or accrued during the tax year		,	
44a	Did the organization mointain any depart addited funds during the second is the second in the second		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	- <u>2</u>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		<del> </del>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1	1	77
	Form 990-EZ (see instructions)	45b		1

Form 99	0-EZ (2	013)							Page 4
	<u>`</u>							Yes	No
46	Did t	ne organization engage, directly or in	directly, in political c	ampaign activities on	behalf of or	in oppositi	on 「		1
40	to ca	ndidates for public office? If "Yes," c	omplete Schedule C.	Part I			46	; -	
Dort		Section 501(c)(3) organizations							<u> </u>
Part	VI	All section 501(c)(3) organizations	o must spewer aus	ctions 47-49h and 5	so and cor	nnlete the	tahlas	for lir	100
		• • • •	s must answer que	Stions 47-430 and c	iz, and coi	inplete tile	lables	IOI III	162
		50 and 51.							_
		Check if the organization used Sch	nedule O to respond	to any question in the	nis Part VI			<u> </u>	<u>. U</u>
								Yes	No
47	Did 1	the organization engage in lobbying	activities or have a	section 501(h) election	n in effect d	lurina the t	ax 🗀	$\neg$	1
••		? If "Yes," complete Schedule C, Part					. 4	,	1
	•	•		•			<u> </u>		+*/
48		e organization a school as described in		•					1 1
49a		he organization make any transfers to			ation?		. 49	a	1
b	If "Y	es," was the related organization a se	ection 527 organization	on?			49	ь	ĺ
50	Com	plete this table for the organization's	s five highest comper	sated employees (oth	er than offic	ers, direct	ors, trus	tees a	nd kev
		loyees) who each received more than							
	ОПР	loyobo, who back received more than		T	(d) Health				<u> </u>
		NAI	(b) Average	(c) Reportable	contributions		(e) Estim	ated am	ount of
	(a	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred		ompens	
			devoted to position	(1 011110 11 12 1000 111100)	compen	sation			
No Co	ompen	sation to any body.							
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51	\$100	polete this table for the organization 0,000 of compensation from the organization of compensation from the organization of cost independent of co	anization. If there is no	one, enter "None."					e thar
	(8	) Name and business address of each independ	dent contractor	(b) Type of servi	ice	(c)	Compens	ation	
No Co	mpen	sation to any vendor or independnet co	intractor.	<del> </del>					
199.93	po	satisfication of interpretation of		•	Ì				
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			<del></del>						
a	lota	I number of other independent contra	actors each recen						
52	Did	the organization complete Schedule	A? Note. All secti						
	none	exempt charitable trusts must attach	a completed Sch						
Under	penaltie	s of perjury, I declare that I have examined this	return, including accor						
true, co	orrect, a	and complete. Declaration of preparer (ot) fer that	n officer) is based on a						
			·						
Qi~~	, 1	Signal his Im	11						
Sign	J	Signature of officer	1						
Here	•	Purandar A. Amin							
	}	Type or print name and title							
Doin	 4	Print/Type preparer's name	Preparer's signatur						
Paid									
	parer		<del></del>						
Use	Only								
	· · · · ·	Firm's address ▶							
May 1	tne IRS	S discuss this return with the prepare	r shown above?						

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** 04-3824631 Serve Ali, Help All, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (īv) Is the organization (ii) EIN (iii) Type of organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of monetary in col. (i) listed in your organization (described on lines 1-9 the organization in col. (i) of your anization in col. support above or IRC section governing document? (i) organized in the support? U.S.? (see instructions)) Yes No Yes No Yes Nο (A) (B) (C) (D) (E) Total

	e A (Form 990 or 990-EZ) 2013  Support Schedule for Organiza	tions Descr	ihad in Sact	ione 170(b)(1	MAN(iv) and 1	70(b)(1)(A)(vi)	Page 2
Part	(Complete only if you checked th						
	Part III. If the organization fails to						,
Section	on A. Public Support	<u> </u>					
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			<u> </u>		L	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	-			1		
	on B. Total Support	\ <u></u>	•	·1	<u> </u>	<u> </u>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			\			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	,					
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	-		·	•		, , , ,
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · 🕨 🗸
	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·		<del></del>	
14 15 16a	Public support percentage for 2013 (line of Public support percentage from 2012 Sci 331/3% support test—2013. If the organization quality and stop here. The organization quality support test—2014 (line of Public Support Public Supp	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹		
b	331/3% support test—2012. If the organicheck this box and stop here. The organicheck this box and stop here.	nization did n	ot check a bo	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circ	and-circumsta	ances" test, cho st. The organiz	eck this box ar	nd <b>stop here.</b> E	line 14 is Explain in
b	10%-facts-and-circumstances test — 20	012. If the ora	anization did r	not check a box	c on line 13, 16	Sa 16b or 17a.	

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				l		
	received. (Do not include any "unusual grants.")		1	1	}	<b>}</b>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		}	}		\	
	organization's tax-exempt purpose					[	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid			}		]	
	to or expended on its behalf			1	)	1 1	
5	The value of services or facilities						
	furnished by a governmental unit to the		1	]		}	
	organization without charge					11	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			ţ		1 1	
	received from disqualified persons .		<u> </u>		<u>                                     </u>	<u> </u>	
b	Amounts included on lines 2 and 3		1	1	Į.	1	_
	received from other than disqualified	}	]	1		<u> </u>	
	persons that exceed the greater of \$5,000	ļ		Ţ			
	or 1% of the amount on line 13 for the year		<del> </del>	ļ	<b> </b>	<b></b>	
C	Add lines 7a and 7b		Carrier Tag 1 to 17.7	-35 Tark 1 Tark 1	1 3 · 1 3 · 1 · 1 · 1 · 2 · 2 · 3 · 3 · 3 · 3 · 3 · 3 · 3 · 3	8	
8	Public support (Subtract line 7c from				を対するできる。 を表現している。 を表現している。		
01	line 6.)	100 660 L	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	्राकृष्ट अधिकास	12 3 4 2 A	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	on B. Total Support	(-) 0000	4.3.0040	(-) 0044	( B 0040	1 (1) 0040	
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_		ļ	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	
10a	Gross income from interest, dividends, payments received on securities loans, rents,	}	}	}		1	
	royalties and income from similar sources .	[	1	1.			
b	Unrelated business taxable income (less	<u> </u>	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975		1	1	İ	i	
c	Add lines 10a and 10b						
11	Net income from unrelated business					† <del></del>	
• •	activities not included in line 10b, whether	i					
	or not the business is regularly carried on			]	1	]	
12	Other income. Do not include gain or						·····
	loss from the sale of capital assets	1	1		1		
	(Explain in Part IV.)		1		1	<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourt	h, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·			· · <b>&gt;</b> 🖸
	on C. Computation of Public Suppo			<del> </del>		<del></del>	
15	Public support percentage for 2013 (line						<u>%</u>
16	Public support percentage from 2012 Sc			<del></del>	· · · · ·	.   16	%
	on D. Computation of Investment In				(6)	1.0-1	
17 10	Investment income percentage for 2013						<u>%</u>
18	Investment income percentage from 201		-			. 18	% and line
19a	331/3% support tests—2013. If the organ 17 is not more than 331/3%, check this box						' <del>-</del>
L							
Ь	line 18 is not more than 331/2%, check this						
-	Private foundation. If the organization d						
20							

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