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DLN: 93493321017434

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

		2012		2014			
			lendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30 C Name of organization	-2014	D Emplo	ver iden	tification number
B Che		pplicable	DRYAD			•	
		_	Doing Business As		<u> </u>	85419	
┌ Nar —		_					
Initi	al retu	m	Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telepho	ne numb	per
Ten	mınate	d	9650 ROCKVILLE PIKE		(301)	634-7	102
Ame	ended	return	City or town, state or province, country, and ZIP or foreign postal code		(301)	034-7	102
— App	lication	n pending	BETHESDA, MD 20814		G Gross r	eceipts \$	206,396
			F Name and address of principal officer	H(a) Io	this a group		·
			WILLIAM MICHENER		ibordinates?	recuiii	Γ Yes Γ No
			9650 ROCKVILLE PIKE BETHESDA,MD 20814				
					re all subordı cluded?	nates	Γ Y es Γ No
r Tax	r-exem	npt status	5 501(c)(3)			a list ((see instructions)
1 147	a baita	- I- W/	WW DATADRYAD ORG	_			
	ebsite	2: F- VV	WW DATADRYAD ORG	H(c) G	roup exempt	ion num	nber 🟲
K Forn	n of or	ganızatıo	Corporation Trust Association Other ►	L Year o	of formation 20	13 M	State of legal domicile No
Pa	rt I	Sun	nmary				
Governance	1	МЕМВ́Е	describe the organization's mission or most significant activities RSHIP AND SUBMISSION OF MANUSCRIPTS AND DATA BY PUBLISH STORING AND ARCHIVING BY ORGANIZATION	HERS AN	D RESEARCI	HERS T	O FACILITATE
liai							
) Ye	2	Check	his box দ if the organization discontinued its operations or disposed of	more tha	ın 25% of ıts	net ass	sets
50							
Activities &	3	Numbei	of voting members of the governing body (Part VI, line 1a) $ \cdot \cdot \cdot \cdot $			3	1.
ille	4	Numbei	of independent voting members of the governing body (Part VI, line 1b)			4	3
711.K	5	Total n	umber of individuals employed in calendar year 2013 (Part V, line 2a) .			5	
ŧ	6	Total n	umber of volunteers (estimate if necessary)			6	1.
			nrelated business revenue from Part VIII, column (C), line 12			7a	(
	ь	Net unr	elated business taxable income from Form 990-T, line 34			7b	
				F	Prior Year		Current Year
a.	8	Cont	ributions and grants (Part VIII, line 1h)				55,287
il like	9	Progr	am service revenue (Part VIII, line 2g)				150,106
Revenue	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)				(
т	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1,003
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				206,396
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)				
	14		fits paid to or for members (Part IX, column (A), line 4)				
	15		ies, other compensation, employee benefits (Part IX, column (A), lines				
\$	13	5-10					11,977
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)				(
ŝ	ь	Total f	undraising expenses (Part IX, column (D), line 25) ▶0				
E	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				82,822
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)				94,799
	19	Reve	nue less expenses Subtract line 18 from line 12				111,597
8 %				Begin	ning of Curre	nt	End of Year
net Assets or Fund Balances		_			Year		
8.85 B.a	20		assets (Part X, line 16)				138,510
end Grid	21		liabilities (Part X, line 26)				33,945
	22		ssets or fund balances Subtract line 21 from line 20				104,565
Jndei ny kr	owled	alties of dge and	nature Block perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other that moviledge				
		h	***		1 2044 44 5-		
c:		*** Sign	*** lature of officer		2014-11-05 Date		
Sign Here		'					
1616	•		LIAM MICHENER PRESIDENT e or print name and title				
		<u> </u>	Print/Type preparer's name Preparer's signature Da	te T	Check I If	PTIN	
Paic	4				self-employed	P00082	903
			Firm's name F JBS & CO LLC		Firm's EIN 🟲 2	7-403267	5
	pare		Firm's address ► 3158 BRAVERTON ST STE 108		Phone no (410) 956-60	02
JSE	On	ıy l		l	(110	, - 55 69	

EDGEWATER, MD 210372671

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

☐Yes ☐No

4d Other program services (Describe in Schedule O)
(Expenses \$ including grains)

Total program service expenses ►

(Expenses \$ including grants of \$

94.799

) (Revenue \$

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

-6	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
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			
	by this return			
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_	11 Tes, to fine 5d of 5b, and the organization meronin occorrection.	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).	OD		
				NI a
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		No
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	٣		
a	Did the organization make any taxable distributions under section 4966?	9a		
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b		90		
_	Section 501(c)(7) organizations. Enter Introduce for and counted control organizations and add on Port VIII. Inc. 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand	[ļ	
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ction 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						
	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						
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		No			
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		No			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
7a	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?						
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
b	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	Yes				
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	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14		No			
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?						
а	The organization's CEO, Executive Director, or top management official	15a		No			
b	Other officers or key employees of the organization	15b		No			
	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		Νo			
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?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply						
	C Own wabsite C Another's wabsite C Upon request C Other (explain in Schedule O)						

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
►FASEB FASEB 9650 ROCKVILLE PIKE
9650 ROCKVILLE PIKE
BETHESDA, MD 20814 9650 ROCKVILLE PIKE (301) 634-7084

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♦ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Company	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dir	one bot	not box h ar or/tr	check c, unle n office ustee	er er	(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
DOARD MEMBER X		below	Individual trustee or director	Institutional Trustee	ICEI	, employee	hest compensated ployee	Former	,	,	and related
BOARD MEMBER	(1) LYNN BAIRD	1 00] ,						١	0	0
BOARD MEMBER	BOARD MEMBER		^							O .	0
BOARD MEMBER	(2) KEVIN SMITH	5 00	,								
Color Colo	BOARD MEMBER		×						0	0	0
BOARD MEMBER	(3) ELIZABETH FERGUSON	1 50									
Column	ROADD MEMBER		X						0	0	0
BOARD MEMBER		1 00									
S CARLO TENOPIR			Х						0	0	0
BOARD MEMBER		3.00									
Column C		2 00	х						0	0	0
DOARD MEMBER											
BOARD MEMBER 2 00	(6) SIMON HODSON	3 00	l _x						0	0	0
SOARD MEMBER	BOARD MEMBER								Ŭ	v	
BOARD MEMBER	(7) EEFKE SMIT	2 00	<u></u>								
(8) TODD VISION 8 00 X X X 0 0 0 SECRETARY/BO 2 00 X 0 0 0 0 (9) MARTIN FENNER 2 00 X 0 0 0 0 BOARD MEMBER 2 00 X 0 0 0 0 (11) ALLEN RODRIGO 1 50 X 0 0 0 0 BOARD MEMBER X 0 0 0 0 0 0 (12) CHARLES W FOX 3 50 X 0 0 0 0 0 TREASURER X 0 0 0 0 0 0 0 CHAIRMAN 2 00 X 0 0 0 0 0	BOARD MEMBER		×						U	U	U
SECRETARY/BO		8 00									
SOURCE SUSANNA-ASSUNTA SANSONE 2 00 X	SECDETADY/BO		X		Х				0	0	0
BOARD MEMBER X		2.00									
(10) SUSANNA-ASSUNTA SANSONE 2 00 X 0 0 0 BOARD MEMBER 1 50 X 0 0 0 0 BOARD MEMBER 1 50 X 0 0 0 0 (12) CHARLES W FOX 3 50 X 0 0 0 0 TREASURER 2 50 X 0 0 0 0 (13) WILLIAM MICHENER 2 50 X 0 0 0 0 CHAIRMAN 2 00 X 0 0 0 0 0	•	2 00	х						0	0	0
BOARD MEMBER X		2.00									
(11) ALLEN RODRIGO 1 50 X 0 0 0 BOARD MEMBER 3 50 X 0 0 0 (12) CHARLES W FOX 3 50 X 0 0 0 TREASURER X 0 0 0 (13) WILLIAM MICHENER 2 50 X 0 0 0 CHAIRMAN X 0 0 0 0 (14) THEODORA BLOOM 2 00 X 0 0 0	(10) SUSANNA-ASSUNTA SANSUNL	2 00	Х						0	0	0
BOARD MEMBER X											
BOARD MEMBER	(11) ALLEN RODRIGO	1 50	_x						0	0	0
X	BOARD MEMBER								Ů	Ÿ	
TREASURER 2 50 X 0 0 0 CHAIRMAN X 0 0 0 0 (14) THEODORA BLOOM 2 00 X 0 0 0 0	(12) CHARLES W FOX	3 50			v					0	0
(13) WILLIAM MICHENER 2 50 X 0 0 0 CHAIRMAN X 0 0 0 0 (14) THEODORA BLOOM X 0 0 0 0	TREASURER				^				"	U	U
CHAIRMAN 2 00 X 0 0 0	(13) WILLIAM MICHENER	2 50									
(14) THEODORA BLOOM 2 00 X 0 0 0	CHAIRMAN				Х				0	0	0
		2 00									
DEPOTI CITAIR					Х				0	0	0
	DEPUTY CHAIR										
			<u> </u>			L		L_{-}			
						\vdash		\vdash			

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion (han d on is	one l both	box, an c r/trus	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		Reportable Reportable Est compensation from the from related compensation (W- organizations (W- from the compensations from related compensations from related compensations from related from the compensations from related compensations from related from the compensation from related from the compensation from related from the compensation from the co				
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,2333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			relate organiza	ed	
								Ļ							
1b	Sub-Total				•			•							
C	Total from continuation sheet	•			•	•	•								
d 	Total (add lines 1b and 1c). Total number of individuals (in							- N	ho received	d more th	lan.				
_	\$100,000 of reportable compe					113 (6)	u abov	C) W	ilo received	a more ti	1411				
													Yes	No No	
3	Did the organization list any f e					key	emplo	yee	, or highest	compen	sated employee				
	on line 1a? If "Yes," complete S					•		•				3		No	
4	For any individual listed on lin- organization and related organ														
	individual		•		•	•		•				4		No	
5	Did any person listed on line 1 services rendered to the organ											5		No	
	antan produce de con-										ı		•		
1	ection B. Independent Co Complete this table for your five	ve highest comp													
	compensation from the organiz	zation Report co	ompens	atıon	for	the c	alend	arye	ear ending v T	with or wi	thin the organizat (B)	ion's '	tax year (C		
	N	lame and business	address							Des	scription of services	\perp	Comper		
												+			
												\dashv			
												+			

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

Form 99						Page 9
Part V	/ • • •	Statement of Revenue Check if Schedule O contains a response or note to any lir	ne 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
के के	1a	Federated campaigns 1a 1,000				
Gifts, Grants ilar Amounts	b	Membership dues 1b 15,000				
A Am	c	Fundraising events 1c				
iffs lar	d	Related organizations 1d				
s, C	e	Government grants (contributions) 1e				
ion r Si	f	All other contributions, gifts, grants, and 1f 39,287	i			
a the	g	similar amounts not included above Noncash contributions included in lines				
Contributions, Giffs, Grants and Other Similar Amounts	9	1a-1f \$				
<u>ට</u> ස	h	Total. Add lines 1a-1f	55,287			
e =		Business Code				
ven	2a b	PROGRAM SERVICE REVENUE	150,106	150,106		
2 <u>年</u>	C					
2 2	d					
- 3g	e					
Program Serwoe Revenue	f	All other program service revenue				
<u>ې</u>	q	Total. Add lines 2a-2f	150,106			
	3	Investment income (including dividends, interest,	100,100			
	١.	and other similar amounts) Income from investment of tax-exempt bond proceeds				
	4 5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(1) Securities (11) Other Gross amount				
	/ a	from sales of assets other				
	ь	than inventory Less cost or				
	"	other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
anne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a				
th ⊡	ь	Less direct expenses b				
Ó	С	Net income or (loss) from fundraising events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
		Less direct expenses b				
		Net income or (loss) from gaming activities				
	104	returns and allowances .				
	١.	a				
		Less cost of goods sold b Net income or (loss) from sales of inventory p				
		Miscellaneous Revenue Business Code				
	11a	CURRENCY CONVERSION	1,003	1,003		
	ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶	1,003			
	12	Total revenue. See Instructions	206,396	151,109		

orm s	990 (2013)				Page 10
Part ectio	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ıons must com	olete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	t include amounts reported on lines 6b, , 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	10,000	10,000		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,092	1,092		
10	Payroll taxes	885	885		
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,194	13,194		
С	Accounting				
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)	2,187	2,187		
12	Advertising and promotion	7,765	7,765		_
13	Office expenses	970	970		_
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	258	258		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,356	2,356		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FASEB SUBSCRIPTIONS	41,537	41,537		
b	CURATION EXPENSE	13,095	13,095		
c	JOB ADS	927	927		
d	BANK CHARGES	408	408		
е	All other expenses	125	125		
25	Total functional expenses. Add lines 1 through 24e	94,799	94,799	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	115,930
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net		4	20,355
	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	
assets	7	Notes and loans receivable, net		7	
₫.	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,225
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		-	2,225
	Ь	Less accumulated depreciation		10c	
	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)	0	16	138,510
	17	Accounts payable and accrued expenses	Ŭ	17	20,945
	18	Grants payable		18	20,010
	19	Deferred revenue		19	13,000
	20	Tax-exempt bond liabilities		20	10,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabilit		persons Complete Part II of Schedule L		22	
Ï	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			
]			25	22.045
	26	Total liabilities. Add lines 17 through 25	0	26	33,945
d)		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
Ė	27	Unrestricted net assets		27	104,565
<u>ନ</u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Ď.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
5) 	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0	33	104,565
ž	34	Total liabilities and net assets/fund balances	0		138,510

Form	990	(2013)	
Dos	+ VT	Pacc	

Page	12
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Par	t XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI		•		<u>.l</u>
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		2	06,396
2	Total	expenses (must equal Part IX, column (A), line 25)	2			94,799
3	Reven	ue less expenses Subtract line 2 from line 1	3		1	.11,597
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net ur	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			-7,032
10	Net as colum	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, n (B))	10		1	.04,565
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. Г
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in lule O				
2a	Were t	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
	Γs	eparate basis				
b	Were t	the organization's financial statements audited by an independent accountant?		2b		No
		,'check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	rate			
	Γs	eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i lule O	n			
За		esult of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	e	За		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493321017434

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No 1545-0047

Open to Public **Inspection**

Name	of	the	orga	niza	tion
UVAU					

SCHEDULE A

(Form 990 or 990EZ)

Internal Revenue Service

Department of the

Treasury

Employer identification number

(i) Name of supported organization		ed	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is to organizate col (i) list your gove docume	on in ted in rning	(v) Did you the organizin col (i) o suppor	zation of your	(vi) Is organiza col (i) organiza in the U	tion in ganized	mon	nount of etary port
							· , ,		T		1	
h				iled entity of a perso ng information about						_11g	(111)	<u> </u>
		(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? 11g(iii)								 		
		and (III) below, the governing body of the supported organization?										
		following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No										
g		check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the										
f			ection 509(a)(2) f the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,									
е Г		By checother the	cking this bo	this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified personness and other than one or more publicly supported organizations described in section 509(a)(lified pers	ons	
11	An organization organized and operated one or more publicly supported organizathe box that describes the type of supports the box that describes the type II c					ibed in sect ization and	ion 509(a)(1 complete line) or section s 11e th <u>ro</u> u	509(a)(2) S gh 11h	see section 5	509(a)(3).	. Check
10	_			ganized and operated								_
				janization after June						•		
				oss investment inco								
ין כ		_		at normally receives ities related to its ex					•	-	-	00
8 S	_			described in section					uitione m==	sharahin fa	- and ar-	
7		_		at normally receives n 170(b)(1)(A)(vi).		•	support from	a governme	ental unit or	from the gen	eral public	
6 [_			local government or								
_	_			A)(iv). (Complete P								
5 「	_	An orga	anızatıon ['] op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmer	ntal unit desc	cribed in	
4 1				ty, and state	.ea iii conjun	Ction with a	nospital desi	cribed iii se	ction 170(b)	(I)(A)(III). I	inter the	
3 4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
2 2	_		school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
1	_		•	on of churches, or as				ection 170(b)(1)(A)(i).			
			-	e foundation becaus	•		= :		-			
Part				blic Charity Sta						nstructions	i	
									46-1685			

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2		
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed t	to qualify under		
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part I	11.)		
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 2015	(5) Tabal		
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not include any "unusual								
	grants ")								
2	Tax revenues levied for the								
	organization's benefit and either								
	paid to or expended on its behalf								
3	The value of services or facilities								
_	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a								
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
6	(f) Public support. Subtract line 5 from								
	line 4								
S	ection B. Total Support								
Cal	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
_	in) ►	(-,	(=,====	(-,	(-,	(-,	(-,		
7 8	Amounts from line 4 Gross income from interest,								
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
_	sources Net income from unrelated								
9	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)					<u> </u>			
12	Gross receipts from related activities					12			
13	First five years. If the Form 990 is the								
	this box and stop here ection C. Computation of Pub				<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2013			11 column (f))		14			
15	Public support percentage for 2012			11, 001011111 (1))		—			
		· ·	•			15	1 11 1		
16a	33 1/3% support test—2013. If the cand stop here. The organization qua				iine 14 is 33 1/3%	or more, che	ck this box ►		
Ь	33 1/3% support test—2012. If the				, and line 15 is 33	3 1/3% or more			
	box and stop here. The organization	qualifies as a pi	ublicly supported	organızatıon			▶ ┌		
17a	10%-facts-and-circumstances test-								
	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	is the lacts-and	a-circumstances	test The organi	izativii qualilles a	o a publicity S	upported F		
b	10%-facts-and-circumstances test-	-2012. If the org	anızatıon dıd not	check a box on li	ne 13, 16a, 16b,	or 17a, and li			
	15 is 10% or more, and if the organ	ızatıon meets th	e "facts-and-cırc	umstances" test	, check this box a	nd stop here.			
	Explain in Part IV how the organizat	ion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alıfıes as a pı			
18	supported organization Private foundation. If the organizat	ion did not chect	cahoxon line 13	16a 16h 17a	or 17h check thi	s hox and see	. ▶□		
	instructions	a.a noceneer	55% 511 11110 15	, _ 0 a, _ 0 b, _ 1 a,	1. 1. D, CHECK CIII	_ 55% and 566	▶□		

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					55,287	55,287
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in					150,106	150,106
	any activity that is related to the					130,100	150,100
	organization's tax-exempt						
3	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge				-	205 202	205 202
6	Total. Add lines 1 through 5					205,393	205,393
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
ь	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						
8	Public support (Subtract line 7c						205 202
	from line 6)						205,393
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	in) ► A mounts from line 6					205,393	205,393
9 10a	Gross income from interest,					203,333	203,373
LUG	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources Unrelated business taxable						
D	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
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					1,003	1,003
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,					206 206	206 206
	11, and 12)					206,396	206,396
14	First five years. If the Form 990 is	for the organızatı	on's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organiz	
	check this box and stop here	lia Commant D					<u>►</u>
	ection C. Computation of Pub Public support percentage for 2013			12 column (f))		T 4= T	
15	· · · · · · · · · · · · · · · · · · ·			13, Column (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(2)		
17	Investment income percentage for	2013 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2012 Schedule	A , Part III , line 1	. 7		18	
19a	33 1/3% support tests—2013. If the						
	more than 33 1/3%, check this box a						▶ □
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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

PART II, LINE 12

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17b; and Part III, line 12. Also complete this part for any additional information. (See instruction)						
Facts And Circumstances Test						
Return Reference Explanation						

CURRENCY CONVERSION 1,003

Schedule A (Form 990 or 990-EZ) 2013

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(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

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OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

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

Employer identification number Name of the organization DRYAD 46-1685419

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE TREASURER AND EXECUTIVE DIRECTOR REVIEW FORM 990 AND SEND THE FINAL COPY TO THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 12C	PER THE BY LAWS, A PROCEDURE IS IN PLACE TO ENFORCE THE CONFLICTS OF INTEREST POLICY
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE AT HTTP://WIKI DATADRY AD ORG/BOARD_MATERIALS
FORM 990, PART XI, LINE 9	PRIOR YEAR DEFICIT 7,032