### 990-EZ

Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	e 2013 cal	endar year, or tax year beginning JUN 1, 2013		and end	ng MA	Y 3	1, 2	2014	
В	Check if applicat	i ole:	C Name of organization				D Emp	oloyer id	dentificatio	n number
		ess change								
	Name	e change	PROJECT NEW HOPE, INC.				2	7-45	555998	3
	Initia	l return	Number and street (or P.O. box, if mail is not delivered to street address)			Room/suite	<b>E</b> Tele	phone	number	
	Term	inated	PO BOX 91				(	508	) 713-	-3362
	Amer	nded return	City or town, state or province, country, and ZIP or foreign postal code		•		F Gro	up Exen	nption	
	Applic	ation pending	LEICESTER, MA 01524				Nun	nber 🕨	•	
G	Accour	nting Meth	od: X Cash Accrual Other (specify) ▶				<b>H</b> Che	ck 🕨	if the o	rganization is <b>not</b>
1	Websi	te: 🕨 W	WW.PROJECTNEWHOPEMA.ORG				requ	uired to	attach Sche	edule B
J	Tax-ex	empt stat	us (check only one) $\blacksquare$ $X$ 501(c)(3) $\blacksquare$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\blacksquare$	49	947(a)(1)	or 527	(For	rm 990,	990-EZ, or	990-PF).
K	Form o	of organiza	tion: X Corporation Trust Association	Other						
L	Add lin	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more	, or if total	assets (Part	II,			
	columr	n (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ					\$		65,677.
	art I		enue, Expenses, and Changes in Net Assets or Fund					for Part	t I)	
		Check	if the organization used Schedule O to respond to any question in this Part I							X
	1		tions, gifts, grants, and similar amounts received					1		48,686.
	2	Program	service revenue including government fees and contracts					2		
	3	Members	ship dues and assessments					3		
	4		nt income					4		
	5a	Gross an	nount from sale of assets other than inventory	5a						
	b	Less: cos	st or other basis and sales expenses	5b						
	С	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c		
	6									
ø	a	Gross inc	come from gaming (attach Schedule G if greater than		_					
nue		\$15,000)		6a						
Revenue	b	Gross inc	come from fundraising events (not including \$	of cor	ntributions					
ш			draising events reported on line 1) (attach Schedule G if the sum of such							
		gross inc	come and contributions exceeds \$15,000)	6b		16,9 5,8	91.			
	С		ect expenses from gaming and fundraising events	6c						
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract li	ne 6c)			6d		11,149.
	7a		les of inventory, less returns and allowances	7a						
	b	Less: cos	st of goods sold	7b						
	С		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c		
	8	Other rev	enue (describe in Schedule O)					8		
	9	Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				<b>•</b>	9		59,835.
	10		nd similar amounts paid (list in Schedule 0)					10		
	11		paid to or for members					11		
es	12		other compensation, and employee benefits					12		4 4 5 5
Expenses	13	Profession	onal fees and other payments to independent contractors		~			13		4,155.
Ϋ́	14	Occupan	cy, rent, utilities, and maintenance SE	E S	CHED	TTE O		14		2,110.
	15		publications, postage, and shipping		~			15		5,766.
	16		penses (describe in Schedule 0)					16		47,530.
	17		penses. Add lines 10 through 16					17 18		59,561.
ţ	18									274.
sse	19		is or fund balances at beginning of year (from line 27, column (A))					19		CO
Net Assets			ree with end-of-year figure reported on prior year's return)							69,597.
Š	20		anges in net assets or fund balances (explain in Schedule 0)				_	20		0.
	21		j				<b>P</b>	21	Fa <b>6</b>	69,871.
LH	H LOL	raperwo	rk Reduction Act Notice, see the separate instructions.						LOUIII S	<b>990-EZ</b> (2013)

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Forn	m 990-EZ (2013) PROJECT NEW HOPE, INC.		2	27-4555	998 Page 2
Pa	art II Balance Sheets (see the instructions for Part II	)			
	Check if the organization used Schedule O to re				X
	*	(/	A) Beginning of year	(B	) End of year
22	Cash, savings, and investments		69,597	22	67,902.
23	Land and buildings			23	
24	~== ~~==	0	0 .	24	1,969.
25			69,597	25	69,871.
26			0.		0.
27			69,597		69,871.
	art III Statement of Program Service Accomplishm			1	Expenses
	Check if the organization used Schedule O to re	•	,		ed for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE		THE CHIEF CALCING	501(c)(	3) and 501(c)(4) ations and section
	cribe the organization's program service accomplishments for each of its three largest progr		e In a clear and concise		)(1) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant in		s. III a clear and concise	for othe	
28	SEE SCHEDULE O	· ·			
20	DEE BEHEBOHE O			-	
				-	
	(O 1 A )			—   <b> </b>	26,236.
00	(Grants \$ ) If this amount includes foreig	n grants, cneck nere	<b>&gt;</b>	28a	20,230.
29				-	
				-	
				<u> </u>	
	(Grants \$ ) If this amount includes foreign	n grants, check here		29a	
30				_	
				_	
				,	
	(Grants \$ ) If this amount includes foreig	n grants, check here	<b>&gt;</b>	30a	
31	Other program services (describe in Schedule O) SEE SCI	HEDULE O			
	(Grants \$ ) If this amount includes foreig	n grants, check here		31a	
32	Total program service expenses (add lines 28a through 31a)			▶ 32	26,236.
Pa	art IV List of Officers, Directors, Trustees, and Key	/ Employees (list each one e	ven if not compensated - s	ee the instruction	ns for Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	/ Employees (list each one e	ven if not compensated - s	ee the instruction	ns for Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key	r Employees (list each one endestrong) espond to any question (b) Average hours	ven if not compensated - s in this Part IV (c) Reportable	( <b>d</b> ) Health benef	its, (e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key	r Employees (list each one endespond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W. 2/1090 MISC)	(d) Health beneficontributions to	its, (e) Estimated amount of other
Pa	Check if the organization used Schedule O to re  (a) Name and title	r Employees (list each one endestrong) espond to any question (b) Average hours	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W. 2/1090 MISC)	(d) Health benefi	tts, (e) Estimated amount of other compensation
Pa	Check if the organization used Schedule O to re	r Employees (list each one endespond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions to employee benet plans, and deferr	tts, (e) Estimated amount of other compensation
Pa WI	Check if the organization used Schedule O to re  (a) Name and title	r Employees (list each one endespond to any question (b) Average hours per week devoted to	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions to employee beneficians, and deferr compensation	tts, (e) Estimated amount of other compensation
WI PR	CLLIAM H. MOORE	r Employees (list each one erespond to any question (b) Average hours per week devoted to position	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee beneficians, and deferr compensation	tts, (e) Estimated amount of other compensation
WI PR TR	Check if the organization used Schedule O to re  (a) Name and title  CLLIAM H. MOORE  RESIDENT	r Employees (list each one erespond to any question (b) Average hours per week devoted to position	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benef contributions to employee benef plans, and deferr compensation	tts, (e) Estimated amount of other compensation
WI PR TR VI	Check if the organization used Schedule O to re  (a) Name and title  CLLIAM H. MOORE  RESIDENT  RACY VAILLANCOURT	r Employees (list each one erespond to any question  (b) Average hours per week devoted to position  40.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benef contributions to employee benef plans, and deferr compensation	(e) Estimated amount of other compensation
WI PR TR VI TA	Check if the organization used Schedule O to receive (a) Name and title  LLIAM H. MOORE  RESIDENT  RACY VAILLANCOURT  CE PRESIDENT	r Employees (list each one erespond to any question  (b) Average hours per week devoted to position  40.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benef contributions to employee benef plans, and deferr compensation	(e) Estimated amount of other compensation  0 0 0 0 0
WI PR TR VI TA	CLLIAM H. MOORE RESIDENT RACY VAILLANCOURT CE PRESIDENT AMMY BERTHIAUME	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benef contributions to employee benef plans, and deferr compensation	(e) Estimated amount of other compensation  0 0 0 0 0
WI PR TR VI TA TR	CLLIAM H. MOORE RESIDENT RACY VAILLANCOURT CE PRESIDENT RAMY BERTHIAUME REASURER	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benef contributions to employee benef plans, and deferr compensation	(e) Estimated amount of other compensation  0 0 0 0 0
WI PR TR VI TA WI AS	CLLIAM H. MOORE RESIDENT RACY VAILLANCOURT CE PRESIDENT RAMMY BERTHIAUME REASURER CLLIAM LEBEAU	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benef contributions to employee benef plans, and deferr compensation	de (e) Estimated amount of other compensation    0
WI PR TR VI TA TR WI AS	Check if the organization used Schedule O to receive the organizat	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Health benef contributions to employee benef plans, and deferr compensation	(e) Estimated amount of other compensation  0. 0. 0. 0. 0.
WI PR TR VI TA TR WI AS NA SE	Check if the organization used Schedule O to receive the organizat	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00  20.00  40.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benef contributions to employee benef plans, and deferr compensation	de d
WI PR TR VI TA TR WI AS NA SE DO	Check if the organization used Schedule O to re  (a) Name and title  (LLIAM H. MOORE  RESIDENT  RACY VAILLANCOURT  CCE PRESIDENT  AMMY BERTHIAUME  REASURER  LLIAM LEBEAU  SSISTANT TREASURER  ANCY PRICE  CCRETARY  DNNA MOORE	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00  20.00  40.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benef contributions to employee beneficians, and defer compensation	de (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.
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WI PR TR VI TA SE DO DI ME	Check if the organization used Schedule O to receive the organizat	## Employees (list each one end espond to any question (b) Average hours per week devoted to position ### 40.00 ### 25.00 ### 40.00 ### 40.00 ### 10.00 ### 15.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benef contributions to employee beneficians, and deferr compensation	description (e) Estimated amount of other compensation (compensation (co
WI PR TR VI TA SE DO DI ME DI	Check if the organization used Schedule O to receive the organizat	r Employees (list each one erespond to any question (b) Average hours per week devoted to position  40.00  25.00  20.00  40.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Health benef contributions to employee beneficians, and deferr compensation	de (e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.
WI PR TR VI TA TR WI AS DO DI ME	Check if the organization used Schedule O to receive the organizat	## Employees (list each one end espond to any question (b) Average hours per week devoted to position ### 40.00 ### 25.00 ### 20.00 ### 10.00 ### 10.00 ### 10.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health beneficontributions to employee beneficians, and deferribans, and deferribans, and the compensation (d)	(e) Estimated amount of other compensation  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.
WI PR TR VI TA SE DO DI ME DI JI	Check if the organization used Schedule O to receive the organizat	## Employees (list each one end espond to any question (b) Average hours per week devoted to position ### 40.00 ### 25.00 ### 40.00 ### 40.00 ### 10.00 ### 15.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health beneficontributions to employee beneficians, and deferribans, and deferribans, and the compensation (d)	description (e) Estimated amount of other compensation (compensation (co
WI PR TR VI TA SE DO DI ME DI DI ER	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benef contributions to employee beneficians, and deferr compensation	de la compensation  (e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
WI PR TR VI TA SE DO DI ME DI ER DI	Check if the organization used Schedule O to receive the organizat	## Employees (list each one end espond to any question (b) Average hours per week devoted to position ### 40.00 ### 25.00 ### 20.00 ### 10.00 ### 10.00 ### 10.00	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	(d) Health benef contributions to employee beneficians, and deferr compensation	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
WI PR TR VI TA SE DO DI ME DI DI ER DI PA	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Health benef contributions to employee beneficians, and deferr compensation	description (e) Estimated amount of other compensation (compensation (co
WI PR TR VI AS NA SE DI DI DI ER DI PA DI	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) Health benef contributions to employee beneficians, and deferr compensation	de (e) Estimated amount of other compensation  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .
WI PR TR VI AS NA SE DI DI ER DI KA	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) Health beneft contributions to employee beneft plans, and deferr compensation	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
WI PR VI TA TR WI AS NA DI CER DI KA DI KA DI	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Health beneft contributions to employee beneft plans, and deferr compensation	description (e) Estimated amount of other compensation (compensation (co
WI PR TR VI TA TR WI AS NA DI DI ER DI KA DI JA	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.  0.	(d) Health beneficontributions to employee beneficians, and deferribans, a	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
WI PR TR VI TA TR WI AS NA DI DI ER DI KA DI JA	Check if the organization used Schedule O to receive the organizat	### ### ##############################	ven if not compensated - s in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) Health benef contributions to employee beneficians, and deferring compensation (d)	(e) Estimated amount of other compensation  0. 0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s in th	ne V	X
	mistractions for hair vy officer in the organization ascaled it. O to respond to any question in this	i ait	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		162	NO
00	activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	00		
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (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 0	35b	N/	A
C	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	35c		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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  0.	-		37
	Did the organization file Form 1120-POL for this year?	37b		X
30 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?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved    386   N/A	304		21
39	Section 501(c)(7) organizations. Enter:	_		
	Initiation fees and capital contributions included on line 9  N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 $\blacktriangleright$ ; section 4912 $\blacktriangleright$ ; section 4955 $\blacktriangleright$			
b	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	40b		X
C	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			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  • 0 •			
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed $ ightharpoonup MA$			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► (508)	713	-33	62
	Located at ▶ PO BOX 91, LEICESTER, MA ZIP+4 ▶ 0	152	4	
b	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		Yes	
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-		Х
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c		Δ
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			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	44a		Х
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	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	444		
4E c	in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	704		21
.00	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ (	(2013)

40	Distance	and the state of t	1141 1 1	b-b-lf-f				. L. II		Ye	SI	10
46		rganization engage, directly or indirectly, in postal					-			46		X
Pa	rt VI	omplete Schedule C, Part I Section 501(c)(3) organizatior	ns only							+0		<u>^</u>
		All section 501(c)(3) organizations mus		49b and 52. an	d complete	e the table	s for line	es 50 ar	nd 51.			
		Check if the organization used Schedu	·								. [	
		<u> </u>	'	•						Υe		Vο
47		rganization engage in lobbying activities or h								47		X
48		anization a school as described in section 1								48		X
		rganization make any transfers to an exempt								9a		X
b		as the related organization a section 527 organization								9b		
50		this table for the organization's five highest		`	ers, directors	s, trustees a	nd key en	nployees	s) who eac	n receive	ed mo	re
	than \$10	0,000 of compensation from the organization				1 ()		(4)				<u>.</u>
		(a) Name and title of each employe	96	(b) Average per week dev		(C) Repo	ortable on (Forms	contrib	th benefits, outions to	(e) Es		
		NO	NE	positio		W-2/1099	9-MISC)	plans, a	ree benefit nd deferred	compe		
		, NO	INE	•				comp	ensation	•		—
						<del>                                     </del>						—
f	Total nun	nber of other employees paid over \$100,000		<b>)</b>	<b>-</b>							
51	Complete	this table for the organization's five highest		nt contractors wh	o each recei	ved more th	an \$100,	000 of c	ompensati	on from	the	
	organizat	ion. If there is none, enter "None." NO	NE									
	(a) N	lame and business address of each indepen	dent contractor		(b)	Type of ser	vice		( <b>c</b> ) Co	mpensa	tion	
								-				
								_				
d	Total nun	nber of other independent contractors each i	receiving over \$100,000			<b></b>						
52	Did the o	rganization complete Schedule A? <b>Note.</b> All	section 501(c)(3) organiza	ations and 4947(a	a)(1) nonexe	empt						
		e trusts must attach a completed Schedule A							ightharpoons X	Yes		No
<del>Unde</del> Decla	r penalties o ration of pre	f perjury, I declare that I have examined this return, I parer (other than officer) is based on all information o	ncluding accompanying sched of which preparer has any know	lules and statements vledge.	s, and to the be	est of my kno	wledge and	bellef, It	is true, corre	ct, and co	mplet	<del>5.</del>
		<b></b>										
Sig	n 🗗	Signature of officer						Date				
Hei	re	WILLIAM H. MOORE,	PRESIDENT									
		Type or print name and title			1= .	1 -			D.T.I.I.			
		Print/Type preparer's name	Preparer's signature		Date		neck	_	PTIN			
Pai	d				00/05		lf- emplo	yed	-006			
	parer	ROBERT C. ALARIO	ROBERT C.	ALARIO	08/08				P001			
	e Only	Firm's name NOBERT C AL							1-334			
	-	Firm's address > 34 CEDAR STREET Phone no. 508-755-					- /57	5				
N 4 .	45 - IDO "	WORCESTER,							_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
iviay	ine iKS di	scuss this return with the preparer shown ab	ove? See instructions							Yes	L	No
									F0	rm <b>990-</b>	cZ (2	J (3)

#### **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.

► 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

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT NEW HOPE, INC. **Employer identification number** 27-4555998

76	irt i	neason	ioi Fubile Chan	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.				
The	organ	ization is not a	private foundation l	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1	$\square$	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	$\square$	A school des	cribed in <b>section 17</b>	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3	$\square$	•	•	tal service organization o									
4				operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i <b>).</b> Enter t	the hospit	al's nan	ne,
		city, and state											
5	Ш			benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
			( <b>b)(1)(A)(iv).</b> (Comple										
6		•	,	ent or governmental unit									
7	X	· ·	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public de	scribed	in
	section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	$\vdash$												
9													
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 197											75.		
See section 509(a)(2). (Complete Part III.)													
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or													
11	ш	· ·		•						•			or
				ations described in section		•	, , ,	2). See <b>sec</b>	tion 509(a	a)(3). Ch	eck the bo	ox tnat	
				organization and comple		_		_	T	o III - NI - :	n function	- المالم	arat
_		a Type I		•	/pe III - Fui	-	-				n-function	•	-
e		,	•	t the organization is not		•	•	•		•	•		
			-	han one or more publicly ten determination from t		_				n(a)(1) Or	Section 5	∪ <del>3</del> (a)(∠).	•
f		· ·				,	. , , , .	, ,,					
,			ganization, check th	nis box organization accepted an									—
ç	'	_		irectly controls, either al			•					Yes	No
				rectly controls, either an upported organization?									140
				described in (i) above?									+-
				person described in (i) of									$\overline{}$
h	ı			about the supported org							[119(1	,	
•	•	. 101100 010 10	5511g101111ation	and and supported of		(-).							
<i>(</i> :	Mama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notifv the	(vi) ls	the	(vii) Amou	int of mo	netary
(I		anization	(II) LIN	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	n in col.		upport	niciai y
	2.90			above or IRC section	governing (	document?	(i) of your	support?	Ü.S.			5 F 21.4	
				(see instructions))	Yes	No	Yes	No	Yes	No			
													<del></del>
													- <u>-</u>
Tota	al												

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

#### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		31,241.	35,584.	83,467.	48,686.	198,978.
2	Tax revenues levied for the organ-						
	ization'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		31,241.	35,584.	83,467.	48,686.	198,978.
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.						198,978.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4		(b) 2010 31,241.	(c) 2011 35, 584.	83,467.	48,686.	(f) Total 198,978.
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						198,978.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	16,991.
	First five years. If the Form 990 is for						<u> </u>
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2013. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"				· ·	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		• •		
18	Private foundation. If the organization						
	<u> </u>		, :			edule A (Form 990	

#### 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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(5) 2010	(6) 2011	(u) 2012	(6) 2010	(i) rotai
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	,	, , , , , , , , , , , , , , , , , , ,	, ,	, ,	, ,	( )
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> 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 capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for	•			•	. , . ,	
check this box and stop here  Section C. Computation of Publi						<u></u>
15 Public support percentage for 2013 (li			column (f))		15	
16 Public support percentage for 2013 (iii					16	<u>%</u> %
Section D. Computation of Inves					10	70
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	<del></del>
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>

332023 09-25-13

Schedule A	Form 990 or 990-EZ) 2013 PROJECT NEW HOPE,	INC.	27-4555998 Page 4
Part IV	Supplemental Information. Provide the explanations	required by Part II, line 10; Part II, line 17a or	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See in	structions).	
-			
-			
-			
			_
-			

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990.

mployer identification number

PROJECT	NEW HOPE, INC.				27-4555	998
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	sed funds through any of the following e Solicitati s f Solicitati g Special f  or oral agreement with any individual ( Part VII) or entity in connection with pr iividuals or entities (fundraisers) pursu	on of on of undra (includerofess	non-govern govern dising of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total  3 List all states in which the organization		ontrib	utions	or has been notified	d it is exempt from r	ogistration
or licensing.	This registered of licensed to solicit c	OHTH	utions	s of flas been flotilled	u it is exempt from te	egistration

332081 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	rt II Fundraising Events. Complete if of fundraising event contributions and	the organization answered	d "Yes" to Form 990, Part	IV, line 18, or reported i	
	or fundraising event contributions and	(a) Event #1  COMEDY SHOW	(b) Event #2 PSYCIC EVENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
ine		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	5,612.	5,045.	6,334.	16,991.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	5,612.	5,045.	6,334.	16,991.
	4 Cash prizes				
	- Cash ph200				
Se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
rect E	7 Food and beverages				
Ӧ	8 Entertainment				
	9 Other direct expenses		2,800.	696.	5,842.
	10 Direct expense summary. Add lines 4 throu	·		<b>&gt;</b>	5,842.
Do	11 Net income summary. Subtract line 10 from art III Gaming. Complete if the organization	n line 3, column (d)			11,149.
Га	\$15,000 on Form 990-EZ, line 6a.	orranswered tes to Form	1990, Part IV, line 19, or re	eported more than	
a)	TO,000 OH OH OUG EE, MIC GO.	(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev					
	1 Gross revenue				
ses	2 Cash prizes				
Exper	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes% No	Yes % No	
	7 Direct expense summary. Add lines 2 throu	ugh 5 in column (d)		<b>&gt;</b>	
	8 Net gaming income summary. Subtract line	e 7 from line 1, column (d)		<b>&gt;</b>	_
•	Enterether state (a) in retaining the commitment of				
	Enter the state(s) in which the organization open is the organization licensed to operate gaming	_	states?		Yes No
	o If "No," explain:		states!		
	Were any of the organization's gaming licenses of "Yes," explain:		erminated during the tax y	ear?	Yes No
33208	82 09-12-13			Schedule G (For	m 990 or 990-EZ) 2013

332082 09-12-13

Sch	edule G (Form 990 or 990-EZ) 2013 PROJECT NEW HOPE, INC.	<u>-4555</u>	998	Page 3
11	Does the organization operate gaming activities with nonmembers?	$\square$	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
		13a		04
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \(\bigs\) \(\bigs\).			
_	If "Yes," enter name and address of the third party:			
٠	in 165, entername and address of the tilld party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	•			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<b>;</b>		
D -	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		9b, 10	b, 15b, 

Schedule G (Form 990 or 990-EZ)	PROJECT NEW HO	JPE, II	NC.	27-4555998	Page 4
Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Infor	mation (continued)				
	, , , , , , , , , , , , , , , , , , , ,				
-					
					·

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Employer identification number

Open to Public

OMB No. 1545-0047

Name of the organization PROJECT NEW HOPE, INC.	Employer identification number 27-4555998						
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:						
DESCRIPTION OF EXPENSES:	AMOUNT:						
DEPRECIATION	151.						
OTHER EXPENSES	1,959.						
TOTAL TO FORM 990-EZ, LINE 14	2,110.						
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:							
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:						
RETREATS	24,111.						
ADVERTISING & MARKETING	12,133.						
SUPPLIES	2,168.						
TRAVEL	4,299.						
TELEPHONE	2,355.						
FILINGS FEES	104.						
MEMBERSHIPS AND DUES	181.						
PAYPAL FEES	254.						
OTHER PROGRAM EXPENSES	1,142.						
SMALL EQUIPMENT	783.						
TOTAL TO FORM 990-EZ, LINE 16	47,530.						
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:							
DESCRIPTION BEG. OF	YEAR END OF YEAR						
OTHER DEPRECIABLE ASSETS	0. 1,969.						
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVID							
AND THEIR FAMILIES WITH EDUCATION, TRAINING, AND SKILLS N  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Scheduling	IECESSARY TO dule O (Form 990 or 990-EZ) (2013)						

332211 09-04-13

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

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

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

PROJECT NEW HOPE, INC.	27-4555998
MANAGE THEIR LIVES AFTER WARTIME SERVICE.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
TO PROVIDE MILITARY FAMILIES AND SINGLE SOLDIERS RETREATS	<u> </u>
IN A WILDERNESS GETAWAY AND PROVIDE COMBAT VETERANS AND	
THEIR FAMILIES WITH EDUCATION, TRAINING, AND SKILLS TO	
MANAGE THEIR LIVES AFTER WARTIME SERVICES.	
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCO	MPLISHMENTS:
OTHER PROGRAM SERVICES	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	'IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	'RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return. Business or activity to which this form relates OMB No. 1545-0172

Attachment Sequence No. **179** 

Identifying number

PROJI	ECT NEW HOPE, INC	<b>.</b>		FOR	м 990-Е	Z PAGE	1		27-4555998
Part I	Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have	any lis	ted property, c	complete Part	V befo	re y	ou complete Part I.
1 Maxi	mum amount (see instructions)			-				1	500,000.
	l cost of section 179 property pla		2	•					
	shold cost of section 179 proper		3	2,000,000.					
	uction in limitation. Subtract line 3		4						
	limitation for tax year. Subtract line 4 from li							5	
6	(a) Description of p				ess use only)	(c) Elected			
								$\neg$	
								$\neg$	
7 Liste	ed property. Enter the amount from	m line 29			7				
	l elected cost of section 179 prop							8	
	ative deduction. Enter the <b>small</b> e							9	
	yover of disallowed deduction fro							10	
	ness income limitation. Enter the							11	
	ion 179 expense deduction. Add							12	
	yover of disallowed deduction to							<u></u> -	
	o not use Part II or Part III below f				10				
Part II					de listed prope	ertv.)			
	cial depreciation allowance for qu								
	ax year			,,,		•		14	
	erty subject to section 168(f)(1) e						⊢	15	
	er depreciation (including ACRS)							16	
Part II			ronerty ) (See instru					10	
1 3.1 5 11	MACITO Depresidados (De 1	iot inolade lieted p	Section		·				
<b>17</b> ΜΔΩ	CRS deductions for assets placed	Lin service in tax v	ears beginning befo	re 2013	₹			17	
	are electing to group any assets placed in se						~~ <b> </b>	_	
10 , ou .			e During 2013 Tax				ation S	 Svst	em
		(b) Month and	(c) Basis for depreci	iation	(d) Recovery	T -		Ī	
	(a) Classification of property	year placed in service	(business/investmer only - see instruction		period	(e) Convention	(f) Met	nod	(g) Depreciation deduction
19a 3	3-year property								
	5-year property							$\neg$	
	7-year property		2.1	120.	7 YRS.	HY	SL		151.
	10-year property							$\dashv$	
	15-year property							$\neg$	
	20-year property							$\dashv$	
	25-year property				25 yrs.		S/I	$\neg$	
<u>g</u> 2	20 year property	,			27.5 yrs.	ММ	S/I		
h F	Residential rental property	/			27.5 yrs.	MM	S/I		
		/			39 yrs.	MM	S/I		
i N	Nonresidential real property	/			09 yrs.	MM	S/I		
	Section C - Assets	Placed in Service	During 2013 Tax \	Year Us	sing the Alteri				stem
20a (	Class life	- Idood III Gorvied					S/I		7.0
	12-year				12 yrs	S/			
	12-year 10-year	,					S/I		
Part IV	-	<u> </u>	L		40 yrs.	MM	<u> </u> 3/1		
								21	
	ed property. Enter amount from lin		noe 10 and 20 in c-1	lumn (c)	L and line Of		-	21	
	I. Add amounts from line 12, lines	- ·						20	151.
	r here and on the appropriate line				ions - see inst	l		22	191.
	assets shown above and placed i	-	· ·						
316251 12-19-13	on of the basis attributable to sec LHA For Paperwork Reduction				23				Form <b>4562</b> (2013)
12-19-13	Live i or i aperwork incudelle	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ooparate manach						1 31111 7002 (2010)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

			on and Other					_							
<u>24a</u>	Do you have evidence to s			nt use cla	aimed?	<u> </u>	es L	<u> No</u>	<b>24b</b> If "Y			ce writt	en? ∟	<u> </u>	<u> </u>
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentag	l ot	(d) Cost or other basis		Basis for depred (business/inves use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
 25	Special depreciation allo	wance for q	ualified listed	property	placed	in servi	ce durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
	Property used more tha														
		1 1	9	6											
		: :	9	6											
		1 1	9	6											
27	Property used 50% or le	ess in a qual	ified business	use:											
		1 1	9	6						S/L -					
		1 1	9	6						S/L -					
		1 1	9							S/L -					
	Add amounts in column														
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page <sup>-</sup>	1							29		
			S	ection I	3 - Infor	mation	on Use	of Vel	nicles						
Con	nplete this section for ve	hicles used	by a sole prop	rietor, p	artner, o	r other '	"more th	an 5%	owner," o	or related	person	. If you p	provide	d vehicle	S
to y	our employees, first ans	wer the ques	stions in Section	on C to s	see if you	u meet a	an exce	otion to	completi	ng this s	ection fo	r those	vehicle	S.	
						1								1	
				(;	a)	(1	(b)		(c)	(c	1)	(e)		(f)	
	Total business/investment miles driven during the			Veh	nicle	Vehicle		V	'ehicle	Vehicle		Vehicle		Vehicle	
	year (do not include commuting miles)														
	Total commuting miles of														
	Total other personal (no	-													
	driven														
	Total miles driven during														
	Add lines 30 through 32	·							_						
	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?						1								
	Was the vehicle used pr	, ,													
	than 5% owner or relate						1								
	Is another vehicle availa	•													
	use?														
			- Questions f	-	-										
	wer these questions to d	determine if	you meet an e	xceptior	to com	pleting (	Section	B for v	ehicles us	ed by en	nployees	s who <b>ar</b>	<b>e not</b> n	nore than	า 5%
	ers or related persons.													1	T
	Do you maintain a writte													Yes	No
00	employees?														+
	Do you maintain a writte		•	•						0					
	employees? See the ins														+
	Do you treat all use of ve													-	+
	Do you provide more the														
	the use of the vehicles, Do you meet the require														+
	<b>Note:</b> If your answer to 3														
	rt VI Amortization	37, 30, 33, 4	0,014113 163	s, uo n	or compi	<i>ete</i> 360	LIOIT D TO	n the c	overed ve	THCICS.					
1 0	(a)			(b)		(c)			(d)		(e)			(f)	
			amortization		Amortizat amount	ble t		Code section	Amortiza period or pe		zation A		mortization or this year		
42	Amortization of costs th	at begins du		begins 3 tax vea	ıar:						onou or perc	onayt	.,	/ 500	
72		20gii 13 dt	9 7001 2010	: :											
				: :	I.										
				: :											
<u></u>	Amortization of costs th	at began be		: :	r							43			

316252 12-19-13