

HRB TAX GROUP INC
1220 W PARNALL RD
JACKSON MI 49201
Phone: (517) 787-3682

March 22, 2014

Page 1

INTERNATIONAL SOCIETY FOR CONCRETE PAVERS
3546 ENGINEERING BUILDING
EAST LANSING MI-48824
Phone: (517) 432-0012
52-2167454

Tax Prof. name: Linda Kline
Office number: 22020

FEDERAL

Form 990 - Exempt Organizations

FEDERAL Sub Total	\$250.00
Total	\$250.00
Adjustments	
Additional Fees	\$100.00
Total	\$100.00
Net Tax Prep Fees	\$350.00
Other Fees	
Total	\$0.00
Transaction	
Total	\$0.00
Total H&R Block Fees	\$350.00

HRB TAX GROUP INC
1220 W PARNALL RD
JACKSON MI 49201
5177873682

52-2167454
INTERNATIONAL SOCIETY FOR CONCRETE PAVERS

INSTRUCTIONS FOR FILING 2013 FEDERAL FORM 990

.YOU HAVE ELECTED TO E-FILE FEDERAL FORM 990

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning _____, 2013, & ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.****2013**Department of the Treasury
Internal Revenue Service▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

INTERNATIONAL SOCIETY FOR CONCRETE PAVERS**52-2167454**

Name and title of officer

NEERAJ BUCH TREASURER**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	13,835
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **HRB TAX GROUP INC** to enter my PIN **67454** as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

384897 12345**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **03-22-2014**

ERO Must Retain This Form -- See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see the instructions.

Form **8879-EO** (2013)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20																																					
B Check if applicable:																																					
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization INTERNATIONAL SOCIETY FOR CONCRETE</td> <td>D Employer identification number</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>52-2167454</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td>3546 ENGINEERING BUILDING</td> <td></td> <td>(517) 432-0012</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td>G Gross receipts \$</td> </tr> <tr> <td colspan="2">EAST LANSING MI 48824</td> <td>13,835</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">SEE ATTACHMENT #1</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.CONCRETEPAVEMENTS.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1999 M State of legal domicile: MD</td> </tr> </table>	C Name of organization INTERNATIONAL SOCIETY FOR CONCRETE		D Employer identification number	Doing Business As		52-2167454	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	3546 ENGINEERING BUILDING		(517) 432-0012	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	EAST LANSING MI 48824		13,835	F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ATTACHMENT #1		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: WWW.CONCRETEPAVEMENTS.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999 M State of legal domicile: MD
C Name of organization INTERNATIONAL SOCIETY FOR CONCRETE		D Employer identification number																																			
Doing Business As		52-2167454																																			
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number																																			
3546 ENGINEERING BUILDING		(517) 432-0012																																			
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$																																			
EAST LANSING MI 48824		13,835																																			
F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																			
SEE ATTACHMENT #1		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
		If "No," attach a list. (see instructions)																																			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number																																			
J Website: WWW.CONCRETEPAVEMENTS.ORG																																					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999 M State of legal domicile: MD																																			

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities:				
	THE ISCP MISSION IS TO FURTHER ENGINEERING AND TECHNICAL ANALYSIS, DESIGN, CONSTRUCTION, MATERIALS, MAINTENANCE, REHABILITATION AND MANAGEMENT OF CONCRETE PAVEMENTS.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4			
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5			
	6 Total number of volunteers (estimate if necessary)	6			
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a			
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	REVENUE	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)			13,835		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			13,835		
EXPENSES		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		14 Benefits paid to or for members (Part IX, column (A), line 4)			
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
		16a Professional fundraising fees (Part IX, column (A), line 11e)			
		b Total fundraising expenses (Part IX, column (D), line 25)			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			29,554	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			29,554	
	19 Revenue less expenses. Subtract line 18 from line 12			-15,719	
NET ASSETS OR FUND BALANCES	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)				
	22 Net assets or fund balances. Subtract line 21 from line 20				

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	NEERAJ BUCH Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if <input type="checkbox"/> PTIN
	LINDA KLINE		03-22-2014	self-employed P01544356
	Firm's name ▶ HRB TAX GROUP INC	Firm's EIN ▶ 431871840		
	Firm's address ▶ 1220 W PARNALL RD JACKSON MI 49201	Phone no. 5177873682		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE ISCP MISSION IS TO FURTHER ENGINEERING AND TECHNICAL ANALYSIS,
 DESIGN, CONSTRUCTION, MATERIALS, MAINTENANCE, REHABILITATION AND
 MANAGEMENT OF CONCRETE PAVEMENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 25,937 including grants of \$) (Revenue \$)
 SEE ATTACHMENT #2

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,937

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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 N/A		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
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		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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)		X
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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule J		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
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? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
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? If "Yes," complete Schedule L, Part I		X
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		X
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		X
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? If "Yes," complete Schedule L, Part III		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
1b	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?		X
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	0	
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)	N/A	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	N/A	
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	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	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		X
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	N/A	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☐

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a		
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		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		X
b Each committee with authority to act on behalf of the governing body?	8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A	12c		
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? N/A	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☐ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SEE ATTACHMENT #3

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR OR TRUSTEE	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
MARK SNYDER PRESIDENT				X							
JOSE T BALBO VICE PRESIDENT				X							
NEERAJ BUCH TREASURER				X							
LEV KHANZANOVICH DIRECTOR		X									
SOMAYEH NASSIRI DIRECTOR		X									
ANNA CARIN BRINK DIRECTOR		X									
JUAN PABLO COVARRUBIAS DIRECTOR		X									
JAMES GROVE DIRECTOR		X									
JAKE HILLER DIRECTOR		X									
ERWIN KHOLER DIRECTOR		X									
LUC RENS DIRECTOR		X									
JEFF ROESLER DIRECTOR		X									
BO TIAN DIRECTOR		X									
GEORGE VOROBIEFF DIRECTOR		X									
LEIF WATHNE DIRECTOR		X									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b	11,495			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	2,340			
	g	Noncash contributions included in lines 1a-1f:		\$			
	h	Total. Add lines 1a-1f		13,835			
PROGRAM REVENUE	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less: cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		13,835				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . .				
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				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	450		450	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 . . .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,167		3,167	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,937	25,937		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	29,554	25,937	3,617	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
A S S E T S	1 Cash -- non-interest-bearing	1	
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	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	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	
	11 Investments -- publicly traded securities	11	
	12 Investments -- other securities. See Part IV, line 11	12	
	13 Investments -- program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16	0	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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	25	
	26 Total liabilities. Add lines 17 through 25	26	0
F U N D A S E T S O R	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	33	
34 Total liabilities and net assets/fund balances	34	0	

Part XI Reconciliation of Net AssetsCheck 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	13,835
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,554
3	Revenue less expenses. Subtract line 2 from line 1.	3	-15,719
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
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?	3a	X
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 N/A	3b	

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Employer identification number
52-2167454

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☒ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☐ 7 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.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☒ 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- ☐ 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III--Functionally integrated	d <input type="checkbox"/> Type III--Non-functionally integrated
-----------------------------------	------------------------------------	--	--
- ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- ☐ 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

[illegible]**Schedule A (Form 990 or 990-EZ) 2013**

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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.")	10,078	20,777	23,035	48,870	11,495	114,255
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	1,800					1,800
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,800			301,332		303,132
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	13,678	20,777	23,035	350,202	11,495	419,187
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	11,878					11,878
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	11,878					11,878
8 Public support. (Subtract line 7c from line 6.)						407,309

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	13,678	20,777	23,035	350,202	11,495	419,187
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	408	728			510	1,646
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	408	728			510	1,646
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					1,830	1,830
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,431	185				1,616
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,517	21,690	23,035	350,202	13,835	424,279

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	96.00 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.39 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests -- 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests -- 2012.** If the 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 ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

INTERNATIONAL SOCIETY FOR CONCRETE PAVERS

52-2167454

1B MEMBERSHIP DUES TOTAL \$11,495

1B CORPORATE DUES \$4,000

1B INDIVIDUAL DUES \$7,495

1F TOTAL OTHER CONTRIBUTIONS \$2,340

1F INVESTMENT INCOME \$510

1F MISCELLANEOUS INCOME \$1,830

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL SOCIETY FOR CONCRETE PAVERS

Employer identification number

52-2167454

LINE 11G TOTAL \$3,167
LINE 11G BANK CARDS EXPENSES \$845
LINE 11G INSURANCE EXPENSES \$1,837
LINE 11G WEBSITE EXPENSES \$485
LINE 19 TOTAL \$25,937
LINE 19 OFFICE SUPPLIES EXPENSES \$256
LINE 19 INTERNATIONAL ACTIVITY \$750
LINE 19 NEWSLETTER EXPENSES \$10,333
LINE 19 MEETING EXPENSES \$2,108
LINE 19 CONFERENCE EXPENSES \$1,673
LINE 19 TRAVEL EXPENSES \$10,817

990 PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC
INSPECTION

For calendar year 2013, or tax period beginning , and ending

Name of Organization

Employer Identification Number

INTERNATIONAL SOCIETY FOR CONCRETE PAVERS

52-2167454

990, Page 1, Line F

Principal officer name: NEERAJ BUCH

or

Business Name:

Street Address 3546 ENGINEERING BUILDING

U.S. Address:

Zip code 48824

City EAST LANSING

State MI

or

Foreign Address

City

Province or State

Country

Postal code

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning , and ending

Name of Organization INTERNATIONAL SOCIETY FOR CONCRETE PAVERS Employer Identification Number 52-2167454

Part III - Statement of Program Service Accomplishments

Code: Expenses: 25,937 including Grants of: Revenue:

Exempt Purpose Achievements

DESIGN, CONSTRUCTION, MATERIALS, MAINTENANCE, REHABILITATION AND MANAGEMENT

2013 DETAIL STATEMENTSINTERNATIONAL SOCIETY FOR CONC
52-2167454

PAGE 1

STATEMENT #1 - MEMBERSHIP DUES (990-EO PG 9 LINE 1B)

INDIVIDUAL DUES.....	7,495
CORPORATE DUES.....	4,000

TOTAL CARRIED TO 990-EO PG 9 LINE 1B.....	11,495
---	--------

STATEMENT #2 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

INVESTMENT INCOME.....	510
MISCELLANEOUS INCOME.....	1,830

TOTAL CARRIED TO 990-EO PG 9 LINE 1F.....	2,340
---	-------

STATEMENT #3 - PROG. CONV. AND MEETINGS (990 EO PG 10 LINE 19B)

OFFICE SUPPLIES.....	256
INTERNATIONAL ACTIVITY.....	750
NEWSLETTER.....	10,333
MEETING EXPENSES.....	2,108
CONFERENCE EXPENSES.....	1,673
TRAVEL EXPENSES.....	10,817

TOTAL CARRIED TO 990 EO PG 10 LINE 19B.....	25,937
---	--------

STATEMENT #4 - MANAGEMENT OTHER (990 EO PG 10 LINE 11G(C))

BANK CARD EXPENSES.....	845
INSURANCE.....	1,837
WEBSITE EXPENSES.....	485

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(C).....	3,167
--	-------

STATEMENT #5 - GIFTS, GRANTS, ETC. (SCH A, PG 2 LINE 1(E))

INDIVIDUAL DUES.....	7,495
CORPORATE DUES.....	4,000

TOTAL CARRIED TO SCH A, PG 2 LINE 1(E).....	11,495
---	--------

BUDGET/FINANCIAL STATEMENTS

INCOME	2013 Approved		2013 Actual (as of Dec 31, 2013)		% Budget	2014 (Approved 23-Dec, 2013)	
Dues - Annual Membership							
Individual	\$	7,000.00	\$	7,495.00			
Corporate	\$	8,000.00	\$	4,000.00	107%	\$	7,000.00
Total Dues - Annual Membership					50%	\$	20,000.00
Investment Income	\$	15,000.00	\$	11,495.00	77%		\$ 27,000.00
Total- Investment Income	\$	500.00	\$	510.13	102%	\$	500.00
Miscellaneous Income			\$	510.13			
Total- Miscellaneous Income			\$	1,830.00			
Total Income	\$	15,500.00	\$	1,830.00			
			\$	13,835.13	89%		\$ 27,500.00
EXPENSES	2013 Approved		2013 Actual (as of Dec 31, 2013)		%Budget	2014 (Approved 23-Dec, 2013)	
Bank Service Charges	\$	100.00	\$	125.00		\$	150.00
Credit Card Service Fees	\$	500.00	\$	720.12		\$	650.00
Bank and Credit Card Charges and Fees - TOTAL		\$ 600.00		\$ 845.12	141%		\$ 800.00
Insurance							
Liability Insurance	\$	500.00	\$	425.00		\$	500.00
International Travel Liability			\$	-			
Director and Office Insurance	\$	1,400.00	\$	1,412.00		\$	1,400.00
Insurance - TOTAL		\$ 1,900.00		\$ 1,837.00	97%		\$ 1,900.00
Office Supplies/Services and Equipment							
General Office Supplies	\$	500.00				\$	500.00
Printing: Member Cards, Etc.	\$	-				\$	-
Postage and Delivery Charges	\$	500.00	\$	255.84		\$	500.00
General Office Services (Mailing-related)	\$	-				\$	-
Office Equipment	\$	-				\$	-
Software	\$	200.00				\$	200.00
ISBN						\$	200.00
Office Supplies/Services and Equipment - TOTAL		\$ 1,200.00		\$ 255.84	21%		\$ 1,200.00
Tech Transfer Initiative Support	\$	2,000.00	\$	-	0%	\$	2,000.00
Website Expenses		\$ 2,000.00					\$ 2,000.00
Hosting	\$	200.00	\$	169.93		\$	200.00
Domain Registration	\$	200.00	\$	315.00		\$	200.00
Website Expenses - TOTAL		\$ 400.00		\$ 484.93	121%		\$ 400.00
Utilities							
Teleconferencing Fees	\$	1,000.00	\$	-		\$	1,000.00
Utilities - TOTAL		\$ 1,000.00		\$ -	0%		\$ 1,000.00
Services							
Newsletter (Amy Dean)	\$	9,000.00	\$	9,472.09		\$	9,000.00
Administrative (Laura Taylor)	\$	2,500.00	\$	861.00		\$	10,000.00
Accounting Services	\$	500.00	\$	450.00		\$	500.00
Other Professional Fees							
Contractor's - TOTAL		\$ 12,000.00		\$ 10,783.09	90%		\$ 19,500.00
International Activity Support	\$	3,000.00	\$	750.00		\$	3,000.00
International Activity Support - TOTAL		\$ 3,000.00		\$ 750.00	25%		\$ 3,000.00
Meeting Expenses							
Annual January Meeting	\$	1,500.00	\$	985.04		\$	1,500.00
Other Meeting Expenses (Mid-Year Board Meeting)	\$	1,000.00	\$	1,123.29		\$	1,000.00
Meeting Expenses - TOTAL		\$ 2,500.00		\$ 2,108.33	84%		\$ 2,500.00
10th International Conference							
Hard copies of the proceedings	\$	1,000.00	\$	699.17		\$	-
11th International Conference		\$ 1,000.00		\$ 699.17	70%		\$ 1,000.00
Planning Expenses	\$	5,000.00	\$	973.77		\$	5,000.00
Travel Expenses		\$ 5,000.00		\$ 973.77	19%		\$ 5,000.00
Board Travel Subsidy & Reimbursement	\$	13,500.00	\$	10,817.37		\$	4,500.00
Travel Expenses - TOTAL		\$ 13,500.00		\$ 10,817.37	80%		\$ 4,500.00
Miscellaneous	\$	500.00	\$	-		\$	500.00
TOTAL EXPENSES	\$	44,600.00	\$	29,554.62		\$	500.00
NET INCOME	\$	(29,100.00)	\$	(15,719.49)		\$	(15,800.00)

Protecting your privacy is important to H&R Block. We recognize that the privacy of personal information is important to our customers, and we strive to operate our business in a manner that justifies your choice of H&R Block products and services.

We are providing this privacy notice to you as required by law. This privacy notice explains the types of personal information we may collect from and about you, as well as how we may disclose and protect that information.

Who This Privacy Notice Covers

This notice applies to personal information we collect when we provide tax preparation and other products and services to customers and former customers of HRB Tax Group, Inc. and its subsidiaries (H&R Block Enterprises LLC and H&R Block Eastern Enterprises, Inc.) that provide tax preparation services in the United States. This notice applies whether you are a current or former customer of H&R Block. This notice does not apply to our affiliates (which include but are not limited to, HRB Digital LLC and H&R Block Bank) or our franchisees. These companies may be subject to different regulations and may have different operating practices. If you are doing business with these companies, you should consult their respective privacy policies.

Information We May Collect

- We collect certain personal information so that we may prepare your tax return. This information typically includes, for example, your name, address and certain other data such as your social security number, income and deductions data, and other personal information about you and your dependents that we need to prepare your tax return.
- We may collect personal information in connection with transactions other than tax return preparation that you complete or propose to complete with us, our affiliates or certain non-affiliated third parties. This personal information may include, for example, your name, address and certain other "nonpublic personal information" such as checking, debit and credit account numbers, balances and payment history, income and assets.
- We may collect personal information from you, the IRS, our franchisees, our affiliates, and certain non-affiliated third parties such as credit reporting agencies.
- We also may collect personal information about you when you inquire about services or request information from us or our affiliates, submit rebate forms, or when you enter our contests. This personal information may include, for example, your name, telephone number, mailing address and e-mail address.

How We May Disclose Information About You

H&R Block's disclosure of personal information about you is controlled by various laws, regulations and other legal requirements, as well as H&R Block policies. For example, the personal information we obtain to prepare your tax return is subject to specific legal requirements. We may disclose personal information that we collect, subject to the terms of this privacy notice and consistent with applicable law. The examples contained in this notice are illustrations; they are not intended to be exclusive.

- Where permitted or required by law, we may disclose personal information about you for our normal business purposes. For example, this may include disclosures to the Internal Revenue Service (IRS), and for certain other purposes where permitted by law (such as the processing of your tax return).
- With your consent or where otherwise permitted by applicable law, we may disclose your personal information to service providers who

perform business functions on our behalf (including service providers who perform "auxiliary services" in connection with tax preparation services offered by H&R Block, as permitted by IRC Section 7216). We require H&R Block service providers to have written contracts that specify appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information.

- In certain situations involving personal information collected for tax return preparation, we may be required to have your consent before we disclose this information to affiliates or non-affiliated third parties. For example, if you have provided consent, we may disclose personal information about you to H&R Block affiliates engaged in offering banking, investment, credit cards or consumer loans, insurance or other non-tax financial services in order to provide you with service enhancements and product opportunities that we believe may interest you.
- We do not sell or rent your personal information to third party direct marketers.
- Where permitted by law, we may disclose your personal information to financial institutions with which we have joint marketing agreements. We require all joint marketers to have written contracts with us that specify appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information. If a state law (or other law) requires us to give you the right to opt-out prior to any disclosure of your personal information for joint marketing, we will not disclose your personal information for such purposes without providing such opt-out or obtaining your consent to such disclosure.
- We may disclose your personal information to affiliates or non-affiliated third parties (including government entities) when we have a good faith belief that such disclosure is required or permitted by law. This may occur, for example, in connection with a court order, legal process, or other judicial, administrative or investigative proceeding, or other situations (including our business operations) where the provision of certain information is required or permitted by law.

How We Protect Your Information

H&R Block maintains physical, electronic and administrative policies and procedures designed to restrict access to your personal information. These include programs and specifications for physical security and records retention and disposal; computer and communication security measures reflected in system design, password protection, and data management practices; and other measures to restrict access to the data we hold in physical and electronic forms.

How You May Control Use of Your Information

H&R Block may use personal information you provide (subject to your consent, where required) to communicate with you about products and services available through H&R Block. If at any time you wish to limit the offers or promotions you receive from us, you may call 877-723-5458. We will use reasonable efforts to comply with your request. In these situations, it may still be necessary for us to send you information from time to time about transactions or accounts you have with us.

We reserve the right to change this privacy notice and any of the policies described in this notice at any time, consistent with applicable law. If we make a material change to this notice, we will notify you by using one of the following methods: (1) we will post a notice on our web site describing the change; or (2) we will hand deliver or send you regular or electronic mail notifying you of the change.