Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2010

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form. ► The organization may have to use a copy of this return to satisfy state reporting requirements.

, 2010, and ending 30 September 01 October A For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: American Dystonia Society, Inc. a NJ 501c3 Non-profit Corporation 27-1254291 Address change Boom/suite E Telephone number Name change Number and street (or P.O. box, if mail is not delivered to street address) Initial return 310-237-5478 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Princeton Junction NJ 08550-1217 Number ▶ Application pending H Check ► ✓ if the organization is not ✓ Cash Accrual G Accounting Method: Other (specify) ▶ required to attach Schedule B | Website: ▶ www.dystonia.us (Form 990, 990-EZ, or 990-PF). **527** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A K Check ▶ Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 20741 line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 1 1 Contributions, gifts, grants, and similar amounts received 20669 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments 3 0 4 72 4 5a Gross amount from sale of assets other than inventory 0 5a Less: cost or other basis and sales expenses 0 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . 7a 0 b 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 20741 10 Grants and similar amounts paid (list in Schedule O) 10 2000 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . . . 12 Expenses 0 13 Professional fees and other payments to independent contractors . 13 0 Occupancy, rent, utilities, and maintenance 14 14 485 15 Printing, publications, postage, and shipping 15 2971 16 16 4474 17 Total expenses. Add lines 10 through 16 17 9930 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 10811 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 10006 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 20817

Par	Balance Sheets. (see the instructions Check if the organization used Schedul	s for Part II.)	stion in this	Part I			
	Official in organization does consider	<u> </u>			ginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments				2931	22	13742
23	Land and buildings					23	(
24	Other assets (describe in Schedule O)				7075	24	7075
25	Total assets	<i></i>	[10006	25	20817
26	Total liabilities (describe in Schedule O)		[0	26	(
27	Net assets or fund balances (line 27 of colum	n (B) must agree with line 2	1) [10006	27	20817
Par	Statement of Program Service According Check if the organization used Schedule is the organization's primary exempt purpose?	nplishments (see the instrue O to respond to any que	uctions for stion in this	Part II Part I	l.) ∥ √	501	Expenses quired for section (c)(3) and 501(c)(4) anizations and section
	ibe what was achieved in carrying out the organizatio rvices provided, the number of persons benefited, and				ner, describe	494	7(a)(1) trusts; optiona others.)
28	Provided 2 travel stipends to send 2 young researc	hers to International Dystonia	Conference				
	(Grants \$ 2000) If this amoun	t includes foreign grants, ch	eck here .		. ▶ 🗆	288	2000
29	Produced dystonia awareness and support materia	ls and mailed to patients, sup	porters and	familie	S		
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here .		. ▶ 🗆	298	2971
30	Supported 5 advocates to travel to Dystonia Advoc						
04	(Grants \$) If this amoun Other program services (describe in Schedule O)	t includes foreign grants, ch			. ▶ 👢	302	2890
31		t includes foreign grants, ch				31a	1584
32	Total program service expenses (add lines 28a	through 31a)	eck liele .		•	32	
Pari							
	Check if the organization used Schedule						[
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compen (If not pa enter -0	aid,	(d) Contribution employee benefit deferred compen	plans -	(e) Expense account and other allowances
	Valero	CEO and Founder, 10 hours					,
	uffolk Lane Princeton Jct NJ 08550	E		0		(<u> </u>
	Braley Valero	- Trustee, 0.10 hours		_		_	
	ffolk Lane Princeton Jct NJ 08550 Michelle Valero			0			0
	Iffolk Lane Princeton Jct NJ 08550	- Trustee, 1 hour		0		,	
	ele Weber						,
	Iffolk Lane Princeton Jct NJ 08550	- VP, Board of Directors, 2 ho		0		(م اد
Rose	mary Flynn	Director 2 hours					
	ffolk Lane Princeton Jct NJ 08550	Director, 2 hours		0		(o
	Campos Ortiz ffolk Lane Princeton Jct NJ 08550	Director, 2 hours		0			0
			-				
			<u> </u>				
					-		
			_			-	

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	_ 		7
	Check if the organization assa contoatio of to respond to any queen		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		i Santa	
	section 4911 > ; section 4912 > ; section 4955 >		an:	
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		1
С	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	Sept. 17		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Noel Valero Telephone no. ▶	31023		
_	Located at ► 17 Suffolk Lane Princeton Jct NJ ZIP + 4 ►	08550	-1217	
Đ	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		V	NI.
	account)?	42b	162	No
	If "Yes," enter the name of the foreign country: ▶	720		_ V
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		✓
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	4	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		_ <u>v</u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		<u> </u>
				<u> </u>

um ac	0-EZ (2010)					P	age
(III 38	U-EZ (2010)					Yes	N
_	Is any related organization a controlled entity of t	the organization within the	meaning of sectio	n 512(b)(13)?	45		_
.5 а	Did the organization receive any payment from o	r engage in any transaction	n with a controlled	entity within the			
a	meaning of section 512(b)(13)? If "Yes," Form 9	990 and Schedule R may	need to be comp	leted instead of			
	Form 990-EZ (see instructions)				45a		*
16	Did the organization engage, directly or indirectly to candidates for public office? If "Yes," comple	y, in political campaign act	ivities on behalf of	or in opposition	46		
						tion.	
art	501(c)(3) organizations and section 494 and 52, and complete the tables for lin	17(a)(1) nonexempt char es 50 and 51.	itable trusts mus	t answer questic	ons 47	7–49	0
	Check if the organization used Schedule	O to respond to any que	stion in this Part	<u>/ </u>			[
						Yes	N
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	edule C, Part II .		47		
1 8	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
49a	Did the organization make any transfers to an ex				49a		✓
b	If "Yes," was the related organization a section 5	27 organization?			49b	<u> </u>	₩
50	Complete this table for the organization's five hi	ghest compensated emplo	yees (other than o	officers, directors,	truste	es ar	dk
	employees) who each received more than \$100,		(c) Compensation	(d) Contributions to	-		_
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans 8 deferred compensation	ac ac	(e) Expense account and other allowand	
one							
			<u> </u>				
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated inde		- ors who each rec	eived	more	th
	(a) Name and address of each independent contractor			pe of service	(c) Co	mpens	ation
one							
ione		-					
one							
one							
one							
one							
ione							
none							
none							
d	Total number of other independent contractors e	each receiving over \$100.0	00		-		

Preparer Use Only

Firm's name

 Firm's EIN ▶
Phone no.

☐ Yes ☐ No

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

27-1254291

American Dystonia Society	27-1254291
Part I, Line 10: \$2000, Provide two \$1000 travel stipends for Dystonia Coalition to send young research	ners
Part I, Line 10: \$2000, Provide two \$1000 daver superior for Bystein Boundaries	
to International Dystonia Conference	
Part I, Line 16: \$1584	
\$1253 to sponsor a dystonia awareness table and provide awareness materials to Jog for the Jake 6	event
\$1233 to Sponsor a dystoria awareness table and provide awareness materials to sog for the sake of	
\$240 to Ning Networks to maintain a social networking internet site to provide patient support for d	ystonia
\$91 to travel to hospitals to accompany patients for diagnostic appointments	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service Employer identification number Name of the organization 27-1254291 **American Dystonia Society** Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (iii) Type of organization (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of the organization in col. (i) of your (described on lines 1-9 in col. (i) listed in your organization in col. organization support governing document? above or IRC section (i) organized in the support? U.S.? (see instructions)) Yes Nο Yes Yes (A) (B) (C) (D) (E)

Part	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Coot	Part III. If the organization fails to	J quality unde	rije tests lis	ied below, p	lease comple	ete Part III.)	
	ion A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2000	(6) 2001	(6) 2000	(4) 2003	(6) 2010	(i) i otai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	44 754				as erm	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		_				
11	Total support. Add lines 7 through 10	15					
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Saat:	organization, check this box and stop her			· · · · ·		<u> </u>	· · • 🗸
14	on C. Computation of Public Suppor Public support percentage for 2010 (line 6			1 0011100 (6)		44	
15	Public support percentage for 2010 (line of Public support percentage from 2009 Sch		•	,		14	% %
16a	331/3% support test—2010. If the organization	zation did not o	check the box	on line 13, and	 I line 14 is 331	3% or more, ch	90 yeark this
	box and stop here. The organization qual	lifies as a publi	cly supported	organization			. •
b	331/3% support test—2009. If the organicheck this box and stop here. The organi	nization did not	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	ınd-circumstar	nces" test, che	ck this box an	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization management organization	tion meets the leets the "facts	facts-and-cir. and-circumst-	cumstances" ances" test. Ti	test, check th ne organization	is box and sto	and line
18	Private foundation. If the organization did	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, checl	this box and s	:ee

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.)

Secti	Section A. Public Support									
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees				5478	20669	26147			
_	received. (Do not include any "unusual grants.")		<u> </u>	<u> </u>						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities									
	furnished in any activity that is related to the				0	0	0			
	organization's tax-exempt purpose		<u> </u>							
3	Gross receipts from activities that are not an				ol	o	0			
	unrelated trade or business under section 513									
4	Tax revenues levied for the			ļ						
	organization's benefit and either paid				0	0	0			
	to or expended on its behalf		<u> </u>							
5	The value of services or facilities									
	furnished by a governmental unit to the				0	0	0			
_	organization without charge		 		5470	20000	20147			
6	Total. Add lines 1 through 5	<u> </u>	 		5478	20669	26147			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				0	0	0			
	·			<u> </u>	 	+				
b	Amounts included on lines 2 and 3				1	ĺ				
	received from other than disqualified persons that exceed the greater of \$5,000	•			0	0	0			
	or 1% of the amount on line 13 for the year									
_	Add lines 7a and 7b	<u> </u>	 			0				
8	Public support (Subtract line 7c from				-	-				
	line 6.)					[26147			
Secti	on B. Total Support									
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
9	Amounts from line 6				5478	20669	26147			
10a	Gross income from interest, dividends,			}]]	S				
	payments received on securities loans, rents,				9	72	81			
	royalties and income from similar sources .			<u> </u>						
þ	Unrelated business taxable income (less						_			
	section 511 taxes) from businesses acquired after June 30, 1975				0	0	0			
	·	 -	 							
C	Add lines 10a and 10b		 		9	71	81			
11	Net income from unrelated business activities not included in line 10b, whether		1		0		•			
	or not the business is regularly carried on					0	0			
12	Other income. Do not include gain or									
12	loss from the sale of capital assets			}	o	o	0			
	(Explain in Part IV.)					Ĭ	J			
13	Total support. (Add lines 9, 10c, 11,				-					
•	and 12.)		1		5487	20741	26228			
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ve	ar as a section	501(c)(3)			
	organization, check this box and stop her									
Section	on C. Computation of Public Suppor	t Percentag	e							
15	Public support percentage for 2010 (line 8		•			15	%			
16	Public support percentage from 2009 Sch			<u> </u>	<u></u>	16	%			
	on D. Computation of Investment Inc									
17	Investment income percentage for 2010 (I					17	%			
18	Investment income percentage from 2009					18	<u>%</u>			
19a	331/3% support tests—2010. If the organi 17 is not more than 331/3%, check this box a									
b	331/3% support tests—2009. If the organization									
D	line 18 is not more than 331/3%, check this b	adon did 1101 C OX and ston h	ere. The ordeni	ime 14 Of IITE 1 Zation qualifies	as a publicly ou	is more than 33	vation -			
20	Private foundation. If the organization did									
						<u></u>				

Page	4

is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(i)(3)? If "Yes," From 990 and Schedule R may need to be completed instead of From 990-EZ (see instructions). 45 Did the organization engage indepty or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Did the organization sacress of section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organization assection 1990(a)(4) nonexempt charitable trusts only. All section 501(c)(3) organization assection 1990(a)(4) nonexempt charitable trusts only. All section 501(c)(3) organization assection 1990(a)(4) nonexempt charitable trusts only. All section 501(c)(3) organization assection 501(c)(3) organization organization assection 501(c)(3) organization organization organization organization section 501(c)(3) organization organization section 501(c)(3) organization organization organization organization organization section 501(c)(3) organization organization organization organization section 700(c)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)							Yes	No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 515(y)(13) if 1"yes," form 980.42 (see instructions) 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 501(y)(3) organizations and section 4947(a)(1) nonexempt charitable trusts cmyt. All section 501(x)(3) organizations and section 4947(a)(1) nonexempt charitable trusts cmyt. All section 501(x)(3) organizations and section 170(x)(1)(x)(3) in nonexempt charitable trusts cmyt. All section 501(x)(3) organizations and section 170(x)(1)(x)(3) in "Yes," complete Schedule C, Part II 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(x)(1)(x)(0)? If "Yes," complete Schedule E, Part II 49 Experimental organization as a school as described in section 170(x)(1)(x)(0)? If "Yes," complete Schedule E, Part II 49 Experimental organization as a school as described in section 170(x)(1)(x)(0)? If "Yes," complete Schedule E, Part II 40 Lift the organization as school as described in section 170(x)(1)(x)(0)? If "Yes," complete Schedule E, Part II 41 Total number of organization as activities? If "Yes," complete Schedule E, Part II 42 Lift Yes," was the nelated organization as section 527 organization? 43 Is the organization as activities? If "Yes," complete Schedule E, Part II 44 Did the organization as activities? If "Yes," complete Schedule E, Part II 45 Lift Yes," was the nelated organization as section 527 organization? 46 Complete this table for the organization as activities? If "Yes," complete Schedule E, Part II 47 Total number of other independent contractors each necelving over \$100,000 Part II 48 Lift Yes, "was the nelated organization organization and 4947(a)(1) part II 49 Total number of other independent contractors each necelving	4	to any outstand associantion a controlled autitu	, of the evacuination within the	magning of coation	510/h\/12\2		103	110
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nonexempt charitable trusts must attach a completed Schedule A		•			//~\/d\			
Sign Here Signature of officer Date						Yes	<u></u>	No.
Signature of officer Noei Valero, CEO and Founder Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ Phone no.	Under pe true, corr	nalties of perjury, I declare that I have examined this retured, and complete. Declaration of preparer (other than offi	n, including accompanying schedules a cer) is based on all information of which	nd statements, and to to preparer has any know	he best of my knowled rledge.	ge and	belief,	it is
Signature of officer Noei Valero, CEO and Founder Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ Phone no.								
Here Noel Valero, CEO and Founder Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ Phone no.	Sian	N. Commercial Commerci		i	SKKIL			
Noel Valero, CEO and Founder Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ Phone no.		Signature of officer		0	ate			
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Firm's address Phone no.	•			Fi	rm's EIN ▶			
May the IDC discuss this yet up with the avapage shows above 2 Cos instruction.	J36 C	''"y -				_		
	May the	e IRS discuss this return with the preparer sho	own above? See instructions		▶ □	Yes		40