Department of the Treasury

Internal Revenue 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 public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

DLN: 93493315029074

2013

Open to Public Inspection

A F	or the 2	2013 calendar year, or tax year beginning 01-01-2013 🥏 , 2013, and ending 12-31	L-2013		
	heck if ap	THE FORWARD ASSOCIATION INC			dentification number
	ame char	Doing Business As		13-0623	590
	nitial retur erminated	number and street (of PO box if mail is not delivered to street address) Room/suit	te	E Telephone r	number
				(212)889	9-8200
_	mended r	NEW YORK, NY 10038			
J A	pplication			G Gross receip	ots \$ 32,906,659
		F Name and address of principal officer SAMUEL NORICH	H(a) Is this	s a group reti dinates?	urn for ┌ Yes 🗸 No
		125 MAIDEN LANE	Subon	umates?	j resje no
		NEW YORK, NY 10038	H(b) Are al		es
	ay-eyem	pt status	includ		st (see instructions)
J V	Vebsite	:► WWW FORWARD COM	H(c) Group	exemption	number 🟲
K Fo	rm of org	anization	L Year of for	mation 1901	M State of legal domicile NY
P	art I	Summary			
Governance	P	O PROMOTE AND STRENGTHEN JEWISH PEOPLEHOOD, YIDDISH CULTUR PURSUES THESE GOALS THROUGH ITS PUBLICATIONS AND PHILANTHRO COLLABORATIVE EFFORTS WITH OTHER LIKEMINDED ORGANIZATIONS			
Ē	-				
9	2 0	Check this box $lacktriangle$ if the organization discontinued its operations or disposed o	f more than 2!	5% of its net	assets
				1	1
Activities &		Number of voting members of the governing body (Part VI, line 1a)		—	
Ĕ		Number of independent voting members of the governing body (Part VI, line 1b)		├	
্ব		otal number of individuals employed in calendar year 2013 (Part V, line 2a).		5	
		otal number of volunteers (estimate in necessary)		. 7	
	1	Net unrelated business taxable income from Form 990-T, line 34		. 7	
	-			Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		637,838	
를	9	Program service revenue (Part VIII, line 2g)		1,660,888	
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,076,929	3,305,454
ά	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		110,018	120,049
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,485,673	6,050,668
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		16,770	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		, 0	
83	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,497,777	4,696,264
家家	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) 389,252			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,987,088	3,999,306
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,501,635	8,700,070
	19	Revenue less expenses Subtract line 18 from line 12		-4,015,962	-2,649,402
Net Assets or Fend Balances				of Current ear	End of Year
988 888	20	Total assets (Part X, line 16)		58,671,503	56,475,980
절절	21	Total liabilities (Part X, line 26)		1,793,606	1,691,069
źZ	22	Net assets or fund balances Subtract line 21 from line 20		56,877,897	54,784,911

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete $\,$ Declaration of prepare preparer has any knowledge

	**	****	
Sign	Sig	nature of officer	
Here	SA SA	MUEL NORICH PRESIDENT/PUBLISHER	
	Ту	pe or print name and title	
Paid		Print/Type preparer's name ISRAEL TANNENBAUM	Preparer's signature
Palu Prepare	r	Firm's name LOEB & TROPER LLP	
Use On		Firm's address ► 655 THIRD AVENUE 12TH	H FLOOR

NEW YORK, NY 10017 May the IRS discuss this return with the preparer shown above? (see instruction

Form	1 990 (2013)				Page 2
Par	t IIII Statement of Program Se Check if Schedule O contains a re				.
1	Briefly describe the organization's miss	ion			
MED ART: EXPI	FORWARDS MISSION IS TO STRENGTI PIA, AND IN PUBLIC EVENTS IT CARRII S, IN ENGLISH AND YIDDISH, THAT ME RESSION IT FURTHERS THIS MISSION TORY, RANGE AND VARIETY OF THE AI	ES OUT THIS MISSSION BY EET THE HIGHEST STANDA I THROUGH PARTNERSHIP:	PUBLISHING COMMENTA RDS OF PUBLIC SERVICE S AND COLLABORATIONS	ARY ON CURREN IN JOURNALISM	T ISSUES AND THE 1 AND CULTURAL
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?		ng the year which were not l	ısted on	┌ Yes ┌ No
	If "Yes," describe these new services or	n Schedule O			
3	Did the organization cease conducting, of services?		n how it conducts, any prog · · · · · · ·	ram • • • •	┌ Yes ┌ No
4	Describe the organization's program ser expenses Section 501(c)(3) and 501(c the total expenses, and revenue, if any,)(4) organizations are require	d to report the amount of g		
4a	(Code) (Expenses \$	5,534,558 including gra	ints of \$ 4,500)	(Revenue \$	805,569)
	ENGLISH MEDIA DIVISION THE LARGEST PROG UPDATED CONTINUALLY ONLINE IT REACHES N FORWARD COM THE QUALITY OF ITS JOURNAL WEBSITE	EARLY 30,000 SUBSCRIBERS BY PO	STAL MAIL AND 500,000 READERS	S MONTHĹY VIA THE I	NTERNET AT
4b	(Code) (Expenses \$	1,104,994 including gra	ints of \$	(Revenue \$	45,669)
טד	YIDDISH MEDIA DIVISION THE SECOND MAJOR IN PRINT AND UPDATED REGULARLY ONLINE IT SERVICE TO ITS READERS WITH ITS COVERAGE WEBSITE INCLUDES DAILY RADIO REPORTS FROM THE PRINTED NEWSPAPER AND THOUSANDS MO	PROGRAM OF THE FORWARD ASSO TIS ONE OF THE FEW REMAINING F OF YIDDISH CULTURE AS WELL AS OM CITIES AROUND THE WORLD AN	OCIATION IS ITS YIDDISH NEWSPA ERIODICALS IN YIDDISH IN THE N NEWS FROM ISRAEL, THE UNITE D DOZENS OF VIDEO FEATURES	APER FORVERTS, NOV WORLD AND PROVIDE D STATES, AND AROU	V PUBLISHED BI-WEEKLY S AN INDISPENSIBLE ND THE WORLD THE
4 c	(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4d	Other program services (Describe in S	chedule O)			
TU		ncluding grants of \$) (Revenue \$)
4e	Total program service expenses ►	6,639,552			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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	11b	Yes	
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	11c		Νo
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X $f a$	11e	Yes	
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 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	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	22		No
23	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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	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	24a		No
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		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
26	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	26		No
27	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	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		No
37	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CA See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	, , , , , , , , , , , , , , , , , , ,	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	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 benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
C	Enter the amount of reserves on hand	ļ	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	Ţ	

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 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														.[\tau
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a busi other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com-			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was • • • •	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	ganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		nembers, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	dertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedule Company of the second section of the second			9		No
Se	ection B. Policies (This Section B requests information about policies not re	requi	red by the Internal R	eveni	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?			10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the acti	n's e	xempt purposes?		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its	on's e s gove	xempt purposes? erning body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gov . • orm 9	xempt purposes? erning body before filing	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gove orm 9	xempt purposes? erning body before filing	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gove orm 9 • y inte	erning body before filing 90 rests that could give	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the second consistent of the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization	on's e s gove orm 9 • y inte	erning body before filing 90 rests that could give	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the schedule O how this was done	on's e s gove orm 9 • y inte	erning body before filing 90 rests that could give	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the schedule O how this was done. Did the organization have a written whistleblower policy?	on's e s gove orm 9 y inte the pe	erning body before filing 90 rests that could give filicy? If "Yes," describe dapproval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activa ffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revise.	on's e s gove orm 9 y inte the pe the pe ewan	erning body before filing 90 rests that could give olicy? If "Yes," describe d approval by peration and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activa filiates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the	on's e s gove orm 9 y inte the pe the pe ew an	erning body before filing 90 rests that could give olicy? If "Yes," describe d approval by peration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activa ffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's e s gove orm 9 y inte the pe the pe ew an	erning body before filing 90 rests that could give olicy? If "Yes," describe d approval by peration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activa ffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization.	on's e s gove orm 9 y inte the pe ew an e delil	erning body before filing 90 rests that could give olicy? If "Yes," describe dapproval by peration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a reviet independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take	on's e s govo orm 9 y inte the po ewan e delil	erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revie independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	on's e s govo orm 9 y inte the po ewan e delil	erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the actraffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a reviet independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take	on's e s gove orm 9 y inte the po ew an e delil	erning body before filing 90 rests that could give olicy? If "Yes," describe dapproval by peration and decision? lar arrangement with a to evaluate its s to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request 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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CRAIG ROSENBERG 125 MAIDEN LANE NEW YORK, NY 10038 (212)889-8200

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 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		I								
(A) Name and Title	(B) A verage	Pns	ition	(C)		chec	k	(D) Reportable	(E) Reportable	(F) Estimated
Hame and Title	hours per	more						compensation	compensation	amount of
	week (list					offic		from the	from related	other .
	any hours for related		a dır			ustee		organization (W- 2/1099-	organizations (W- 2/1099-	compensation from the
	organizations	실표	=	Officei	<u></u>		Former	MISC)	MISC)	organization
	below		statu	<u>R</u>	₽.		킇			and related
	dotted line)	용된	ti o		팋	80	-			organizations
		₹	<u> </u>		Key employee	≝				
		Individual trustee or director	Institutional Trustee		Φ.	Highest compensated employee				
		"	රීම			Į Š				
						ž				
(1) JACOB MOROWITZ	10 00	l x		x				0	0	0
CHAIR OF THE BOARD								_		
(2) BARNEY ZUMOFF MD	5 00	×		x				0	0	0
VICE CHAIR (THROUGH 11/13)		<u> </u>						Ĭ		
(3) MARK MLOTEK	5 00	x		x				0	0	0
VICE CHAIR OF THE BOARD		<u> </u>		_^					0	
(4) TOM FREUDENHEIM	5 00	x		х				0	0	0
SECRETARY		_ ^		^				Ů	0	
(5) RUTH E HOROWITZ	5 00	x		х				0	0	0
TREASURER (THROUGH 11/13)		^		^				١	U	0
(6) ALAN SILBERSTEIN	5 00	х		Х				0	0	0
TREASURER		_ ^						U	U	0
(7) ARY FREILICH	5 00	.,								
AUDIT CHAIR		X						0	0	0
(8) HARVEY SIGELBAUM	5 00	,								
BUDGET CHAIR		X						0	0	0
(9) MATTHEW D GELFAND	5 00	,								
COMPENSATION CHAIR		X						0	0	0
(10) JIM HOFHEIMER	5 00	.,								
DEVELOPMENT CHAIR		X						0	0	0
(11) ALEXIS GELBER	5 00	,								
MEDIA CHAIR		X						0	0	0
(12) JON LUKOMNIK	5 00	l								
INVESTMENT CHAIR		X						0	0	0
(13) GILDA BRUCKMAN	5 00									
NOMINATING & MEMBERSHIP CHAIR(11/13)		X						0	0	0
(14) DEBORAH ZISKIN	5 00									
NOMINATING & MEMBERSHIP CHAIR		X		Х				0	0	0
(15) JUDY MISZNER	5 00									
STRATEGIC PLANNING CHAIR		X						0	0	0
(16) SAMUEL NORICH	60 00									
PRESIDENT/CEO & PUBLISHER				Х				243,596	0	19,339
(17) JANE EISNER	60 00									
EDITOR					Х			197,589	0	15,490
										Form 990 (2013)
										(2013)

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

									1				
	(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per more than one box, unless week (list any hours and a director/trustee) Position (do not check Reportable compensation person is both an officer and a director/trustee) Reportable compensation from the from related organization organizations							compensation from related organizations	amou comp fro	ensa om the	ther tion
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and	inizati relat nizati	ed
(18)	BARRY SURMAN	50 00					 		152 742				20 524
ASSO	CIATE PUBLISHER						Х		152,743		0	•	20,531
(19)	BORIS SANDLER	50 00					x		138,358		0		3,481
EDIT	DR .								150,530		٩		3,401
(20)	KIM AMZALLAG	40 00					×		125,968				20,609
ADVE	RTISING DIRECTOR								123,300		<u> </u>		
(21)	VIRGINIA LARSON	40 00					l x		112,915		0		16,767
	ROLLER						<u> </u>		112,513		1		
(22)	ROBERT STEVEN GOLDFARB	40 00					x		105,804		0		7,095
MARK	ETING DIRECTOR												
						1					+		
											1		
											+		
						 					+		
							<u> </u>						
1b	Sub-Total			•			-						
С	Total from continuation sheets to Part	VII, Section A		•	•								
d	Total (add lines 1b and 1c)	<u></u>			•		P		1,076,973	0		10	3,312
2	Total number of individuals (including b \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than				
											Ye	s I	No
3	Did the organization list any former offi	cer, director or	truste	e, ke	y en	nplo	yee, o	r hıg	jhest compensate	d employee			
	on line 1a? If "Yes," complete Schedule 3	for such individ	lual .	•	-	•				· · · :	3	_	Νo
4	For any individual listed on line 1a, is t									om the		\neg	
	organization and related organizations	greater than \$1	50,000	0 ? <i>If</i>	"Ye	s," c	omple	te Sc	chedule J for such				
	ındıvıdual		•		•	•	•	•			4 Ye	5	
5	Did any person listed on line 1a receive									idividual for			
	services rendered to the organization?	It "Yes," comple	te Sche	edule	J foi	rsuc	ch pers	on		· · · []	5		١o
_													
	ection B. Independent Contracto									1400	•		
1	Complete this table for your five highes compensation from the organization Re											ear	
		(A)			2410		, cui	2110		(B)	1	(C)	
	Name and b	ousiness address							Description	on of services	Com	pensat	
	IELP NYC 28 W 27TH ST NEW YORK NY 10010 HORAH GROUP 351 MANVILLE ROAD PLEASANTVILI	F NY 10570							IT CONSULTING MARKETING		+		1,002 4,314
	CE PRIVATE INVESTORS LLC 263 TRESSER BLVD S		1						INVESTMENT MA	NAGEMENT	+		2,096
		, ,											
2	Total number of independent contractors	(including but i	not lım	ited :	to th	nose	listed	i abo	ove) who received	more than	1		

\$100,000 of compensation from the organization $\blacktriangleright 3$

		Check If Schedu	ile O contains a respon	ise or note to any li	<u>ne in this Part VIII</u>	<u> </u>		<u>l</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					312-314
at st								
- Jar	b	Membership du	es 1b					
۾ ُ	С	Fundraising eve	ents 1c					
E / E	d	Related organiz	ations 1d					
9.≝	e	Government grants	s (contributions) 1e	-				
Sir								
er er	f	similar amounts no	ons, gifts, grants, and 1f t included above	873,813				
현 ≥	g		ons included in lines			İ		
Contributions, Giffs, Grants and Other Similar Amounts		1a-1f \$			072.043			
<u>고</u>	h	Total. Add lines	s 1 a - 1 f	· · · · •	873,813			
92				Business Code				
nue.	2a	PUBLISHING SERVI	CE	511110	1,751,352	851,238	900,114	
髫	b							
9.3	c							
e E	d		_					
ج ج	e							
Program Service Revenue	f	All other progra	m service revenue					
Š	_	Takal Addings	. 2- 26	<u> </u>	4 754 252			
	g 3		2a-2f		1,751,352			
			ome (including dividend ar amounts)		1,105,521			1,105,521
	4		tment of tax-exempt bond p	+				
	5	Royalties		▶ [15,626			15,626
			(ı) Real	(II) Personal				
	6a	Gross rents	138,665					
	b	Less rental expenses	40,483					
	c	Rental income or (loss)	98,182					
	d		me or (loss)		98,182			98,182
		[(ı) Securities	(II) Other				
	7a	Gross amount from sales of	20.015.441					
		assets other	29,015,441					
	b	than inventory Less cost or						
	-	other basis and sales expenses	26,815,508					
	c	Gain or (loss)	2,199,933					
	d	Net gaın or (los	s)		2,199,933			2,199,933
	8a	Gross income fr						
Other Revenue		events (not incl	uding					
<u>a</u>			reported on line 1c)					
æ		See Part IV, lin						
ā.			a					
툿	C		penses b loss)from fundraising 6	wonts b				
_			rom gaming activities	events p-				
	"	See Part IV, lin						
			a					
	I		penses b					
	C	Net income or (loss) from gaming activ	/ities -				
	10a	Gross sales of i returns and allo						
		returns and ano	a a					
	Ь	Less cost of a	oods sold b					
	I		loss) from sales of inve	entory 🛌				
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEO	US	900099	6,241			6,241
	ь							
	c							
	d	All other revenu	ıe					
	e	Total. Add lines	: 11a-11d	🕨	C 341			
	12	Total revenue	See Instructions	▶	6,241			
					6,050,668	851,238	900,114	3,425,503

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

0000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX	 (B)		<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,500	4,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	476,014	304,856	171,158	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,399,784	2,856,709	330,105	212,970
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	15,740	14,130	341	1,269
9	Other employee benefits	486,551	402,558	55,480	28,513
10	Payroll taxes	318,175	260,047	40,486	17,642
11	Fees for services (non-employees)				
а	Management	731,043	493,521	179,741	57,781
b	Legal	69,182	27,826	27,138	14,218
c	Accounting	38,930		38,930	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	201,669		201,669	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	346,048	346,048		
13	Office expenses	701,828	496,018	173,332	32,478
14	Information technology				
15	Royalties				
16	Occupancy	229,476	176,077	49,644	3,755
17	Travel	42,981	35,571	6,906	504
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,201	10,285	3,759	157
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	439,807	84,145	341,436	14,226
23	Insurance	47,572	27,154	19,601	817
24	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 expenses on Schedule O)				
а	FREIGHT AND CIRCULATION	543,749	543,749		
b	FREELANCE WRITERS	509,290	509,290		
c	PHOTOS	44,906	44,906		
d	BAD DEBT	11,851		11,851	
e	All other expenses	26,773	2,162	19,689	4,922
25	Total functional expenses. Add lines 1 through 24e	8,700,070	6,639,552	1,671,266	389,252
26	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 Balance Sheet

Par	t X	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
	1	Cash-non-interest-bearing	799	1	74
	2	Savings and temporary cash investments	1,056,130	2	1,213,115
	3	Pledges and grants receivable, net	137,249	3	63,053
	4	Accounts receivable, net	377,419	4	335,975
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ts	6	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	
S.	_	Nickes and Leave measurable make			
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	04.540	8	20.070
	9 10a	Prepaid expenses and deferred charges	24,546	9	29,676
	Ь	Part VI of Schedule D Less accumulated depreciation		10c	12,589,608
	11	Investments—publicly traded securities	28,764,020	11	34,752,175
	12	Investments—other securities See Part IV, line 11	9,857,312	12	7,492,304
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,436,607	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,671,503	16	56,475,980
	17	Accounts payable and accrued expenses	366,056	17	336,115
	18	Grants payable		18	
	19	Deferred revenue	673,368	19	582,308
	20	Tax-exempt bond liabilities		20	
ω.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	754,182	25	772,646
	26	Total liabilities. Add lines 17 through 25	1,793,606	26	1,691,069
S e S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	56,877,897	27	54,634,911
<u>8</u>	28	Temporarily restricted net assets		28	150,000
둳	29	Permanently restricted net assets		29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
9		complete lines 30 through 34.		٦,	
£	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	E6 077 007	32	E4 704 044
Š	33	Total net assets or fund balances	56,877,897	33	54,784,911
	34	Total liabilities and net assets/fund balances	58,671,503	34	56,475,980

Par	Reconcilliation 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 VIII, column (A), line 12)	1		6.(50,668	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				549,402	
5	Net unrealized gains (losses) on investments	5			377,897 556,416	
6	Donated services and use of facilities	6			<u> </u>	
7	Investment expenses	7				
8	Prior period adjustments	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		 54,7	784,911	
Par	t XII Financial Statements and Reporting				•	
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	,			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate				
	▼ Separate basis					
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n				
3a	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?	e	3a		No	
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		3b			

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DLN: 93493315029074

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public **Inspection**

Employer identification number Name of the organization THE FORWARD ASSOCIATION INC

		13-0623590									
Par	Н	Reason for Public Charity Status (All organizations must complete this part.) See instruct	tions.								
he or	ganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)									
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state			_						
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın							
		section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 8	Г Г	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	<u>.</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership	fees.an	d aros:	5						
-	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		_							
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from									
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	om busine	.5505								
LO	\vdash	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
11	<u></u>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-func	ion 509(a	a)(3).	Check						
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorber than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	•							
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box									
g		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)	ī	Yes	No No						
		and (III) below, the governing body of the supported organization?	11g(i)	1 63							
		(ii) A family member of a person described in (i) above?									
			11g(ii)								
L		(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)								
h		Provide the following information about the supported organization(s)									

(i) Name of supported organization	(ii) EIN	ii) EIN (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support	
			Yes	No	Yes	No	Yes	No		
Total										

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under	
S	ection A. Public Support	rtion rans to qu	diriy dilaci tile	teoto notea per	ovy predoc con	ipiete i di c IIII)		
	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	1						
	(f)							
6	Public support. Subtract line 5 from line 4							
S	ection B. Total Support							
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	in) ► A mounts from line 4							
8	Gross income from interest,							
9	dividends, payments received on securities loans, rents, royalties and income from similar sources 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 activiti	es, etc (see inst	ructions)	<u> </u>	1	12		
13	First five years. If the Form 990 is this box and stop here							
14	ection C. Computation of Pub Public support percentage for 2013			11 column (f)		141		
15	Public support percentage for 2013	,		II, Column (1))		14		
				on line 12 and 1	ina 14 ia 32 iian/	or more, check t	hie hov	
b	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain							
b 18	in Part IV how the organization mee organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private foundation. If the organization	ets the "facts-and - 2012. If the org nization meets th tion meets the "f	d-circumstances anization did not e "facts-and-circ acts-and-circum	' test The organi check a box on li umstances" test stances" test Th	zation qualifies a: ne 13, 16a, 16b, , check this box a le organization qu	s a publicly suppo or 17a, and line nd stop here. alifies as a public	orted ►	
	instructions			. ,	,		▶ □	

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	69,790	93,994	360,179	687,838	873,813	2,085,614
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	1,004,258	816,797	806,289	807,182	851,238	4,285,764
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,074,048	910,791	1,166,468	1,495,020	1,725,051	6,371,378
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						O
c	amount on line 13 for the year Add lines 7a and 7b						0
8	Public support (Subtract line 7c from line 6)						6,371,378
	ction B. Total Support		<u> </u>				
Cale	in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	1,074,048	910,791	1,166,468	1,495,020	1,725,051	6,371,378
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	688,176	543,414	921,150	1,022,321	1,259,812	4,434,873
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	688,176	543,414	921,150	1,022,321	1,259,812	4,434,873
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	864,835	794,011	614,506	853,706	900,114	4,027,172
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	19,618	8,403	21,477	35,794	6,241	91,533
13	Total support. (Add lines 9, 10c, 11, and 12)	2,646,677	2,256,619	2,723,601	3,406,841	3,891,218	14,924,956
14	First five years. If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation, ▶┌
	ction C. Computation of Pub						
15 16	Public support percentage for 2013 Public support percentage from 201			13, column (f))		15	42 690 %
	ction D. Computation of Inv			ge		1 -7 1	
17	Investment income percentage for				n (f))	17	29 710 %
18	Investment income percentage from	n 2012 Schedule <i>A</i>	, Part III, line 1	7		18	
19a	33 1/3% support tests—2013. If the	organization did i	not check the bo	x on line 14, and	line 15 is more th	nan 33 1/3%, and l	ıne 17 ıs not_

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **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).

Facts And Circumstances Test							
Return Reference	Explanation						
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS						

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493315029074

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

tema	Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .			Inspec	tion
	me of the organi			Emp	loyer identifica	tion numbe	er
тНE	FORWARD ASSOCI	TALION INC		13-0	0623590		
Pa		izations Maintaining Donor Adv				. Comple	te if the
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	<u> </u>	(b) Funds and o	+ + + + + + + + + + + + + + + + + + + +	ınto
	Total number a	at end of year	(a) Donor advised funds		(b) Funds and (other accou	IIICS
		tributions to (during year)					
		nts from (during year)					
		ue at end of year					
	Did the organiz	zation inform all donors and donor adviso organization's property, subject to the or		nor advi	ısed	┌ Yes	┌ No
	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef				Г Yes	⊏ No
		ermissible private benefit? rvation Easements. Complete if	the organization answered "Ves"	to Forn	2 000 Dart IV) NO
	Purpose(s) of o	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space	anization (check all that apply) or education) Preservation of a Preservation of a	n histori certifie	ically important d historic struc	land area	
	easement on t	he last day of the tax year			Γ		
	Takal awalawa				Held at the	End of the	Year
1		of conservation easements		2a			
)	_	restricted by conservation easements	eric structure included in (a)	2b			
:		servation easements on a certified histo servation easements included in (c) acq	` '	2c			
i		ure listed in the National Register	uned after 6/17/06, and not on a	2d			
	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization	during	
	the tax year 🛌						
	Number of stat	tes where property subject to conservati	on easement is located ►				
	_	nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, har	ıdlıng of	violations, and	┌ Yes	┌ No
	Staff and volun	nteer hours devoted to monitoring, insper	cting, and enforcing conservation ease	ments o	during the year		
	-	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s during	g the year		
		nservation easement reported on line 2(o70(h)(4)(B)(ii)?	l) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	balance sheet, the organization	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia nts	ıl stater	nents that desc	rıbes	
3 li		nizations Maintaining Collection ete if the organization answered "Y		or Otl	her Similar <i>i</i>	Assets.	
1	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse le, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	orrese	arch in furthera		
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,				lic
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets Inc	luded in Form 990, Part X					
	If the organiza	tion received or held works of art, histori ints required to be reported under SFAS			• •		
1	Revenues inclu	uded in Form 990, Part VIII, line 1			► \$		
b		ad in Form 990 Part V					

	4 💵 Organizations Maintaining Co	HECHOILS OF ALL	<u>, піз</u>	TOFI	cai ire	easu	ires, or C	tne	r Similar	ASSE	ts (co	<u>ntinuea)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	any of th	ie foll	owing that a	are a	significant i	use of	ıts	
а	Public exhibition		d	Γ	Loan o	rexc	hange progi	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and explai	ın hov	w the	y further	the o	organization	ı's ex	empt purpos	se in		
5	During the year, did the organization solicit o								ıılar	_		_
D	assets to be sold to raise funds rather than t		•						!! t- F		Yes	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	u Y	es to Forn	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	forc	ontribut	ions	or other ass	ets i	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wingt	able		_					
							_			Amou	nt	
С	Beginning balance						_	1 c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	≥ 21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has b	een r	provided in f	art :	XIII			Γ
Pa	rt V Endowment Funds. Complete											
		(a)Current year) Prior					Three years ba		Four ye	ears back
1a	Beginning of year balance							<u> </u>				
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balanc	e (lın	ne 1g	, column	(a))	held as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
С	Temporarily restricted endowment ►											
Ī	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	and a	dministere	d for	the			
	organization by	.							_		Yes	No
	(i) unrelated organizations								⊢	3a(i)		
	(ii) related organizations							•	[3a(ii)		
	If "Yes" to 3a(II), are the related organization							•	· · · L	3b		
4	Describe in Part XIII the intended uses of the triangle to the triangle triangle to the triangle triang					2001	warad 'Vac	' to	Form 000	Dart	T\/ liz	
Par	11a. See Form 990, Part X, line 3		ne o	ryai	lization	alisv	wereu res	. 10	ruiii 990,	Part	1V, III	ie
	Description of property				Cost or o		(b) Cost or of basis (other		(c) Accumula depreciatio		(d) Boo	ok value
	Land		1						l			
b	Buildings						13,969	,102	1,643	,708	12	2,325,394
c	Leasehold improvements						· · ·					
d	Equipment						731	,229	467	,015		264,214
е	Other											
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		K, colu	imn (B), line 1	0(c).	·				12	2,589,608

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
(3)Other			
(A) COOPERATIVE BANK STOCK	4,065	F	
(B) HEDGE FUNDS	7,488,239	F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	7,492,304		
Part VIII Investments—Program Related. Co			orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.	_ _		
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
		·	
Total (column (2) must equal to m 350, ture x, col (2) mile 13)	•		
Part IX Other Assets. Complete if the organization (a) Descri		, Part IV, line IId See F	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.	nization answered 'Yes' to	o Form 990, Part IV, I	me 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
SEVERANCE PAYABLE	772,646		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	772,646	o organization's financial	

		orm 990) 2013						Page 4
Part			evenue per Audited Financial vered 'Yes' to Form 990, Part IV, I			ts With Revenue p	oer R	eturn Complete If
1			r support per audited financial stateme				1	6,445,898
2	A mou	nts included on line 1 bu	t not on Form 990, Part VIII, line 12					
a		-	ments	ŀ	2a	556,416		
b			acılıtıes	- 1	2b 2c			
c d		, , -		ŀ	2c 2d	40,483		
e		nes 2a through 2d .					2e	596,899
3		3					3	5,848,999
4	A mou	nts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Inves	tment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a	201,669		
b	Other	(Describe in Part XIII)		. [4b			
с -							4c	201,669
5 Part			4c. (This must equal Form 990, Part I xpenses per Audited Financia				5 s ner	6,050,668 Return Complete
		ıf the organızatıon an	swered 'Yes' to Form 990, Part IV	, lıne	12a.	The With Expense.	, рс.	retarm complete
1			audited financial statements				1	8,538,884
2			t not on Form 990, Part IX, line 25		1 -	I		
a			icilities		2a		-	
b c		<u>-</u>		•	2b 2c		1	
d		(Describe in Part XIII)		•	2d	40,483	1	
e		nes 2a through 2d					2e	40,483
3	Subtra	act line 2e from line 1 .					3	8,498,401
4	A mou	nts included on Form 99	O, Part IX, line 25, but not on line 1:					
а	Inves	tment expenses not incl	ıded on Form 990, Part VIII, line 7b		4a	201,669		
b	Other	(Describe in Part XIII)		•	4b			
C		nes 4a and 4b					4c	201,669
5 Part		Supplemental Inf	nd 4c. (This must equal Form 990, Part ormation	1, line	18)		5	8,700,070
			Part II, lines 3, 5, and 9, Part III, line	s 1a a	and 4 ,	Part IV , lines 1b and 2b		
	V , line 4 mation	1, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2	d and	4b Als	so complete this part to	provid	de any addıtıonal
1111011		turn Reference	Explanati	on				
PART	III, LIN		THE FORWARD ASSOCIATION HAS		OTED	SUBSTANTIAL FEFOR	T A N I	D FUNDS FOR THE
. , , , , ,	,		LAST 16 YEARS TO THE ARCHIVA	DES	CRIPT	ION AND CONSERVA	TION	OF ONE OF THE
			LARGEST COLLECTIONS OF PHOT COMMUNITIES IN THE UNITED ST					
			ENTIRE 20TH CENTURY THE YIDD	ISH F	ORWA	RD, OR FORVERTS, P	JBLIS	HED AS A DAILY
			NEWSPAPER FROM 1897 TO 1983, BIWEEKLY SINCE THEN, HAS ALWA					•
			FOR ITS PAGES THE PHOTOGRAP	н соі	LLECT	ION IS GLOBAL IN SC	OPE,	BUT IS ESPECIALLY
			RICH IN ITS EMPHASIS ON 20TH (
			RECORD AMASSED BY THE FORVE	RTS E	DITO	RS PAID PARTICULAR	ATTE	ENTION IN ITS EARLY
			DECADES TO CLASS STRIFE, STRI JEWISH WORKING CLASS PARTICI			•		
			URBAN AMERICA IT CHRONICLED WARTIME HOME FRONT EFFORTS,					
			THE DESPERATION OF THE REMNA					
			YEARS TO RECONNECT WITH RELA			•		
			WINDOW ON A WIDER WORLD, AND					
			ETHOS OF AMERICAN JEWS WHICH					
			TEXT AND IMAGE, IT HAS DEPICT	ED TH	IE VAS	T RECORD OF YIDDI	SH AR	T AND LITERATURE,
			IN MORE DETAIL AND OVER A WILL OTHER PERIODICAL AND YET, BY					
			UNIQUE PHOTOGRAPH COLLECTI	ON W	AS HA	RDLY KNOWN BEYON	DTHE	CONFINES OF THE
			FORVERTS OWN STAFF IN 1998 T IDENTIFY, CATALOGUE AND CON:					
			GLASS NEGATIVES, METAL AND C	ARDB	OARD	PLATES, BOUND ROT	OGRA	VURE VOLUMES,
			AND OVER 40,000 GELATIN SILVE PROCESS OF OUR NEWSPAPER IN					
			COMPUTERIZED DATABASE WITH					•
			FREE ENVELOPES SUITABLE FOR A					
			BEEN HOUSED IN A TEMPERATURI ENSURE THEIR SAFETY WEVE ALR					
			PUBLISHED SOME 500 IMAGES FR	ОМТ	HISCO	DLLECTION CHOSEN	BY AL	ANA NEWHOUSE,
			OUR FORMER ARTS AND CULTURE LIVING LENS PHOTOGRAPHS OF					
			BY W W NORTON AN EXHIBITION	I WAS	SHOV	VN AT THE MUSEUM C	FTHE	CITY OF NEW YORK,
			ALSO IN 2007 AS THE RICHES OF ATTENTION IN RECENT YEARS, W					
			OF QUERIES FROM ARTISTS, SCH	LAR	S,FILM	MAKERS AND WRITE	RS WE	ERE NOW EAGER TO
			COMPLETE THIS PROCESS WITH T					
			REMAINING TO BE CATALOGUED	AND	VE EXF	PECT THAT THE PROC	ESS V	VILL BE COMPLETED
			IN APPROXIMATELY THREE YEARS REHOUSING) EACH PHOTO IN OU					
			DIGITIZATION OF THE ENTIRE CO	LLEC	TION	AND THE CREATION	OFAF	PHOTO ARCHIVE
			SEARCH FUNCTION THAT WILL TA			_		•
	V ,		CATALOGUING PROCESS	NIE -	-110	THERE ARE NO) T A	INCERTATE
PART	X, LINE	: 2	THE ASSOCIATION HAS DETERMI POSITIONS THAT REQUIRE RECO					
			STATEMENTS PERIODS ENDING DE LO EXAMINATION BY APPLICABLE	ECEN	1BER 3	31, 2010 AND SUBSEC		
PART	XI, LIN	E 2D - OTHER	RENTAL EXPENSE 40,483	<u>. 143</u>	A DVI	OTHORITIES		
A D J U S	STMEN	TS	DENTAL EVENUE 42 422					_
	XII, LII STMEN	NE 2D - OTHER TS	RENTAL EXPENSE 40,483					

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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OMB No 1545-0047

2013

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

THE FORWARD ASSOCIATION INC

Internal Revenue Service

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.irs.gov/form990.

Open to Public **Inspection**

Employer identification number

					13-0623590	
Pa	"Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o other assistance, the grantee to award the grants or assista	es' eligibility fo	r the grants o	r assistance, and the s	selection criteria used	d Yes No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitorii	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	B table can be du	uplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0		INVESTMENTS- FOREIGN HEDGE FUNDS AND LIMITED LIABILITY COMPANY		7,488,239
(2)					
(3)					
(4)					
(5)					
	Sub-total Total from continuation sheets to Part I	0	0			7,488,239
	c Totals (add lines 3a and 3b)	0	l 0			7,488,239

					ited States. Comp duplicated if additior			to Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
					les by the foreign co (c)(3) equivalency l			
3 Enter total	number of other or	ganizations or ent	tities					

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 addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, , ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	•			•	•		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	₽	- 1	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file 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	Yes	Þ	- 1	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	Į✓	- 1	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	F	- 1	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 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	Yes	F	- 1	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	⊽	- 1	Νo

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-0623590

Name: THE FORWARD ASSOCIATION INC

Schedule F (Form 990) 2013

Page 5

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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE FORWARD ASSOCIATION INC **Employer identification number**

13-0623590

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			ļ <u>.</u> .
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	` '
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)SAMUEL NORICH PRESIDENT/CEO & PUBLISHER	(i) (ii)	242,094 0	0	1,502 0	4,600 0	14,739 0	262,935 0	0
(2)JANE EISNER EDITOR	(i) (ii)	197,589 0	0 0	0	2,552 0	12,938 0	213,079 0	0 0
(3)BARRY SURMAN ASSOCIATE PUBLISHER	(i) (ii)	152,743 0	0 0	0	0	20,531 0	173,274 0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

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DLN: 93493315029074

OMB No 1545-0047

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. Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

THE FORWARD ASSOCIATION INC

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.

Employer identification number

13-0623590

990 Schedule O. Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE FORWARD ASSOCIATION IS A MEMBERSHIP ORGANIZATION MADE UP OF PEOPLE WHO SUBSCRIBE TO THE ASSOCIATION'S MISSION STATEMENT
FORM 990, PART VI, SECTION A, LINE 7A	THE NOMINATING COMMITTEE PREPARES A SLATE OF CANDIDATES WHO ARE VOTED UPON BY THE ENTIRE A SSOCIATION AT A GENERAL MEMBERSHIP MEETING IF ELECTED, NEW MEMBERS SERVE FOR AN INITIAL 3 YEAR TERM THEY MAY THEN BE NOMINATED FOR LIFETIME MEMBERSHIP THE ASSOCIATION ALSO VOTES ON THE NOMINEES FOR LIFETIME MEMBERSHIP THE GENERAL MEMBERSHIP ALSO ELECTS THE OFFICERS AND THE BOARD OF DIRECTOR/COMMITTEE CHAIRS THE NOMINATING COMMITTEE PREPARES A SLATE OF C ANDIDATES FOR THE 4 OFFICERS AND 8 COMMITTEE CHAIRS WHO COMPRISE THE BOARD OF DIRECTORS T HE MEMBERS OF THE ASSOCIATION VOTE FOR AND ELECT THE OFFICERS AND THE BOARD
FORM 990, PART VI, SECTION B, LINE 11	WHEN THE COMPLETED FORM 990 IS RECEIVED BY THE ORGANIZATION, BEFORE IT IS FILED WITH THE I RS, IT WILL BE DISTRIBUTED VIA EMAIL TO MEMBERS OF THE AUDIT COMMITTEE AND THE BOARD OF DI RECTORS FOR REVIEW THE MEMBERS WILL COMMUNICATE ANY QUESTIONS OR SUGGESTIONS TO MANAGEMEN T THE 990 WILL THEN BE FILED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO THE MEMBERS OF THE BOARD OF DIR ECTORS, OFFICERS AND KEY EMPLOYEES EACH IDIVIDUAL IS REQUIRED TO SUBMIT ANNUALLY THAT HE OR SHE HAS READ THE POLICY AND WHETHER HE OR SHE HAS ENGAGED IN AN ACTIVITY THAT WOULD POS E A CONFLICT THESE REPORTS ARE REVIEWED BY THE BOARD FURTHER, IF AN INDIVIDUAL BECOMES A WARE OF A CONFLICT PRIOR TO THE ANNUAL SUBMISSION OF HIS OR HER REPORT, THAT INDIVIDUAL IS REQUIRED TO IMMEDIATELY INFORM THE BOARD IF A CONFLICT OF INTEREST IS IDENTIFIED, THAT P ERSON SHALL REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE ASSOCIATION TO ENGAGE IN THOSE ACTIVITIES AND HE OR SHE WILL NOT PARTICIPATE IN DELIBERATIONS RELATED TO THE CONFLICT OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/PUBLISHER'S AND ALL EMPLOYEE'S COMPENSATION IS REVIEWED BY THE COMPENSATION COMMITTEE AFTER EXAMINING PERTINENT NOT FOR PROFIT COMPANIES ONCE APPROVED BY THE COMPENS ATION COMMITTEE, THE BOARD OF DIRECTORS VOTES ON THE PROPOSED CONTRACT (CONTRACT NOT APPLI CABLE FOR REGULAR EMPLOYEES) THE PROCESS WAS LAST UNDERTAKEN IN 2013
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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OMB No 1545-0047

2013

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE FORWARD ASSOCIATION INC **Employer identification number**

13-0623590 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity si (if section 501(c	tatus Direct controlling entity	Section (13) co ent	ntrolle ıty?
(1) FORWARD FUND INC	SUPPORTING ORGANIZATION	NY	501(C)(3)	LINE 11A, I	THE FOWARD ASSOCIATION	Yes Yes	No
125 MAIDEN LANE					INC		
NEW YORK, NY 10038 45-4590140							

(a) Name, address, and EIN of		(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	[)	(k)
Name, address, and EIN of related organization		Primary activit	domicile domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-yea assets	Disprop r allocat	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	iging ner?	Percentage ownership
					,			Yes	No		Yes	No	
V Identification of Related Orga line 34 because it had one or mo								wered	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	(e) Type of entit (C corp, S corp, or trust)	y Share of to	otal Share	(g) e of end- -year ssets		(h) ercentage ownership	Section (b) contributed entire (contributed en	13) olled	
		,,									Yes		No
										1			1 1

Part V	Transactions With Related Organizations Complete if the organization	n answe	red "Yes" on Form	990, Part IV, line	e 34, 35b, or 36.						
Note.	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No			
1 During t	the tax year, did the orgranization engage in any of the following transactions with one or	more rel	ated organizations lis	sted in Parts II-IV?							
a Rece	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		No			
b Gift,	grant, or capital contribution to related organization(s)					1b		No			
c Gıft,	grant, or capital contribution from related organization(s)					1c		No			
d Loan	s or loan guarantees to or for related organization(s)					1d		No			
e Loan	s or loan guarantees by related organization(s)					1e		No			
f Divid	dends from related organization(s)					1f		No			
g Sale	of assets to related organization(s)					1g		No			
h Purc	hase of assets from related organization(s)					1h		No			
i Exch	ange of assets with related organization(s)					1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)											
k Leas	e of facilities, equipment, or other assets from related organization(s)					1k		No			
I Perfo	rmance of services or membership or fundraising solicitations for related organization(s))				11		No			
m Perfo	rmance of services or membership or fundraising solicitations by related organization(s))				1m		No			
n Sharıı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		No			
o Shar	ring of paid employees with related organization(s)					10		No			
p Reim	bursement paid to related organization(s) for expenses					1 p		No			
q Reim	bursement paid by related organization(s) for expenses					1q		No			
r Othe	r transfer of cash or property to related organization(s)					1r		No			
s Othe	r transfer of cash or property from related organization(s)					1s		No			
2 If the	e answer to any of the above is "Yes," see the instructions for information on who must co	omplete t	this line, including co	vered relationships	and transaction thresholds						
	(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	ivolved				
		ı									

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	(h) Disproprtionate allocations?		rtionate tions? (i) Code V?U amount box 20 of Sched K-1 (Form 10		n managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
									_		1	1			
			I		1				_	1					

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013