Form **990-EZ** 

### Short Form

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150

For the 2013 calandary year, or tax year beginning         2013, and ending           Crock if spices drags         C meet organization         D Enginger identification number           Nerve drags         Concent of spice identification number         D Enginger identification number           Nerve drags         D Enginger identification number         D Enginger identification number           Nerve drags         D Enginger identification number         D Enginger identification number           Previous         B5 E East Main S         Pace identification number         Construction number           Option         D Enginger identification number         D Enginger identification number           Option         D Enginger identification number         D Enginger identification number           Option         D State identification number         D Enginger identification number           Option         D Interformation         D Enginger identification number         D Enginger identification number           Option         D Interformation         D Interformation number         D Enginger identification number           D Interformation         D Interformation         D Interformation number         D Interformation number           D Interformation         D Interformation number         D Interformation number         D Interformation number <thd interformation="" number<="" th=""></thd>	Depa	tment o	of the Treasury enue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/for	orm990.	Open to Public Inspection
B         Charac of regenceader Address character         D         Employer isotification number 16-1461193           Intervension Antervension Institutinstitutinstin Institution Instentent Institution Institution Ins	_			dar year, or tax year beginning , 2013, and ending		3
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Imministed       BS East Main St       (585) 234-8226         Anotext environmenting       Victor       NY 14564-1301       F Group Exemption         Advication pending       Victor       NY 14564-1301       F Group Exemption         Website:       www.victorNikin qreatils.org       H check + [X] if the organization is not required to attach Schedule B         // Website:       www.victorNikin qreatils.org       H Check + [X] if the organization is not required to attach Schedule B         // Add lines 50, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       * 7,548         Part IR evenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       1 3,970         // Contributions.gifts, grants, and similar amounts received       5 a         // Sa Gross amount from sale of assets other than inventory.       5 a         // Sa Gross amount from sale of assets other than inventory.       5 a         // Sa Gross income from graning (attach Schedule C) if greater than \$15,000)       6 a         // G cors income from fundraising events       6 c         // G cors alse of inventory, less returns and allowances       7 a         // b       6 c         // Correate and the form 10 (attach Schedule G if greater than \$15,000)       6 a	1.22		anange		E Telephone	number
Anonade return       Otyce form, state or pervise, country, and ZIP or foreign positil code       NY       14564-1301       F       Group Exemption         Anonade return       Other (specify) *       H       Check * [X] if the organization is not required to attach Schedule B         I Wobsite: *       www, vic Coth kingt Trails.org       H       Check * [X] if the organization is not required to attach Schedule B         I Wobsite: *       www, vic Coth kingt Trails.org       H       Check * [X] if the organization is not required to attach Schedule B         I Contribution       Corporation       Trut       Association       Other         I Add Ines 5b, 6c, and 7b, to line 8 to determine gross receipts are \$200.000 or more, or if total assess (Part II, column (B) below) are \$500.000 or more, for IF total assess (Part II, column (B) below) are \$500.000 or more, for IF total assess (Part II, column (B) below) are \$500.000 or more, for IF total assess (Part II, column (B) below) are \$500.000 or more, for IF total assess (Part II, column (B) total assess (Part II).         Check if the organization used Schedule O to respond to any question in this Part I.       1       3, 9.973         4       regrams envice revenue including government fees and contracts.       2       2         3       Membership dues and assess ments       3       2, 9.973         4       Less: cost of other basis and sales expresses       5b       5c         6       Garning and fundraising	-			East Main St	(585)	234-8226
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G Accounting Method:       Cash       Accrual Other (specify)*       H       Here or anization is not required to attach Schedule B (rorm 990, 990, 990, 990, 990, 990, 990, 990				ctor NY 14564-1303		
Image: View viet of the construction of the consthe constructin the construction of the construction of the constru	G	Accou				organization is not
J       Tax-exempt status (check only one) - [X] 501(c)(3]       501(c)(3)       501(c)(3)       501(c)(1)       "(insert n.o.)       4947(a)(1) or       527       (Form 990, 990-EZ, or 990-EP).         K       Form of organization:       [X] Corporation       Trust       Association       Other         L       Add lines 50, 6a, and 70, bin 89 to determine gross receipts ers 5200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       > \$ 7, 54.8         Part       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Check tilt he organization used Schedule 0 to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received.       1       3, 970         2       Program service revenue including government fees and contracts.       3       2, 973         3       Membership dues and assessments .       5a       5b       5c         6       Garning and fundraising events       5a       5c       5c         6       Garning and fundraising events       6a       6a       6a         7       Tobas income from garning (attach Schedule G if greater than \$15,000)       6a       6a       6a         6       Garning and fundraising events       6b       6c       7a       7b			-			
K       Form of organization:       X       Corporation       Trust       Association       Other         L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II)         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       1         1       Contributions, gifts, grants, and similar amounts received.       2         3       Membership dues and assessments.       3       2, 973         4       Investment income       5a         5 a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a).       5c         6       Gain of (tos) from sale of assets other than inventory (Subtract line 5b from line 5a).       5c         6       Garning and fundraising events (not including \$5       of contributions         a Gross income from gaming and fundraising events (stip Column \$15,000)       6a         7       Cross sales of inventory, less returns and allowances       7a         7       To       7c         8       Other revenue (describe in Schedule 0)	J	Тах-ех			orm 990, 990-E	Ζ, or 990-PF).
L       Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 980 instead of Form 990-EZ.       ** \$7,548         Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)						
assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.       Image: State of			0		otal	
Part 1       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule 0 to respond to any question in this Part 1                    1		assets	s (Part II, colu	mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	7,548
Check if the organization used Schedule O to respond to any question in this Part I       1       Contributions, gifts, grants, and similar amounts received.       1       3, 970         2       Program service revenue including government fees and contracts.       3       2, 973         4       Investment income       3       2, 973         5a       Gross amount from sale of assets other than inventory       5a         6       Gain of (oss) from sale of assets other than inventory (Subtract line 5b from line 5a).       5c         6       Gaining and fundraising events       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including S from fundraising events (not including S from fundraising events (not including S from sales of inventory, less returns and allowances       6b         c       Cross solicome and contributions exceeds \$15,000)       6c         c       Less: circle expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6c         7       Gross scool of goods sold       7c       7c         8       Other revenue (describe in Schedule O)       9       7,54         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       7,54         10       Gratis and similar amounts paid (list	Pa	rti	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see the	instructions f	
2       Program service revenue including government fees and contracts.       2         3       Membership dues and assessments       3       2,973         4       Investment income       4       8         5a       Gross amount from sale of assets other than inventory       5a       5b       5c         6       Gaming and fundraising events       5c       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       6c       5c         b       Gross income from fundraising events (not including S       of contributions       6c       6c         b       Gross income and contributions exceeds \$15,000)       6c       6c       6c       6c         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subfract line 6c)       6c       6c       6d         7       A       Tb       Tb       7c       7c       7c         8       Other revenue (describe in Schedule O)       See form 900-EZ, Part Line 8, Other Revenue       8       5.91         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.       9       7, 54 60       7d         11       12       Salaries, other compensation, and employee benefits       13       11       11 <t< td=""><td>he</td><td></td><td></td><td></td><td></td><td></td></t<>	he					
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E       of such gross income and contributions exceeds \$15,000       6 c         c       Less: direct expenses from gaming and fundraising events       6 c         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6 d         7 a       Gross sales of inventory, less returns and allowances       7 a         b       Less: cost of goods sold       7 c         c       Gross sales of inventory, less returns and allowances       7 c         s       Other revenue (describe in Schedule 0)       See Form 990-EZ, Part I, Line 8.0ther Revenue         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.       9         10       Grants and similar amounts paid (list in Schedule 0)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance.       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part Line 16.0ther Expenses         16       Other expenses, Add lines 10 through 16       17	V E	b	Gross incom	e from fundraising events (not including \$ of contributions		
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c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule O)       See Form 990-EZ, Part I, Line 8, Other Revenue       8       597         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       7, 54 8         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance.       14         15       Frinting, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part Line 16, Other Expenses         16       Other expenses (describe in Schedule O)       5ee Form 990-EZ, Part Line 16, Other Expenses         17       Total expenses. Add lines 10 through 16       597         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19						
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10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part  , Line 16, Other Expenses         16       Other expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         NS       19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19						
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance.       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       See Form 990-FZ, Part I, Line 16, Other Expenses         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18         Nes       19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19						/,548
12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance.       14         15       14       Occupancy, rent, utilities, and maintenance.       14         16       Other expenses (describe in Schedule O)       See Form 990-EZ, Part I, Line 16, Other Expenses       16         17       Total expenses. Add lines 10 through 16       17       6, 74 (Contractors)         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       80 (Sonte expenses)         19       Net assets or prior year's return).       19       8, 40 (Sonte expenses)						
13       Professional fees and other payments to independent contractors       13         14       Occupancy, rent, utilities, and maintenance.       14         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       5ee Form 990-EZ, Part I, Line 16, Other Expenses         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19	F					
16       Other expenses (describe in Schedule O)       See Form 990-E2 Part I, Line 16, Other Expenses       16       6, 74 (0)         17       Total expenses. Add lines 10 through 16       17       6, 74 (0)         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       80 (8)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       8, 400	X					
16       Other expenses (describe in Schedule O)       See Form 990-E2 Part I, Line 16, Other Expenses       16       6, 74 (0)         17       Total expenses. Add lines 10 through 16       17       6, 74 (0)         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       80 (8)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       8, 400	E					
16       Other expenses (describe in Schedule O)       See Form 990-E2 Part I, Line 16 Other Expenses       16       6,740         17       Total expenses. Add lines 10 through 16       17       6,740         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       808         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       8,400	SF				·	
17       Total expenses. Add lines 10 through 16       16       17       6,740         18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       808         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       8,400	s		Other expension	ses (describe in Schedule O)	Other Expenses 16	6 7/0
18       Excess or (deficit) for the year (Subtract line 17 from line 9).       18       808         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       8,400						
A NS E       19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).       19       8,400			Excess or (d	eficit) for the vear (Subtract line 17 from line 9).		
Nš 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	A					
	NSEE	19	figure reporte	r rund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y ed on prior year's return)	ear	8-403
TT       S       S       Other changes in net assets or fund balances (explain in Schedule O)       See. L-20. Stmt       Z	TT	20				-1
	5		Net assets o	r fund balances at end of year. Combine lines 18 through 20.	► 21	9,210

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Form	990-EZ (2013) Victor Hiking T	rails, Inc		16	-146	1193 Page 2
Par	t II Balance Sheets (see the inst	ructions for Part II)				
	Check if the organization used Sched	ule O to respond to any questi				
22	Cash, savings, and investments		<u> </u>	A) Beginning of yea	1 1	(B) End of year
23	Land and buildings			<u> </u>		7,777.
24	Other assets (describe in Schedule O)	Trail Mainten	ance Equipment	1,843		0.
25	Total assets			8,448		9,275.
26	Total liabilities (describe in Schedule O).			45	*	65.
27	Net assets or fund balances (line 27 of c			8,403	*	9,210.
Par	t III Statement of Program Service A	ccomplishments (see the ins	structions for Part III)	0/100	• • • •	Expenses
	Check if the organization used Sche	edule O to respond to any que	stion in this Part III			uired for section 501
What Desc	s the organization's primary exempt purpose? <u>Pr</u> ribe the organization's program service acc sured by expenses. In a clear and concise r	ovide outdoor recreat; omplishments for each of its th	ional & education	al experinces vices, as	organ	and 501(c)(4) nizations and section (a)(1) trusts; optional
bene	nied, and other relevant information for eac	n program title.		persons		hers.)
28	<u>Guided_hikes - monthly_gu</u>					
	of each month along with					
	<u>feel comfortable being outdoor</u> (Grants \$ 0.) If the	is amount includes foreign gran	<u>nature &amp; nistoric</u>	al equcation	28a	0.5.0
29	Trail_creation_and_mainte			1 1	204	958.
	the town of Victor that N					
	<u>added_each_year</u> (Grants s) If th	is amount includes foreign grar	nts check here		29 a	2 026
30	Provide community service				23a	3,836.
	groups_to_work_on_trails,					
	groups co work on crarts,	_DUITO DITOGES and	L DUALU_WAIKS.			
	(Grants \$) If th	is amount includes foreign grai	nts, check here		30 a	0.
31	Other program services (describe in Schee					<u>v.</u>
	(Grants \$ ) If th	is amount includes foreign grai	nts, check here	►	31 a	
32	Total program service expenses (add lin	nes 28a through 31a)			32	4,794.
Par	t IV List of Officers, Directors,					e instructions for Part IV)
	Charle if the eventimation would be					
	Check if the organization used Sch	edule O to respond to any que	stion in this Part IV.			
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	, yee	(e) Estimated amount of other compensation
Dav		(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee	
Cha	(a) Name and Title id_Wright irperson	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee	
Cha	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee erred	other compensation
<u>Cha</u> Jef Vic	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee erred	other compensation
<u>Cha</u> Jef Vic Cha	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy_Young	(b) Average hours per week devoted to position 10.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits contributions to emplo benefit plans, and defe	) yee erred	0 . 0 .
Cha Jef Vic Cha Tre	(a) Name and Title id_Wright irperson f_Hennick ee-Chairperson uncy_Young asurer	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee arred	O .
Cha Jef Vic Cha Tre Car	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy_Young asurer ol_MacInnes	(b) Average hours per week devoted to position 10.00 3.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred 0.	0 . 0 . 0 .
Cha Jef Cha Tre Car	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il_Master	(b) Average hours per week devoted to position 10.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits contributions to emplo benefit plans, and defe	) yee erred	0 .
Cha Jef Vic Cha Tre Car Tra Lar	(a) Name and Title id_Wright f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il_Master ry_Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee prred 0.	0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar	(a) Name and Title id Wright irperson f Hennick e-Chairperson uncy Young asurer ol MacInnes il Master ry Fisher il Boss	(b) Average hours per week devoted to position 10.00 3.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred 0.	0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id Wright irperson f Hennick e-Chairperson uncy Young asurer ol MacInnes il Master ry Fisher il Boss	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee prred 0.	0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
Cha Jef Vic Cha Tre Car Tra Lar Tra Nat	(a) Name and Title id_Wright irperson f_Hennick e-Chairperson uncy Young asurer ol_MacInnes il Master ry Fisher il Boss Fisher	(b) Average hours per week devoted to position 10.00 3.00 5.00 2.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .

BAA

Form 990-EZ (2013)

	990-EZ (2013) Victor Hiking Trails, Inc 16-146119	3	P	age 3
Par	<b>t V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
25.	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		Х
352		25-		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O $\dots$	35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	0.0275	X
k	o If Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
k	Gross receipts, included on line 9, for public use of club facilities		1.11	
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911  section 4912  section 4955			
k	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
C	s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed New York		L	
	a The organization's books are in care of ► Chauncy Young, Treasurer Telephone no. ► (585) Located at ► 660 Old Dutch Rd, Victor, NY ZIP + 4 ► 14564	-919		

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	· · · · 42k	5	X
If 'Yes,' enter the name of the foreign country:			

42 c

Х

see the instructions for exceptions and hing requirements	To Form TD F 70-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the org	anization maintain an office outside of the U.S.?
If 'Yes,' enter the name of the foreign country:	►

43	<ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here</li> <li>and enter the amount of tax-exempt interest received or accrued during the tax year</li> <li>▶ 43  </li> </ul>				
			Yes	No	
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X	
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X	
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х	
	<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d			
45	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		Х	
	b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X	
	TEEA0812 11/27/13	Form 99	0-EZ (	2013)	

Form <b>990-I</b>	EZ(2013) Victor Hiking Trail	.s, Inc			16-146	61193	Р	age 4
	he organization engage, directly or indirectly idates for public office? If 'Yes,' complete So						Yes	
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only s must answer que	stions 47-4	49b and 5	2, and complete the	e tables		
	Check if the organization used Schedule	O to respond to any que	estion in this F	Part VI			1 1	1
comp <b>48</b> Is the <b>49 a</b> Did ti	he organization engage in lobbying activities olete Schedule C, Part II e organization a school as described in secti he organization make any transfers to an ex-	on 170(b)(1)(A)(ii)? If 'Y empt non-charitable rela	es,' complete ated organiza	Schedule E				No X X X
50 Com	s,' was the related organization a section 52 plete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated emp	ioyees (other	than officer	s, directors, trustees and	d key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/	compensation 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other corr		
None								
51 Com	number of other employees paid over \$100 plete this table for the organization's five hig pensation from the organization. If there is n (a) Name and business address of each independent con	hest compensated inde one, enter 'None.'	pendent cont	ractors who			of	
None				(=) . ) po				
None								
*								
d Total	number of other independent contractors e	ach receiving over \$100	.000			<u> </u>		
	he organization complete Schedule A? Note						Г	
	table trusts must attach a completed Sched is of perjury, I declare that I have examined this return, inc						s [	No
true, correct, a	nd complete. Declaration of preparer (other than officer) is	based on all information of white	ch preparer has a	ny knowledge.	02/20/13			
Sign Here	Signal we of office David Wright				Date Chairperson			
	Type or print name and title Print/Type preparer's name	Preparer's signature		Date		PTIN		
			M-M		Check if			
Paid						20120309	19	
Preparer Use Only	Firm's address ► 660 Old Dutch R				Firm's EIN	20-2085	5353	
							1068	,
May the IR	S discuss this return with the preparer show	n above? See instructio	ns			► XYe		No
						Form 99		1

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

## Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury

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

OMB No. 1545-0047

Open to Public Inspection

Name of the againzation         Encloyer identification number 116-1461193           Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.         In 6-1461193           Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.         In 6-1461193           The organization is on a private foundation because it is (For lines 1 through 11, check only one box.)         A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).           A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         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)(b)(.) Complete Part II.)           A norganization that normally receives a substantial part of its support from a governmental unit or from the general public describ in section 170(b)(1)(A)(b)(.) Complete Part II.)           M an organization that normality receives a substantial part of its support from monthan 33-103% of its support from monthan 33-103% of its support from monthan 33-103% of its support from sonthautions, membership fees, and gross recei investment income and unrelated business taxable income (less eaction 509(a)(4).           M an organization distributions – subject in the benefit of its perform the functions of or arry out the purposes of one more publicly supported organization and complete lens 11 b)           M an organization distributions – subject in the benefit of its perform the functions of or arry out the purposes of one more publicly supported organization and one areal exclusively to tracord 509(a)(1). </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Constance</th> <th>n internétére et</th> <th>V</th> <th></th>										Constance	n internétére et	V	
Part I       Reason for Public Charity Status (All organizations must complete this part.) See instructions.         The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)       Image: Check on the organization of churches or association of churches described in section 170(b)(1)(A)(i).         A school described in section 170(b)(1)(A)(ii).       A school described in section 170(b)(1)(A)(ii).         A nonganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).         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)(v).         An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v).         A community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         Si A community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         M a community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         M a community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         M a community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         M a community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         M a community trust described in section 170(b)(1)(A)(v).       Complete Part II.)         M a comparization oragnization addit an		-	m ! 1										
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 church, convention of churches or association of churches described in section 170(b)(1)(A)(ii).           3         A church, convention of churches or association described in section 170(b)(1)(A)(ii).           4         A neglial or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).           4         A neglial or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).           5         A not organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).           6         A hosderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).           7         An organization that normally receives (1) more than 33-1/3% of its support from a governmental unit described in section 170(b)(1)(A)(v).           8         A courding that normally receives (1) (complete Part II.)           9         Xh organization organization organization ad operated exclusively to test for public safety. See section 509(a)(A).           10         An organization organization ad operated exclusively to test for public safety. See section 509(a)(A).           11         An organization organization ad operated exclusively to test for bublic safety. See section 509(a)(A).           11					e (All organizations	muster	malat	o thio r					
1       A church, convention of churches or association of churches described in section 170(b)(1)(A)(ii).         2       A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)         3       A nopical 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 factural, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.)         7       An organization that normally receives a substantial part of its support from a governmental unit of from the general public describ in factorial state, or longital cont adjustmess taxable income (less sception 5.11 kz) from businesses and unreliated business taxable income (less sception 5.11 kz) from businesses and solida(2). See section 509(a)(2).         10       An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one than organization organized on appareted exclusively for the benefit of, to perform the functions of or carry out the purposes of one or more adjustation adjusted and operated exclusively for the benefit of, to perform the functions of on carry out the purposes of one than onedotion managers and other than one or more publicy supported organization adjus(2). See section 509(a)(2). Checking thas box.         10									part.) S	ee inst	ruction	S.	
2       A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)         3       A notpilal or a cooparative 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)((ii). (Complete Part II).         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)(v).         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 contributions, membership fees, and gross receives a duritize selection 170(b)(1)(A)(v). (Complete Part II.)         9       X An organization that normality receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receives of 30(4)(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, 10 perform the functions of or carry out the purposes of one more publicly supported organization is described in section 509(a)(1) or section 509(a)(2). Check the box to described in section 509(a)(2). See section 509(a)(3). Check the box to described in section 509(a)(2). See section 509(a)(3). Check the box to described in section 509(a)(2). See section 509(a)(3). Check the box to described in section 509(a)(2) or array out the purposes of one more publicly supported organization and complete lines 11 throug								,					
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)(v).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An organization that normally receives: (1) more than 33-1/3% of its support from a governmental unit or from the general public describ in a section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       M organization that normally receives: (1) more than 33-1/3% of its support from a graduate by the organization and parated exclusively to test for public safety. See section 509(a)(4).         10       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization manager and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization manager and operated exclusively for the benefit of, to perform the functions 0, or arry out the purposes of one more publicly supported organizations and second 508(a)(4).         11       An organization manager and operated exclusively for the benefit of, to perform the functions 008(a)(3). Check the box descord by more disclusited	in the second						ction 17	U(D)(1)(A	A)(I).				
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)(v).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       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)(v).         8       A community trust described in section 170(b)(1)(A)(v).         9       X An organization that normally receives: (1) more than 3:13% of its support from contributions, membership fees, and gross receives and view in the described in section 509(a)(2). Complete Part III.)         9       X An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III.)         10       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box t describes the type of supporting organization and complete lines 11e through 11h.         11       An organization organized and operated exclusively for the benefit of collective type or endicatularity ported organization and complete lines 11e through 11h.         12       Type II = b [] the organization and complete lines 11e through 11h.         13       A first the organization and operated exclusively for the benefit of collectindectindered type indected type organization and ompi													
aname, oity, and state:       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V).         A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).       An organization that normally receives a substantial part of its support from a governmental unit or from the general public describe in section 170(b)(1)(A)(V).         B A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)       An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receives a substantian section 110(b)(1)(A)(V). (Complete Part II.)         9 X An organization and uncleand businesses – subjecto coretra exceptions, and (2) no more than 33-1/3% of its support from graination of an organization and uncleand businesses acquired by the organization affinition graination of section 509(a)(2). (Complete Part III.)         10 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)         11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Concertee Part III.)         11 An organization organized and operated exclusively to test for public support the functions of, or carry out the purposes of one more publicly supported organization accounting described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(1) or section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(1) or section 509(a)(2). See section 509(a)(1) or section 509(a)(2)					•		• • •		,		_		
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section          A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).         A roganization that normally receives a substantial part of its support from a governmental unit or from the general public describe          A community trust described in section 170(b)(1)(A)(V).       Complete Part II.)         A community trust described in section 170(b)(1)(A)(V).       Complete Part II.)         A community trust described in section 170(b)(1)(A)(V).       Complete Part II.)         A community trust described in section 170(b)(1)(A)(V).       Complete Part II.)         A community trust described in section 509(a)(2).       Complete Part III.)         A conganization and parated exclusively to test for public safety. See section 509(a)(2).       Complete Part III.)         An organization arganized and operated exclusively to test for public safety. See section 509(a)(2).       See section 509(a)(2).         An organization arganized and operated exclusively to the purposes of one more publicly supported organization and complete lines 11:e through 11h.       Type III.         A conganization arganized and operated exclusively to test for public safety. See section 509(a)(2).       See section 509(a)(2).         I the organization reparated exclusively to the banefit of, to parform the functions of or carry out the purposes of one more publicly supported organization and complete lines 11:e through 11h.				ganization operated	in conjunction with a hosp	pital desc	ribed in	section	170(b)(*	1)(A)(iii).	. Enter th	e hospital's	
Image: 170(b)(1)(A)(iv). (Complete Part II.)         Image: Anonymain of concal governmental unit described in section 170(b)(1)(A)(v).         An organization that normally receives a substantial part of its support from a governmental unit or from the general public describ         Image: Anonymnity trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Anonymnity trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Anonymnity trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Anonymnity trust described in section 170(b)(1)(A)(v). (Complete Part II.)         Image: Anonymnity trust described in a section 170(b)(1)(A)(v). (Complete Part II.)         Image: Anonymnity trust described in section 11 tax) from businesses acquired by the organization and secriber Part III.)         Image: Anonymnity trust described in section 500(a)(2). See section 509(a)(4).         Image: Anonymnity trust described in section 500(a)(2). See section 509(a)(3). Check the box to describe the type of supporting organization and complete lines 11e through 11h.         Image: Anonymnity trust described in a section 500(a)(2). See section 509(a)(3). Check the box to describe the section 509(a)(2).         Image: Anonymnity trust described in a section 500(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box to describe than foundation managers and other than on control text described organization for the section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box to text than foundation managers and other than one or more publicity supported organization 509(a)(1) or section 509(a)(2).													
7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public describ in section 170(b)(1)(A)(vi). (Complete Part II.)         9       XA norganization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receivant of the subject to cartinal exceptions, and (2) no more than 33-1/3% of its support from oprimvestment income and unrelated business taxable income (less section 509(a)(4).         10       An organization organized and operated exclusively to test for public safety. See section 509(a)(2).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part II.)         10       An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one describes the type of supporting organization and complete lines 11e through 11h.         11       Type III       b       Type III       c         12       yet is b       Type III       c       Type III       c         13       An organization received a written determination from the IRS that is a Type I. Type III - Non-functionally indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization, section 509(a)(2).       ft if the organization received a written determination from the IRS that is a Type I. Type III or Type III or Complete III (1) (1) (1) (1) (1) A 55% controlled entity of a person described in (i) or (ii) above?       11g (ii)         1	· Ц	170(b)(1)(A)(i	<b>v).</b> (Con	nplete Part II.)	0			, ,		tal unit d	escribed	in section	
In section 170(b)(1)(A)(v). (Complete Part II.)     A community trust 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.)     A community trust 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.)     A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)     A community trust described in section 150(a)(1) commutes and unrelated business table income (less section 511 tax) from businesses acquired by the organization and parted exclusively for the benefit of, to perform the functions of, or carry out the purposes of one publicly supported organizations described in section 509(a)(1). Check the box t describes the type of supporting organization and complete lines 11 the truncion 509(a)(2). See section 509(a)(3). Check the box t describes the type of supporting organization is not controlled directly or indirectly is become inditon in busing support in the organization in diverent indirectly o				•					,			LP	
9       X       An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receives from activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from groin activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from groin activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from groin activities related to lise exampt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from groin activities related to lise exampt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support for groin groin activities related to its exempt functions of 11 tax) from its huminesses acquired by the organization afficient is subject to reparise the type of supporting organization and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes of one more publicly supported organization and complete lines 11e through 11h.         10       An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one more publicly supported organization soft(a)(1). See section 509(a)(2). See section 509(a)(2). For the top soft organization is soft organization and complete lines 11e through 11h.         a       Type I       b       Type II       controlled directly or indirectly controls, either alone or together with persons described in (ii) and (iii) telewic magnization in the section forganization in the supported organization?       fif 19 (i)       fig (i)		in section 170	0(b)(1)(A	.)(vi). (Complete Pa	irt II.)		governi	mental u	nit or tro	m the ge	eneral pu	DIIC Describ	ed
from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from grainization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization aff 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)(2). See section 509(a)(3). Check the box t describes the type of supporting organization and complete lines 11th through 11h.         a       Type I       b       Type III       c       Type III – Functionally integrated       d       Type III – Non-functionally integrated         e       By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons section 509(a)(2).       f If the organization received a written determination from the IRS that is a Type I. Type III 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 family member of a person described in (i) above?       119 (i) 119 (ii) 119 (iii)         h amen of supported       (iii) EIN       (iii) EV or organization in described organization?       (vi) is the organization in support organization?       (vi) is the organization in accepted organization?         (i)       A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)       119 (ii) 119 (iii)         (iii) Name of supported       (v													
11       An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box the describes the type of supporting organization and complete lines 1 the through 11h.         a       Type I       b       Type III       c       Type III - Functionally integrated       d       Type III - Non-functionally integrated         e       By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons described in section 509(a)(2).       f       If the organization received a written determination from the IRS that is a Type I. Type III 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) and (iii)       I11 g (i)         h       Provide the following information about the supported organization?       (iii) A 35% controlled entity of a person described in (i) or (ii) above?       I11 g (ii)         h       Provide the following information about the supported organization (iii) site or organization in column (i) organizati in in column (i) organizati in in column (i) organiza		from activities investment inc June 30, 1975	related f come and 5. See se	o its exempt function d unrelated business ction 509(a)(2). (Co	ns – subject to certain ex s taxable income (less sec omplete Part III.)	ceptions, ction 511	and (2) tax) fror	no more n busine	than 33 sses ac	3-1/3% o	f its supp	ort from gro	bss
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box t describes the type of supporting organization and complete lines 11e through 11h.       a       Type I       b       Type II       c       Type III – Functionally integrated d       d       Type III – Non-functionally integrated 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 is a Type I, Type III or Type III supporting organization, check this box .       f       If the organization received a written determination from the IRS that is a Type I, Type III 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) and (iii) .       I11g (i)         (ii) A family member of a person described in (i) above? .       111g (iii)       I11g (iii)         (iii) A family member of a person described in (i) or (ii) above? .       (iv) is the organization in column (i) organization in c		-	-	-									
e       By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons of the rhan 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 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) and (iii) below, the governing body of the supported organization?         (ii)       A family member of a person described in (i) above?         (iii)       A 35% controlled entity of a person described in (i) or (ii) above?         h       Provide the following information about the supported organization in courn () organiz		more publicly	supporte	d organizations des	cribed in section 509(a)(1	) or secti	on 509(a	functions a)(2). Se	s of, or o e <b>sectio</b>	arry out n 509(a)	the purp (3). Che	oses of one ck the box f	or hat
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 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) and (iii)         (ii)       A family member of a person described in (i) above?         (iii)       A 35% controlled entity of a person described in (i) or (ii) above?         h       Provide the following information about the supported organization (s).         (i)       Name of supported organization         (ii)       Controlled entity of a person described in (iii) Type of organization in controlled in the control organization in control organization i		a Type I	b	Type II	c Type III – Function	nally integ	grated		a 🗍 .:	Type III -	– Non-fu	nctionally ir	tegrated
f       If the organization received a written determination from the IRS that 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) and (iii) below, the governing body of the supported organization?       11g (i)         (ii)       A family member of a person described in (i) above?       11g (ii)         h       Provide the following information about the supported organization(s).       (iv) Is the organization in described on lines 1-9 above or Rescribed on lines 1-9 above o	-	other than fou	ndation i	certify that the orga nanagers and other	nization is not controlled than one or more publicly	directly of y support	r indirec ed o <b>rga</b> r	tly by on nizations	e or mor describ	e disqua ed in sec	alified per otion 509	rsons (a)(1) or	
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)       11g (i)         (ii) A family member of a person described in (i) above?       11g (ii)         (iii) A 35% controlled entity of a person described in (i) or (ii) above?       11g (ii)         h       Provide the following information about the supported organization (described on lines 1-9 above or IRC section (granization in organization in granization in granization in column (i) or your granization in column (i) or your granization in column (i) or your granization in column (i) is export?       (vii) Is the organization in column (i) is exported in the U.S.?       (viii) Amount granization in column (i) is export?       (viii) Amount granization in column (i) is export?       (viii) Amount granization in column (i) or your granization in column (i) is export?       (viii) Amount granization in column (i) is export       (viii) Amount granization in c	f	If the organiza	ation rece			it is a Typ	е I, Тур	e II or Ty	rpe III su	pporting	organiza	ation,	(
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii)       11g (i)         (ii) A family member of a person described in (i) above?       11g (ii)         (iii) A 35% controlled entity of a person described in (i) or (ii) above?       11g (ii)         h       Provide the following information about the supported organization (described on lines 1-9 above or IRC section (granization in organization in granization in granization in column (i) or your granization in column (i) or your granization in column (i) or your granization in column (i) is export?       (vii) Is the organization in column (i) is exported in the U.S.?       (viii) Amount granization in column (i) is export?       (viii) Amount granization in column (i) is export?       (viii) Amount granization in column (i) or your granization in column (i) is export?       (viii) Amount granization in column (i) is export       (viii) Amount granization in c	a	Since August	17. 2006	. has the organization	on accepted any gift or co	ontributio	n from a	nv of the	followir	na persoi	ns?		
(ii) A family member of a person described in (i) above?     11g (i)       (iii) A 35% controlled entity of a person described in (i) or (ii) above?     11g (ii)       n     Provide the following information about the supported organization organization (described on (in) listed in organization in column (i) organization in column (i) column (i) organization in column (i) support?     (v) Did you notify the organization in column (i) column (i) organization in column (i) support?     (vi) Is the organization in column (i) colu	3	j	,	,						. <b>3</b> F			Yes N
(iii) A 35% controlled entity of a person described in (i) or (ii) above?       It g (iii)         h       Provide the following information about the supported organization (is organization for organization in column (i) or your governing document?       (v) Did you notify the organization in column (i) organization (i) organization in column (i) organization (i)	I	(i) A person below, t	n who di he gover	rectly or indirectly co ning body of the sup	ontrols, either alone or tog	jether witl	n persor	ns descri	bed in (i	i) and (iii	)	. 11 g (i)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?       It g (iii)         h       Provide the following information about the supported organization (is organization forganization in column (i) organization (i) organization in column (i) organization (i) or		(ii) A family	membe	r of a person describ	ed in (i) above?							. 11 g (ii)	
h       Provide the following information about the supported organization (s).       (ii) Name of supported organization       (iii) EIN       (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))       (iv) Is the organization in column (i) for your support?       (vi) Is the organization in column (i) organization in column (i) organized in the U.S.?       (vii) Amount support?         (A)       (A)       (B)       (C)													
(i) Name of supported organization (iii) EIN       (iii) EIN       (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))       (iv) Is the organization in column (i) of your notify document (i) organization in column (i) of your organization in your goalized in the U.S.?       (vi) Sthe organization in column (i) of your organization in your goalized in the U.S.?       (vii) Amount (i) organization in your goalized in the U.S.?         (A)       (B)       (C)		· /		, ,	., .,							- <b>Fig</b> (m)	
Yes       No       Yes       No       Yes       No         (A)       -		(i) Name of suppo	orted		(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) l organiz column (i your go	ation in ) listed in verning	the organi column (i	zation in ) of your	organiz colum organize	ation in nn (i) d in the		t of monetary port
(A)     (A)     (A)     (A)     (A)     (A)       (B)     (B)     (B)     (B)     (C)     (C)     (C)     (C)       (D)     (D)     (D)     (D)     (D)     (D)     (D)							1	Yes	No	-	1		
(B)     (C)     (C) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>110</td> <td></td> <td></td> <td></td> <td></td>									110				
(B)     (C)     (C) <td>A)</td> <td></td> <td></td> <td></td> <td>~</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	A)				~								
(C) (D)							1						
(D)	3)												
(D)					· · · ·								
	5)												
(E)	D)		· .										
	=)												
Total	otal												
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990	AA For	Paperwork R	eductio	n Act Notice, see ti	ne Instructions for Form	990 or 9	90-EZ.		5	Schedule	A (Form	n 990 or 990	)-EZ) 201:

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 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 (f)								
6	Public support. Subtract line 5 from line 4		-						
Sec	tion B. Total Support		1	1		·			
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s								
Sec	tion C. Computation of Pu	blic Support F	Percentage						
	Public support percentage for 201						<u>%</u>		
15	Public support percentage from 20	12 Schedule A, P	art II, line 14			15	%		
16 a	<b>33-1/3% support test</b> – <b>2013.</b> If and <b>stop here.</b> The organization of								
b	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								
17 a	17 a 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 in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	<b>b 10%-facts-and-circumstances test</b> – <b>2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this boy	and see instructio	ns		
BAA					Sch	nedule A (Form 990	0 or 990-EZ) 2013		

Schedule A (Form 990 or 990-EZ) 2013

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16-1461193

# 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.)

Sec	tion A. Public Support						
	idar year (or fiscal yr 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.')	2,601.	3,972.	8,743.	6,262.	6,943.	28,521.
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's			,			
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	1,146.	817.	1,308.	557.	597.	4,425.
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 A Amounts included on lines 1, 2, and 3 received from disqualified persons	3,747.	4,789.	10,051.	6,819.	7,540.	32,946.
ł	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						
	Public support (Subtract line 7c from line 6.)						32,946.
-	tion B. Total Support						
	ndar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	3,747.	4,789.	10,051.	6,819.	7,540.	32,946.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	76.	30.	52.	27.	8.	193.
	acquired after June 30, 1975						
	Add lines 10a and 10b	76.	30.	52.	27.	8.	193.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total Support. (Add Ins 9,10c, 11 and 12.)	3,823.	4,819.	10,103.	6,846.	7,548.	33,139.
	First five years. If the Form 990 is organization, check this box and st	top here		hird, fourth, or fifth	tax year as a section	on 501(c)(3)	
-	tion C. Computation of Pul						
15	Public support percentage for 2013			( ) /			99.42 %
16	Public support percentage from 20					16	99.25 %
	tion D. Computation of Inv						
17	Investment income percentage for						0.58 %
18	Investment income percentage from						0.75 %
	a 33-1/3% support tests – 2013. If is not more than 33-1/3%, check th	his box and stop he	ere. The organizati	on qualifies as a p	ublicly supported o	rganization	· · · · · ▶ [X]
	<b>33-1/3% support tests</b> – <b>2012.</b> If line 18 is not more than 33-1/3%, c	check this box and s	stop here. The org	ganization qualifies	as a publicly supp	orted organization	· · · · · · ► 📋
	Private foundation. If the organiza	ation did not check					
BAA			TEEA0403 (	6/28/13	Sch	nedule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Victor Hiking Trails, Inc	16-1461193	Page 4
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part II, line 10; or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Part II, line 17a	

Schedule A (Form 990 or 990-EZ) 2013

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BAA

SCHEDULE O (Form 990 or 990-EZ)	orm 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.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization	at www.irs.gov/torm990.	Employer identi	
Victor Hiking Tra	ails, Inc	16-14611	
BAA For Paperwork Reduction	n Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA49	901 09/09/2013 Schedule O (	Form 990 or 990-EZ) 2013

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
Bakesale/National Trails Day/etc.	382.
Newletter Ads	200.
Net Hat Sales	15.
Total	597.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

### Other expenses (describe in Schedule O)

Association Dues / Gifts	175
Dues and Subcriptions	125.
Office Expense	1,483.
Promotional Goods	0.
Special Events	958.
Trail Impovement	3,491.
Conference Fees	50.
Misc	113.
Depreciation	345.
Total	6,740.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
Rounding Error	-1.
Total	-1.