Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **2013**

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

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

► Information about Form 990 and its instructions is at www irs gov/form990

and ending

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identifie	cation number
	□Addres	S ANTHIROPOGODUTORI GOGTETHU TRI AMERICA			
H	change Name			13_1	628147
H	lchange	3	om/suite	E Telephone numbe	
F	return Termin-		UII/Suite	(734	
F	—ated ☐Amend ☐return			G Gross receipts \$	884,130.
F	Applica	ANN ARBOR, MI 48104		H(a) Is this a group re	
	pendin			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or L	527		list. (see instructions)
J	Website	e: WWW.ANTHROPOSOPHY.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1933 N	Natate of legal domicile: NY
Pa		Summary			
ě	1 5	Briefly describe the organization's mission or most significant activities: THE SO	CIET	Y SEEKS TO	SUPPORT
Activities & Governance	-	INDIVIDUALS WORKING ON THEIR INNER DEVELOP			
ern	1	Check this box F L if the organization discontinued its operations or disposed	of more		
ĝ	1			3	<u>8</u> 7
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			9
ţį		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			28
₹		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			10,586.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
	"	vet unrelated business taxable income norm offi 330-1, line 04		Prior Year	Current Year
a)	8 (Contributions and grants (Part VIII, line 1h)		704,327.	794,537.
ň		Program service revenue (Part VIII, line 2g)		122,319.	75,441.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,638.	2,774.
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,612.	11,378.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		843,896.	884,130.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,150.	25,752.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		364,999.	412,050.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b]	Fotal fundraising expenses (Part IX, column (D), line 25) 64,810		750 166	E00 40E
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		758,166. 1,163,315.	582,485. 1,020,287.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-319,419.	-136,157.
<u>_ s</u>	19 F	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
anc car	20 1	Fotal assets (Part X, line 16)	Dei	1,522,790.	1,399,612.
Net Assets or Fund Balances	21	Fotal liabilities (Part X, line 16)		51,520.	64,533.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,471,270.	1,335,079.
Pa	art II	Signature Block		, , ,	, , , , , , , , , , , , , , , , , , , ,
		ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	JOHN MICHAEL, TREASURER			
		Type or print name and title		into I	II PTIN
D . '		Print/Type preparer's name Preparer's signature	ا	rate Check L	-
Pai	- +	JEFFREY C. STEVENS, CPA		self-employ	P00010213 38-2157642
	· L	Firm's name MANER COSTERISAN PC		Firm's EIN	30-213/042
USE	Unity	Firm's address 2425 E. GRAND RIVER, SUITE 1 LANSING, MI 48912-3291		Dhone no 51	7-323-7500
Ma'	v the IR	S discuss this return with the preparer shown above? (see instructions)		I none no. 3 I	X Yes No

	t III Statement of Program Service Accomplishments	rage -
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ANTHROPOSOPHICAL SOCIETY IN AMERICA IS AN ASSOCIATION OF H	
	SEEKING TO NURTURE THE LIFE OF THE SOUL AND TO EXPLORE WHAT IT	
	TO BE TRULY HUMAN, BASED ON SPIRITUAL SCIENCE ARISING OUT OF T	
	OF RUDOLF STEINER. WE SERVE THE PUBLIC THROUGH OUR OWN ACTIONS	3, THE
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	∟ Yes 🕰 No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🕰 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v ovnonoo
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•
	revenue, if any, for each program service reported.	expenses, and
4a	(Code:) (Expenses \$ 711,434 • including grants of \$ 25,752 •) (Revenue \$	76,233.)
	THE SOCIETY PROVIDES EDUCATIONAL SERVICES IN THE FORM OF LECTU	JRES,
	STUDY RETREATS, WEBINARS, AND CONFERENCES. THE SOCIETY ALSO PU	
	"BEING HUMAN" THREE TIMES PER YEAR, SUPPORTS THE MAINTENANCE A	
	OPERATIONS OF THE RUDOLF STEINER LIBRARY, AND OFFERS SPACE IN	
	RUDOLF STEINER HOUSE FOR GROUPS FOR MISSION RELATED TRAINING,	STUDY,
	AND PERFORMANCES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (votation	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	, (
4d	Other program services (Describe in Schedule O.)	
−u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 711,434.	
		Form 990 (2013)

332002 10-29-13

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	Х	
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		X
С	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		Х
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			· v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

ANTHROPOSOPHICAL SOCIETY IN AMERICA

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Part IV Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		21
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
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	X	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Price Seco		Check if Schedule O contains a response or note to any line in this Part V					
be first the number of Forms W26 included in line 1a. Enter o 1 in of applicable 1						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b If a sum of lines 1 and 42 as greater than 250, you may be required to -6th eige instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lay 1 **Yea, 1 **Near tifled a Form 990 of Tor this year? **If Y6, 7 to line \$30, provide an explanation in Schedule O. 3a Lay 1 **Near 1 **If year 1 **If y	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17			
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambling) withings to prize withorises? 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 8 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If 1 Yes, 1 has it filed a Form 950 To this year? If 1 No, 1 to fire 3b, provide an explanation in 8 center of the year? 8 If 1 Yes, 1 has it filed a Form 950 To this year? If 1 No, 1 to fire 3b, provide an explanation in 8 centeriotic year, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 8 If 1 Yes, 1 to line 5 and 5 center the name of the foreign country? 9 See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 9 Was the organization have the organization file form 8866 to 2 or 1 Yes, 1 to line 5 and 5. did the organization that it was or is a party to a prohibited tax shelter transaction? 9 See Was the organization have the organization file Form 8866 to 2 or 1 Yes, 1 to line 5 and 5. did the organization file Form 8866 to 2 or 2	b		1b	0			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this result. Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX If views, has it filed a Form 900-T for this year? If No, *to time 3b, provide an explanation in Schedule O 3b IX A 1an yrite reduring the calendary 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, sorting and account, or other financial account)? 5b If views, *to line the name of the foreign country. ► See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization an party to a prohibited tax shelter transaction at any time during the tax year? 5b If views, *to line 5a or 5b, did the organization file Form 8888-17 6c If views, *to line 5a or 5b, did the organization file Form 8888-17 6d Does the organization shell exclusible as charitable contributions? 6a Views, *to line 5a or 5b, did the organization file Form 8888-17 6b If views, *did the organization inclinde with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If views, *did the organization inclinde with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c If If the organization selected apyment in excess of 5f5 made parity as a contribution and party for goods and services provided to the payor? 7a If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b if Yes, *has it filed a Form 900-Tr for this year? If *No,* to line 3b, provide an explanation in Schedule O 3a At any time during the calandary year, did the organization have an inferset 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 accountly? 4a At any time the hame of the foreign country. 5b if Yes,* enter the name of the foreign country such as a bank account, securities account, or other financial accountly. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes,* it line 5a or 5b, did the organization file Form 8886-17 6c If Yes,* it line 5a or 5b, did the organization file Form 8886-17 6d Does the organization hat were not tax deductible as charitable contributions? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of 35 made party as a corribbution and party for goods and services provided to the payor? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes,* did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, a final the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d I	2a						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, 'has it filed a Form 990 T for this year? If 'No, 'ro line 3b, provide an explination in Schedule O 4a At any time during the calendary year, did the organization have an inferest 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 accountly? 4b If Yes, 'rether the name of the foreign country: ► See instructions for filing requirements for Form TD F 90.221, Report of Foreign Bank and Financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b If Yes, 'to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 3a or 3b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 3a or 3b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, 'to line 3a or 3b, did the organization notify the donor of the value of the goods or services provided? 5b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 5c If Yes, 'to line 6a or 3b, and 5b, and 5b		filed for the calendar year ending with or within the year covered by this return	2a	9			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 17 %e, "has it filed a Form 990T for this year? if "No," to fire 36, provide an explanation in Schedule O dhaw 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 accounts. bif 17 %e, "inter the name of the foreign country! ► Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization of the foreign country! ► Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5b Was the organization have a private for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c If "Yes," to line 5a or 50t, did the organization file Form 8886-17? 6a Does the organization have a ninual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as chariable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fler Form 8282? 1f "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 1f If the organization sell, exchange in the value of the goods or services provided? 7g If The organization received a contribution of cars, boat	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution included on Part VIII, line 12 10 a Did the organization server 990, Part VIII, line 12 11 b Gross income from members or shareholders 11 b Gross income from members or shareholders 11 b Did	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Is Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13 C 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$	d the s	upporting			
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							_ <u>^</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eΟ				(0040)

ANTHROPOSOPHICAL SOCIETY IN AMERICA 13-1628147 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 8 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. 7 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?			Х
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		Х
b	Other officers or key employees of the organization	15b		Х
	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		Х
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		
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			

17	List the states with which a copy of this Form 990 is required to be filed IN I
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicab

ble), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website **X** Upon request 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN MICHAEL - (734) 662-9355

<u> 1923</u> GEDDES AVE, ANN ARBOR, 48104

Form **990** (2013)

332006 10-29-13

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			((Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Of Individual trustee or director		Officer p	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DENNIS DIETZEL	6.00									_
MEMBER		Х						0.	0.	0.
(2) JOAN TREADAWAY	4.00								_	_
MEMBER		Х						0.	0.	0.
(3) ANN FINUCANE	4.00	1								
MEMBER		Х						0.	0.	0.
(4) LINDA EVANS	4.00								_	_
MEMBER		Х						0.	0.	0.
(5) CARLA COMEY	4.00									
MEMBER AT LARGE		Х						0.	0.	0.
(6) VIRGINIA MCWILLIAM	6.00									•
MEMBER AT LARGE	1 00	Х						0.	0.	0.
(7) JOHN MICHAEL	1.00	,,		,,						0
TREASURER	10.00	Х		Х		<u> </u>		0.	0.	0.
(8) TORIN FINSER	10.00	x		٠,,				25 000	0.	0
PRESIDENT	46.00	Δ.		Х				25,000.	0.	0.
(9) MARIAN LEON DIR OF ADMIN & MEMBER SERV	40.00			х				70,566.	0.	14,288.
		1								

Part VII Section A. Officers, Directors,	rustees, Key Em (B)	ploy	ees	, and (C		gne	st C					/ ["	
(A) Name and title	Average			Posi	ition			(D) Reportable	(E) Reportable		 	(F) timate	А
Name and title	hours per		not c	heck I	more	than		compensation	compensation			iimate iount (
	week					or/trus		from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for	or director	gy.			ated		organization	(W-2/1099-MI	SC)		om the	
	related organizations	ustee	truste		gg.	suadı		(W-2/1099-MISC)				anizati d relate	
	below	dual tr	tional		ploye	st con	_					ınizatio	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme				l orga	Zatic	,,,,
		Ī	Ī				Ī						
		1											
						_							
		4											
		ł											
		ł											
		1											
		1											
		ł											
4h Cule total					<u> </u>		_	95,566.		0.	1	4,28	<u> </u>
1b Sub-total c Total from continuation sheets to Pa								0.		0.		= , 4 ·	0
d Total (add lines 1b and 1c)								95,566.		0.	1	4,28	•
Total (add lines 15 and 16) Total number of individuals (including by									000 of reportab	_			
compensation from the organization		1000	11000	, a u	JO V (o, w	10 11		,ooo or reportate	,,,,			(
												Yes	No
3 Did the organization list any former off	cer, director, or tr	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J											3		Х
4 For any individual listed on line 1a, is th	e sum of reportab	le co											
and related organizations greater than	\$150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual			4		Х
5 Did any person listed on line 1a receive	•				•			•		6			
rendered to the organization? If "Yes,"	complete Schedul	e J f	or su	ıch	pers	son .					5		Х
Section B. Independent Contractors		_							•				
1 Complete this table for your five highes										npens	ation t	rom	
the organization. Report compensation (A)	for the calendar y	ear	enai	ng w	vitri	or w	ıtmır	the organization's tax (B)	ear.		(C	٠,	
Name and busir	ess address	NO	ONE	3				رق) Description of s	ervices	C	ompe		า
								<u>-</u>			-		
					_		T						
							\perp						
					.,								
2 Total number of independent contractor	,	ot li	mite	d to		_	stec	above) who received n	ore than				
\$100,000 of compensation from the or	ganization >					0					Form	200	

ı uı	L VII	Check if Schedule O conta		or note to any lin	ne in this Part VIII			
		Officer if Octionale O Corta	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues Fundraising events	1b	421,008.				
ons, Gift Similar	d e	Related organizations	ons) 1d 1e					
ntributio d Other		All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	/e 1f	373,529.				
a C	h	Total. Add lines 1a-1f		>	794,537.			
				Business Code				
e	2 a	FACILITY FEES		900099	39,756.	39,756.		
Program Service Revenue	b	SERVICE FEES		900099	35,685.	35,685.		
S Š	С							
e au	d							
P. G.	e							
<u>,</u>	f	All other program service reve	nue					
					75,441.			
\dashv	3	Investment income (including			,			
	Ü	other similar amounts)			2,774.			2,774.
	4	Income from investment of tax			2,114			2,7740
	4							
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	· ·	, ,				
	b	Less: cost or other basis						
	-	and sales expenses						
	•	Gain or (loss)						
		Net gain or (loss)						
Other Revenue	8 а	Gross income from fundraising including \$	of					
æ		contributions reported on line	-					
ĕ		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund	•	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
t	11 a	ADVERTISING INC		900099	10,586.		10,586.	
	u	OTHER REVENUE		900099	792.	792.		
					,,,,,	, , , , ,		
	C	All other reserve						
	d				11,378.			
		Total Add lines 11a-11d		······ 💍	884,130.	76,233.	10,586.	2,774.
332009 10-29-	12	Total revenue. See instructions.		>	UU4,13U•	10,433.	10,300.	
10-29-	13							Form 990 (2013)

Form 990 (2013) ANTHROPOSOPHI Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	<u> </u>
D-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		'		'
	organizations in the United States. See Part IV, line 21	25,752.	25,752.		
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	109,854.	75,184.	24,218.	10,452
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	226,413.	154,957.	49,914.	21,542
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,387.	9,846.	3,172.	1,369 3,534
9	Other employee benefits	37,141.	25,419.	8,188.	3,534
10	Payroll taxes	24,255.	16,600.	5,347.	2,308
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	8,001.	5,492.	1,635.	874
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)	53,142.	36,480.	10,859.	5,803
12	Advertising and promotion	4,603.	4,603.		·
13	Office expenses	41,254.	32,547.	2,859.	5,848
14	Information technology	18,876.	15,167.	1,179.	2,530
15	Royalties	·	•		·
16	Occupancy	59,992.	17,622.	42,370.	
17	Travel	•	•		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118,035.	91,218.	26,441.	376
20	Interest	,	•		
21	Payments to affiliates	131,070.	98,310.	32,760.	
22	Depreciation, depletion, and amortization	31,204.	4,693.	26,511.	
23	Inc.,	3,660.	1,135.	2,496.	29
24 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 0.)				
а	PROGRAM MATERIALS	92,716.	77,516.	5,066.	10,134
b	MEMBER SERVICES	18,425.	18,425.	,	. ,
6	MISCELLANEOUS EXPENSES	1,507.	468.	1,028.	11.
d		,		,	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,020,287.	711,434.	244,043.	64,810
<u>26</u>	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)				
	II IUIIUWIIIY SUF 98-2 (ASC 938-720)				- 000 (aa ta

13-1628147 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			541,402.	2	500,223.
	3	Pledges and grants receivable, net			80,081.	3	39,751.
	4	Accounts receivable, net			10,964.	4	19,606.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	-	section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sections		-			
s,		employees' beneficiary organizations (see instr).	•	· · · · · ·		6	
Assets	7	Notes and loans receivable, net			1,309.	7	
As	8	Inventories for sale or use			, , , , , , , , , , , , , , , , , , ,	8	
	9	Prepaid expenses and deferred charges			9,456.	9	10,423.
	l	Land, buildings, and equipment: cost or other	I I		<u>, </u>		•
		basis. Complete Part VI of Schedule D	10a	935,641.			
	l b	Less: accumulated depreciation		445,125.	494,054.	10c	490,516.
	11	Investments - publicly traded securities			385,524.	11	339,093.
	12	Investments - other securities. See Part IV, line			, .	12	, , , , , , , , , , , , , , , , , , , ,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,522,790.	16	1,399,612.
	17	Accounts payable and accrued expenses			35,871.	17	33,867.
	18	Grants payable			•	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ý	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
abil		Complete Part II of Schedule L	•			22	
Ĩ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · -		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D	,	.	15,649.	25	30,666.
	26	T. I.P. I.P.P. A. I.P. 47.0 I.O.E.			51,520.	26	64,533.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an					
ž	27	Unrestricted net assets			949,950.	27	943,457.
ala	28	Temporarily restricted net assets			521,320.	28	391,622.
Б	29					29	
Ē		Organizations that do not follow SFAS 117 (A					
<u></u>		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss(31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances		-	1,471,270.	33	1,335,079.
	34	Total liabilities and net assets/fund balances			1,522,790.	34	1,399,612.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,47		
5	Net unrealized gains (losses) on investments	5		_	34.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,33	<u>5,0</u>	<u>79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, , , , ,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

			OSOPHICAL SO						1	3-1628	147	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	te this parl	:.) See inst	ructions.				
The organ 1	A church, co A school des A hospital or	nvention of churches cribed in section 17 a cooperative hospi search organization o	because it is: (For lines 1 s, or association of church (O(b)(1)(A)(ii). (Attach So tal service organization of operated in conjunction	ches desc hedule E.) described	ribed in se in section	ection 170	(b)(1)(A)(i) (A)(iii).		i). Enter	the hospital	l's nam	ıe,
5	An organizati section 170 A federal, state An organizati section 170(A community An organizati activities relatincome and use section An organizati more publicly describes thate a Type I By checking foundation must be provided in the organization of the organization of the organization of the organization of the government of the gov	ion operated for the (b)(1)(A)(iv). (Completed to the completed for the total government on that normally rectable) (b)(1)(A)(vi). (Completed trust described in some that normally rectated to its exempt for unrelated business to the completed for organized and operated organized and other the total or received a write transportation, check the total organization, check the total organization, check the total organization of the some organization of the some organization of the some organization organization organization, check the total organization or	ent or governmental unitelives a substantial part of the Part II.) ection 170(b)(1)(A)(vi). (eives: (1) more than 33 1 actions - subject to certal axable income (less sections) and the part III.) perated exclusively to test organization and complete organization and complete organization is not than one or more publicity then determination from this box organization accepted are irectly controls, either alients.	t described of its supp (Complete 1/3% of its in exception 511 taust for public ne benefit of controlled by supporte the IRS that the IRS that the interpolation one or togor (ii) above of its supporte the IRS that the IRS that the interpolation of its supporte its interpolation or togor (iii) above or (iii) above its supporte its interpolation or togor (iii) above its supporte its interpolation in the int	d in section and Part II.) support from a support froms, and (in x) from but it is afety. Sof, to perfect through a contribution ally it is a Tymontribution ether with the contribution ether with th	on 170(b)(1) government rom contri 2) no more sinesses a See section rom the fun on 509(a)(2) in 11h. integrated or indirectly ations descripe I, Type in from any persons of	butions, me than 33 1 acquired beneficions of, 2). See second by one or cribed in sull, or Type of the following the soul of the s	nembershi i/3% of its y the orga i). or to carr ction 509(i i Typ r more discection 508 e III owing pers in (ii) and (general p fees, a s support inization y out the a)(3). Ch e III - Noi qualified ∂(a)(1) or sons? iiii) below	public description of the purposes of the box of the bo	ceipts invest and the control of one of that the control of the co	from ment '5. or
. ,	of supported anization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) lis governing o	sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S Yes	ed in the l	(vii) Amoun sup	t of mor	netary
Total												

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

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) 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 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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publi						
	Public support percentage for 2013 (li					14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the o	0		,		,	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	: - 2012. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2013

332022 09-25-13

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

Sec	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(6) 2010	(0) 2011	(4) 2012	(6) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	1,132,553.	679,229.	1,025,850.	704,327.	794,537.	4,336,496.
2	Gross receipts from admissions,	1,132,333.	013,223.	1,023,030.	701,327	734,3374	1,330,130.
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	86,131.	77 000	188,559.	122 647	76,233.	551,559.
_	organization's tax-exempt purpose	00,131.	11,303.	100,339.	144,047.	10,233.	331,333.
3	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	1,218,684.	757,218.	1,214,409.	826,974.	870,770.	4,888,055.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	4,724.	2,772.	2,613.			10,109.
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						0.
c	Add lines 7a and 7b	4,724.	2,772.	2,613.			10,109.
	Public support (Subtract line 7c from line 6.)	_					4,877,946.
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	1,218,684.	(b) 2010 757, 218.	1,214,409.	(d) 2012 826,974.	(e) 2013 870, 770.	4,888,055.
	Gross income from interest,		•		•	,	· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	19,683.	11,973.	4,223.	4,638.	2,774.	43,291.
h	Unrelated business taxable income					_,	
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	19,683.	11,973.	4,223.	4,638.	2,774.	43,291.
	Net income from unrelated business	13,003.	11,575	4,225	1,030.	2,774	13,231.
•	activities not included in line 10b,						
	whether or not the business is		8,509.				8,509.
12	regularly carried on Other income. Do not include gain		0,303.				0,303.
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)	1,238,367.	777,700.	1,218,632.	831,612.	873,544.	4,939,855.
	Total support. (Add lines 9, 10c, 11, and 12.)				-	•	
14	First five years. If the Form 990 is for	· ·			•	()()	ation,
800	check this box and stop here ction C. Computation of Publ						P
	•			- L (A)		45	98.75 %
	Public support percentage for 2013 (I					15	
	Public support percentage from 2012 etion D. Computation of Investigation					16	98.46 %
	•			- 10! (6)		47	.88 %
	Investment income percentage for 20					17	.88 <u>%</u> 1.13 %
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box at						
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 th	nis box and see ins	structions	>

nedule A	(Form 990 or 990-E.	2) 2013 AN 111	KOI OBOI II	TCVT 2	OCILII	TIA VI	EKICA	13-1628147	Pag
art IV	Supplemental	Information.	Provide the exp	olanations re	quired by Pa	rt II, line 10	; Part II, line 1	13-1628147 7a or 17b; and Part III, line	12.
	Also complete this	part for any add	itional informatio	on. (See instr	ructions).				

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2013

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2009 Amount	2010 Amount	2011 Amount	2012 Amount	2013 Amount
INTERESTED PARTY PER PRIOR ACCOUNTANT	4 724	2 772	2 612	0.	0
PRIOR ACCOUNTANT	4,724.	2,772.	2,613.	0.	0
Tabal ka Cala adula A					
otal to Schedule A, Part III, Line 7a	4,724.	2,772.	2,613.		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

ANTHROPOSOPHICAL SOCIETY IN AMERICA

OMB No. 1545-0047

Name of the organization

Employer identification number

13-1628147

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
•	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General I	Rule					
	For an organization contributor. Compl	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special F	Rules					
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
1	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
(For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year					
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

ANTHROPOSOPHICAL SOCIETY IN AMERICA

13-1628147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ANTHROPOSOPHICAL SOCIETY IN AMERICA

13-1628147

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2-2		\$Schedule R / Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

2013.04030 ANTHROPOSOPHICAL SOCIETY IN 17939__1

Name of organization **Employer identification number**

ANTHROPOSOPHICAL SOCIETY IN AMERICA

13-1628147

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
		- Γ Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - -	
202452 10 0	440	Schedule R (Form 6	990-F7 or 990-PF\ (2013)

THROP	OSOPHICAL SOCIETY IN AI Exclusively, religious, charitable, etc., individ	MERICA ual contributions to section 501(c	13-1628147 (7), (8), or (10) organizations that total more than \$1,000 for
	year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., use duplicate copies of Part III if additional:	following line entry. For organizatic contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 to ons completing Part III, enter rethe year. (Enter this information once.)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee
No.	#ND ###		
om irt I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	
 - -	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- <u>-</u>		(e) Transfer of gif	
-	Transferee's name, address, and		Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I			
		(e) Transfer of gif	<u> </u>
	Transferee's name, address, and	-	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** ANTHROPOSOPHICAL SOCIETY IN AMERICA 13-1628147 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of A							ets/conti		age ∠
3	Using the organization's acquisition, accession										10
3	(check all that apply):	on, and other record	, criec	K arry Or tile	Tollowing the	at are a .	sigrillicarit	use of its	COllectio	iii iteii	13
_	Public exhibition	للم	. \square	l oon or ove		ama					
a		d			hange progr	ams					
b	Scholarly research	е	•	Other							
C	Preservation for future generations	H4:	41	6 41 4	da a			i- D-	.4. VIII		
4	Provide a description of the organization's co							ose in Pa	π XIII.		
5	During the year, did the organization solicit or							Г	7 v		٦,,,
Dai	to be sold to raise funds rather than to be ma								_ Yes		<u> No</u>
rai	reported an amount on Form 990, Par		ete ii tne	e organizatio	n answered	Yes to	Form 990	J, Part IV,	line 9, or		
	<u> </u>						A for a local and				
па	Is the organization an agent, trustee, custodia								¬ _v		٦
	on Form 990, Part X?							∟	_ Yes		⊔ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:							
	5						-		Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year						ı				
1	Ending balance									_	Т
	Did the organization include an amount on Fo								_ Yes		⊢ No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if										
ı aı	Endownient i unus: Complete ii				(c) Two yea			voare back	(e) Fou	r voore	hack
4.	Desiration of control belows	(a) Current year	(a) F	Prior year	(C) TWO yea	15 Dack	(a) Tillee	years Dack	(e) 1 0u	i years	Dack
ıa	Beginning of year balance										
D	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u></u>								
2	Provide the estimated percentage of the curr	•	-	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	and administe	ered for	the organi	zation	1		T
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o			t or other		Accumulate	I .	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	de	preciation				
	Land						044 =				24
	Buildings			66	2,275.		244,7	44.	41	7,5	31.
С	Leasehold improvements			_	4 000					•	0.0
d	Equipment				1,830.		38,8	28.	<u> 1</u>	3,0	02.
	Other	<u> </u>			21,536.		161,5	53.		9,9	
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	10(c).)				49	0,5	16.

Schedule D (Form 990) 2013

Ochicadic D	(1 01111 330) 2010		
Part VII	Investments -	- Other Securities.	_

Part VIII Investments - Other Securities.	o Form 000 Port IV lie	an 11h San Farm 000 Dart V line 10	
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives	. ,		·
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	o Form 000 Dort IV lin	as 11d Cas Form 000 Dart V line 15	
Complete if the organization answered "Yes" to	o Form 990, Part IV, III Description	ne 11d. See Form 990, Part X, line 15.	(b) Book value
	, coonplicit		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" to	o Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, lii	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) AGENCY TRANSACTIONS		30,666.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		20.666	
Total (Column (b) must equal Form 990 Part X col (R) line	25) L	30.666.	

Schedule D (Form 990) 2013

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D	(Form 990) 2013	ANTHROPOSOPHICAL	SOCIETY	TIA	AMERICA	13-102014/	Page
Part XI	Reconciliation of	f Revenue per Audited Fin	ancial Stater	nent	ts With Rever	nue per Return.	
	Complete if the organ	ization answered "Yes" to Form 99	0, Part IV, line 12	2a.			

	Complete if the organization answered Tes to Form 990, Fart IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	884,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	34.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	34.
	Subtract line 2e from line 1			3	884,130.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	884,130.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	1,020,287.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d				0.
3	Subtract line 2e from line 1		3	1,020,287.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	c Add lines 4a and 4b				0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,020,287.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE, AND LOCAL INCOME TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE, AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS.

Schedule D) (Form 990) 2013	ANTHROPOSOPHICAL	SOCIETY	IN AMERICA	13-162814 / Page 5
Part XIII	(Form 990) 2013 Supplemental Info	rmation (continued)			
	•				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2013)

Name of the organization ANTHROPO	SOPHICAL S	OCIETY IN A	MERICA		•		Employer identification number $13-1628147$
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's p 	sistance?						
Part II Grants and Other Assistance t					anization answered "Y	/es" to Form 990 Part	IV line 21 for any
recipient that received more than		-			amzation anowered 1	05 10 101111 000, 1 411	17, 1116 21, 161 4119
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEMNISCATE ARTS INC 1 INTERNATIONAL BLVD, STE 400							
MAHWAH, NJ 07495	20-2307129		10,000.	0.			DRAMA PRODUCTION
2 Enter total number of section 501(c)(3)3 Enter total number of other organization							<u>1.</u>

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2, Part III, column	(b), and any other a	dditional information.					
PART I LINE 2									
1) THE GRANT RECIPIENT SUBMITS A R	EPORT TO	THE GRANT	1						
COMMITTEE.									
2) THE REPORT INCLUDES A FINANCIAL	REPORT	AND A NARR	ATIVE DESC	RIPTION					
OF HOW THE GRANT WAS USED.									
3) THE COMMITTEE REVIEWS THE REPOR	TS TO EN	SURE THAT	THE FUNDS	FULFILLED					
THE GRANT PURPOSE.									

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

ANTHROPOSOPHICAL SOCIETY IN AMERICA 13-1628147 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INITIATIVES OF ITS MEMBERS, AND THE ACTIVITIES OF THE SCHOOL FOR SPIRITUAL SCIENCE. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A NON-FOR-PROFIT CORPORATION WITH MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE DIRECTOR OF ADMINISTRATION AND MEMBER SERVICES, AND THE DIRECTOR OF FINANCE BEFORE BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DETERMINE IF A CONFLICT EXISTS AND IF IT IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, CONFLICT, FAIR, AND REASONABLE TO ASA. THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF ASA AND THE ADVANCEMENT OF ITS PURPOSE. FORM 990, PART VI, SECTION B, LINE 15: COUNCIL HAS A DISCUSSION WHEN CREATING A NEW POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

29

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	ANTHROPOSOPHICAL SOCIETY	IN AMERICA	Employer identification number 13-1628147
FORM 990, PART	XII, LINE 2C		
ANTHROPOSOPHIC	AL SOCIETY IN AMERICA HAS	A COMMITTEE THAT	
ASSUMES RESPON	SIBILITY FOR OVERSIGHT OF	THE REVIEW OF ITS	FINANCIAL
STATEMENTS AND	SELECTION OF AN INDEPEND	ENT ACCOUNTANT. T	HIS PROCESS
HAS NOT CHANGE	D FROM THE PRIOR YEAR.		
FORM 4562			
EMPLOYER IDENT	IFICATION NUMBER: 13-1628	147	
FOR THE YEAR E	NDING DECEMBER 31, 2013		
ANTHROPOSOPHIC	AL SOCIETY IN AMERICA, HE	REBY ELECTS, PURSU	ANT TO IRC
SEC. 168(K)(2)	(D)(III), NOT TO CLAIM TH	E ADDITIONAL 50% D	EPRECIATION
ALLOWABLE UNDE	R IRC SEC. 168(K) FOR THE	FOLLOWING QUALIFY	ING PROPERTY
PLACED IN SERV	ICE DURING THE TAX YEAR E	NDING DECEMBER 31,	2013.
ALL PROPERTY I	N THE 5 YEAR CLASS.		
ALL PROPERTY I	N THE 7 YEAR CLASS.		
SEE ATTACHED F	ORM 4562.		

Form	990-T	E	Exempt Organization Bus			ax Returi	n	OMB No. 1545-0687	
		F	(and proxy tax und					2012	
		For ca	lendar year 2013 or other tax year beginning Information about Form 990-T and its instruc	diana i	, and ending		— ·	2013	
	tment of the Treasury al Revenue Service	I ▶	Do not enter SSN numbers on this form as it may).	Open to Public Inspection for 501(c)(3) Organizations Only	
Α	Check box if address changed		Name of organization (Check box if name c				DEmplo (Empl	Employer identification number (Employees' trust, see instructions.)	
B E:	xempt under section	Print	ANTHROPOSOPHICAL SOCIE	TY	IN AMERICA		1	3-1628147	
X]501(c)(3)	Or Type	Number, street, and room or suite no. If a P.O. box	k, see ir	structions.			ated business activity codes instructions.)	
	408(e) 220(e)	Туре	1923 GEDDES AVE	`	,				
] 408A 530(a)] 529(a)		City or town, state or province, country, and ZIP o ${\bf ANN\ ARBOR\ ,\ MI\ 48104}$	r foreig	n postal code		541	800	
C Bo	ok value of all assets		exemption number (See instructions.)						
			k organization type \blacktriangleright X 501(c) corporation		501(c) trust	401(a) trust		Other trust	
			ary unrelated business activity. $ ightharpoonup$ ADVERTI						
			poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	>	Ye	s X No	
			tifying number of the parent corporation.				7 7 7 4	\	
			JOHN MICHAEL			ne number (
			de or Business Income	_	(A) Income	(B) Expense	S	(C) Net	
	Gross receipts or sale								
	Less returns and allo		c Balance	1c					
2			A, line 7)	2					
3	Gross profit. Subtrac			3					
			th Form 8949 and Schedule D)	4a 4b					
			Part II, line 17) (attach Form 4797)	40 4c					
_			ing and S corporations (attach attachment)	40 5					
5			ips and S corporations (attach statement)	6					
6	Rent income (Schedu	ule () and innor	ma (Schadula E)	7					
7			me (Schedule E)	8					
8		-	and rents from controlled organizations (Sch. F)						
9			on 501(c)(7), (9), or (17) organization (Schedule G) ome (Schedule I)	9 10					
10				11	10,586.	6 3	350.	4,236.	
11 12	Other income (See in	Scriedule	e J) ns; attach schedule.)	12	10,300.	0,5	,,,,,,	4,230.	
13			gh 12	13	10,586.	6 3	350.	4,236.	
			ot Taken Elsewhere (See instructions fo			0,5	,50.	1,2501	
			utions, deductions must be directly connected		•	income.)			
14	Compensation of of	fficers, di	rectors, and trustees (Schedule K)				14		
15							15		
16							16		
17							17		
18	Interest (attach sch	edule) .					18		
19	Taxes and licenses						19		
20	Charitable contribut	tions (Se	e instructions for limitation rules.)				20		
21	Depreciation (attach	n Form 4	562)		21				
22			n Schedule A and elsewhere on return				22b		
23							23		
24	Contributions to def	ferred co	mpensation plans				24		
25	Employee benefit pr	rograms					25		
26	Excess exempt expe	enses (S	chedule I)				26	2.056	
27	Excess readership of	costs (Sc	hedule J)				27	3,256.	
28	Other deductions (a	ittach sch	nedule)				28	2 256	
29			nes 14 through 28				29	3,256.	
30			ncome before net operating loss deduction. Subtrac				30	980.	
31			n (limited to the amount on line 30)				31	980.	
32			ncome before specific deduction. Subtract line 31 fr				32		
33			y \$1,000, but see instructions for exceptions.)				33	1,000.	
34			income. Subtract line 33 from line 32. If line 33 is	-	*		34	0.	
							1 07	<u> </u>	

	Tax Computation					
	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here 🕨 📖 See instructions an					
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	er):				
	(1) \[\\$ \					
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
((2) Additional 3% tax (not more than \$100,000)					
c I	ncome tax on the amount on line 34		>	35c		0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount					
	Tax rate schedule or Schedule D (Form 1041)			36		
37 I	Proxy tax. See instructions			37		
	Alternative minimum tax			38		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies			39		0.
	Tax and Payments					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a				
	Other credits (see instructions)	40b				
	General business credit. Attach Form 3800	40c		_		
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Fotal credits. Add lines 40a through 40d			40e		
41 5	Subtract line 10a from line 20			41		0.
40 (Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	occ Other		40		<u> </u>
						0.
	Fotal tax. Add lines 41 and 42			43		<u> </u>
	Payments: A 2012 overpayment credited to 2013	44a		_		
	2013 estimated tax payments	44b		_		
	Fax deposited with Form 8868					
	oreign organizations: Tax paid or withheld at source (see instructions)	44d				
	Backup withholding (see instructions)	44e				
	Credit for small employer health insurance premiums (Attach Form 8941)	44f				
g (Other credits and payments: Form 2439					
L	Form 4136 Other Total	44g				
45	Total payments. Add lines 44a through 44g			45		
46 E	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		>	47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		>	48		0.
49	Enter the amount of line 48 you want: Credited to 2014 estimated tax		funded 🕨	49		
Part V	Statements Regarding Certain Activities and Other Informati	ion (see instru	ctions)			
1 At an	y time during the 2013 calendar year, did the organization have an interest in or a signature or o	other authority ov	er a financial a	ccount (ba	ank, Yes	No
secur	ities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1	1, Report of Forei	gn Bank and F	inancial		
Acco	unts. If YES, enter the name of the foreign country here					X
2 During If YES	unts. If YES, enter the name of the foreign country here the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tri, see instructions for other forms the organization may have to file.	ust?				Х
3 Enter	the amount of tax-exempt interest received or accrued during the tax year >\$					
Schedu	Ile A - Cost of Goods Sold. Enter method of inventory valuation \blacktriangleright N/A	A				
1 Inver	atory at beginning of year 1 6 Inventory at end of year	ar		6		
2 Purcl	nases 2 7 Cost of goods sold. S	Subtract line 6				
3 Cost	of labor 3 from line 5. Enter here	e and in Part I, lin	e 2	7		
	onal section 263A costs (att. schedule) 4a 8 Do the rules of section	n 263A (with resp	ect to		Yes	No
b Other	costs (attach schedule) 4b property produced or	acquired for resa	le) apply to			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to t	he best of my kr	owledge an	d belief, it is true,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer nas any knowled	_	May the IRS	discuss this return	n with
Here	TREASUF	RER		•	shown below (see	
	Signature of officer Date Title			instructions)	? X Yes	□ No
	Print/Type preparer's name Preparer's signature Da	ate	Check	if PTIN		
Deid	JEFFREY C. STEVENS,		self- employe			
Paid	CD3				0001021	3
Preparer San DC						
Use O	2425 E. GRAND RIVER, SUITE 1		5 Eliv P			
	Firm's address LANSING, MI 48912-3291		Phone no	517-3	323-750	0
	Firm's address ► LANSING, MI 48912-3291 Phone no. 517-323-7500					

Schedule C - Rent Income 1. Description of property	e (From Real	Propert	y and	Personal	Propert	y Lease	ed with Real i	rope	ELLA)(see ilisii aciiolis)	
(1)										
(1) (2)										
(3)										
(4)										
(4)	2. Rent receive	ed or accrued					l			
(a) From personal property (if the p				nd personal proper	tv (if the perc	entage	3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			
rent for personal property is me 10% but not more than 50	of r	ent for pe	or income)	or if	Columns 2	(a) and 2	z(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total	0.	Total				0.				
c) Total income . Add totals of column ere and on page 1, Part I, line 6, colur	nn (A)	🕨				0.	(b) Total deduction Enter here and on page Part I, line 6, column (E	1,	0	
Schedule E - Unrelated De	ebt-Financed	Income	e (see i	nstructions)						
				2 0	nomo fram		Deductions directly connected with or allocator to debt-financed property			
1. Description of debt-financed property				2. Gross income from or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)										
(2)										
(3)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	inanced of or allocable to			by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
	(2222									
(1)					%					
(2)					%					
(3)					%					
(4)					%	0				
							nter here and on page 1, Part I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).	
Totals								0		
Total dividends-received deductions								▶	0	
Schedule F - Interest, Ann	uities, Royal						nizations (see	instru	ctions)	
1. Name of controlled organization	2.	2. Employer identification Net un		3. Net unrelated income (loss) (see instructions) Total of payments of the pa		4.	5. Part of column 4 that included in the controllin organization's gross incor		t is ng connected with income in column 5	
						ents made				
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organization	ns									
7. Taxable Income 8. Net unrelated income (Ic (see instructions)			9. Total of specified payment made		ments	in the con	column 9 that is included trolling organization's ross income		11. Deductions directly connected with income in column 10	
(1)										
(2)								1		
(3)								1		
(4)								1		
7 1						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
						iiile				
Totals							0	.	0	

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Schedule G - Investme (see inst		Section 5	501(c)(7	'), (9), or (17) Or	ganiza	tion					
1. Desc	1. Description of income				Amount of income 3. Deduction directly conne (attach sched)			Set-asides ch schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page Part I, line 9, column (B).					
Totals	▶ 0 •						0				
Schedule I - Exploited (see instru	•	/ Income	, Other	Than Advertisi	ng Inco	ome					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business in	nected action ated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	age 1, Part I, page 1, Part e 10, col. (A). line 10, col. (B							Enter here and on page 1, Part II, line 26.		
Totals	0.		0.						0		
Schedule J - Advertisi Part I Income From	Periodicals Rep			solidated Basis							
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1) "BEING HUMAN"	10,58	6. 6	,350	•	6	,749.	10	,005.			
(2)											
(3)								$\overline{}$			
(4)											
Totals (carry to Part II, line (5)) ► 10,586. 6 Part II Income From Periodicals Reported on			,350. 4,236. 6,74				9. 10,005. 3				
	7 on a line-by-line ba		a Sepa	irate Basis (For 6	each perio	odical liste	d in Par	t II, fill in			
1. Name of periodical	Name of periodical A Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)											
Totals from Part I	10,58		,350	<u>•</u>					3,256		
page 1, Part I, page			ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.		
Totals , Part II (lines 1-5)			,350	•				3,256			
Schedule K - Compen	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio						
1. Name				2. Title 3.					nsation attributable elated business		
								%			
(2)				%							
(3)				%							
							0/				

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Total. Enter here and on page 1, Part II, line 14 ...