

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	MACDONALD TRAINING CENTER, INC. 5420 W. CYPRESS STREET TAMPA, FL 33607-1706
Prepared by	CBIZ MHM, LLC 13577 FEATHER SOUND DRIVE, SUITE 400 CLEARWATER, FL 33762
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2015.</p> <p>PLEASE NOTE THAT SHOULD FORM 990 AND ITS ATTACHMENTS BE PROVIDED TO ANYONE, INCLUDING ANY STATE GOVERNMENT AGENCY, SCHEDULE B SHOULD BE REDACTED UNLESS A LIST OF CONTRIBUTORS IS SPECIFICALLY REQUIRED.</p>

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

▶ 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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MACDONALD TRAINING CENTER, INC.		D Employer identification number 59-0777827	
	Doing Business As		E Telephone number 813-870-1300	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5420 W. CYPRESS STREET		G Gross receipts \$ 5,579,724.	
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33607-1706		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: JAMES M. FREYVOGEL SAME AS C ABOVE		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MACDONALDCENTER.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1953	
M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO EMPOWER PEOPLE WITH DISABILITIES TO LEAD THE LIVES THEY CHOOSE</u>					
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
	3	Number of voting members of the governing body (Part VI, line 1a) 14				
	4	Number of independent voting members of the governing body (Part VI, line 1b) 14				
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 152				
	6	Total number of volunteers (estimate if necessary) 184				
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.				
7b	Net unrelated business taxable income from Form 990-T, line 34 0.					
Revenue	8	Contributions and grants (Part VIII, line 1h) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>1,291,455.</td><td>1,246,578.</td></tr></table>	Prior Year	Current Year	1,291,455.	1,246,578.
	Prior Year	Current Year				
	1,291,455.	1,246,578.				
	9	Program service revenue (Part VIII, line 2g) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>2,612,009.</td><td>2,563,739.</td></tr></table>	Prior Year	Current Year	2,612,009.	2,563,739.
	Prior Year	Current Year				
2,612,009.	2,563,739.					
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>0.</td><td>-481.</td></tr></table>	Prior Year	Current Year	0.	-481.	
Prior Year	Current Year					
0.	-481.					
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>1,271,164.</td><td>1,267,456.</td></tr></table>	Prior Year	Current Year	1,271,164.	1,267,456.	
Prior Year	Current Year					
1,271,164.	1,267,456.					
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>5,174,628.</td><td>5,077,292.</td></tr></table>	Prior Year	Current Year	5,174,628.	5,077,292.	
Prior Year	Current Year					
5,174,628.	5,077,292.					
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>0.</td><td>0.</td></tr></table>	Prior Year	Current Year	0.	0.
	Prior Year	Current Year				
	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>0.</td><td>0.</td></tr></table>	Prior Year	Current Year	0.	0.
	Prior Year	Current Year				
0.	0.					
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>4,058,271.</td><td>4,121,647.</td></tr></table>	Prior Year	Current Year	4,058,271.	4,121,647.	
Prior Year	Current Year					
4,058,271.	4,121,647.					
16a	Professional fundraising fees (Part IX, column (A), line 11e) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>0.</td><td>0.</td></tr></table>	Prior Year	Current Year	0.	0.	
Prior Year	Current Year					
0.	0.					
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 117,991.					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>1,079,607.</td><td>1,039,120.</td></tr></table>	Prior Year	Current Year	1,079,607.	1,039,120.	
Prior Year	Current Year					
1,079,607.	1,039,120.					
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>5,137,878.</td><td>5,160,767.</td></tr></table>	Prior Year	Current Year	5,137,878.	5,160,767.	
Prior Year	Current Year					
5,137,878.	5,160,767.					
19	Revenue less expenses. Subtract line 18 from line 12 <table border="1"><tr><th>Prior Year</th><th>Current Year</th></tr><tr><td>36,750.</td><td>-83,475.</td></tr></table>	Prior Year	Current Year	36,750.	-83,475.	
Prior Year	Current Year					
36,750.	-83,475.					
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <table border="1"><tr><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>1,661,561.</td><td>1,655,479.</td></tr></table>	Beginning of Current Year	End of Year	1,661,561.	1,655,479.
	Beginning of Current Year	End of Year				
	1,661,561.	1,655,479.				
21	Total liabilities (Part X, line 26) <table border="1"><tr><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>865,182.</td><td>987,857.</td></tr></table>	Beginning of Current Year	End of Year	865,182.	987,857.	
Beginning of Current Year	End of Year					
865,182.	987,857.					
22	Net assets or fund balances. Subtract line 21 from line 20 <table border="1"><tr><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>796,379.</td><td>667,622.</td></tr></table>	Beginning of Current Year	End of Year	796,379.	667,622.	
Beginning of Current Year	End of Year					
796,379.	667,622.					

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my 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.

Sign Here	Signature of officer	Date			
	JUDITH DESTASIO, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BETTY ISLER, CPA	Preparer's signature <i>Betty Isler CPA</i>	Date 5.8.15	Check if self-employed <input type="checkbox"/>	PTIN P00541979
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 27-3605969	Firm's address ▶ 13577 FEATHER SOUND DR. STE 400 CLEARWATER, FL 33762	Phone no. (727) 572-1400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Client copy

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MTC EMPOWERS PEOPLE WITH DISABILITIES TO LEAD THE LIVES THEY CHOOSE THROUGH THE PROVISION OF INNOVATIVE, HIGH QUALITY, VOCATIONAL AND LIFE ENRICHMENT DAY SERVICES, SUPPORTED LIVING SERVICES, AND EMPLOYMENT SERVICES DESIGNED TO SHATTER TRADITIONAL SOCIETAL BARRIERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,057,897. including grants of \$) (Revenue \$ 1,090,418.) VOCATIONAL AND LIFE ENRICHMENT DAY SERVICES (GATEWAY SERVICES) INDEPENDENCE IS SOMETHING THAT IS IMPORTANT TO EVERYONE. OUR DAY SERVICES ARE DESIGNED TO ASSIST INDIVIDUALS WITH DISABILITIES IN PREPARING TO ACHIEVE GREATER INDEPENDENCE AND LEAD THE LIVES THEY CHOOSE. INDIVIDUALS HAVE THE CHOICE OF PARTICIPATING IN A VARIETY OF SERVICE TRACKS AND LIFE ENRICHMENT ACTIVITIES BASED UPON INDIVIDUAL INTERESTS. THE SERVICES ARE DESCRIBED ON SCHEDULE O.

4b (Code:) (Expenses \$ 356,369. including grants of \$) (Revenue \$ 71,784.) EMPLOYMENT SERVICES WITH A JOB COMES DIGNITY, RESPECT AND A BETTER INCOME. BETTER INCOME MEANS MORE CHOICES, AND MORE CHOICES MEANS GREATER FREEDOM. GREATER FREEDOM MEANS A MORE FULFILLING LIFE. FOR THESE REASONS, WE AT MACDONALD TRAINING CENTER HAVE COMMITTED OURSELVES TO BEING ONE OF THE PREMIER PROVIDERS OF EMPLOYMENT SERVICES IN THE NATION. EMPLOYMENT SERVICES PROVIDES: - EMPLOYABILITY SKILLS TRAINING - RESUME PREPARATION - JOB DEVELOPMENT

4c (Code:) (Expenses \$ 1,410,223. including grants of \$) (Revenue \$ 1,161,421.) SUPPORTED LIVING SERVICES (COMMUNITY-BASED RESIDENTIAL) THE TWO KEY SERVICES TO SUPPORT INDIVIDUALS LIVING IN THEIR OWN HOMES ARE SUPPORTED LIVING COACHING AND IN-HOME SUPPORTS. OUR SUPPORTED LIVING COACHES WILL WORK CLOSELY WITH INDIVIDUALS TO: - FIND AND RENT OR PURCHASE HOUSING - FIND AND SELECT A ROOMMATE OR ROOMMATES TO SHARE THE COST OF HOUSING - PROVIDE INSTRUCTION IN SHOPPING FOR, COOKING AND PLANNING NUTRITIONAL MEALS - ASSIST WITH BANKING AND BILL PAYING - ASSIST WITH BUDGETING AND MONEY MANAGEMENT - HELP INDIVIDUALS MEET NEIGHBORS AND GET INVOLVED IN THEIR LOCAL

4d Other program services (Describe in Schedule O.) (Expenses \$ 369,578. including grants of \$) (Revenue \$ 351,326.)

4e Total program service expenses 4,194,067.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
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		X
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
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	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 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 [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
JUDITH DESTASIO, CFO - (813) 870-1300
5420 W CYPRESS ST, TAMPA, FL 33607

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK GUTMAN CHAIR	3.00 0.00	X						0.	0.	0.
(2) THOMAS WOOD VICE CHAIR	3.00 0.00	X						0.	0.	0.
(3) RACHEL CANTOR FOGARTY 2ND VICE CHAIR	2.00 0.00	X						0.	0.	0.
(4) J. RICHARD CASKEY TREASURER	2.00 0.00	X						0.	0.	0.
(5) ERIC CASTILLO SECRETARY	2.00 0.00	X						0.	0.	0.
(6) CATHY BAEZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) KAREN DEAROLF DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) BRADY DIGGS DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) KATHY DUFFIELD DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) BRIAN FENDER DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) JERRY E. FOGARTY III DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) LENORE HORTON DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) KAREN MCKINNEY DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) AARON SILBERMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) JACKIE BUCKLER DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) CRISTINA CARELLI DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) JAMES M. FREYVOGEL PRESIDENT/CEO	24.00 16.00			X				111,754.	0.	5,323.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH DONATO CHIEF OPERATING OFFICER	32.00 8.00			X				78,322.	0.	12,795.
(19) JUDITH DESTASIO CHIEF FINANCIAL OFFICER	32.00 8.00			X				81,056.	0.	10,455.
1b Sub-total								271,132.	0.	28,573.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								271,132.	0.	28,573.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	179,750.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations	385,570.				
	e	Government grants (contributions)	434,592.				
	f	All other contributions, gifts, grants, and similar amounts not included above	246,666.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,246,578.			
	Program Service Revenue	2 a	SUPPORTED LIVING	624120	1,109,087.	1,109,087.	
b		ADULT DAY TRAINING	624120	1,044,626.	1,044,626.		
c		TRANSPORTATION	485991	344,784.	344,784.		
d		SUPPORTED EMPLOYMENT	541990	65,242.	65,242.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,563,739.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses		1,925.			
		Gain or (loss)		2,406.			
		Net gain or (loss)		-481.			-481.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	1,649,431.				
	Less: cost of goods sold	b	500,026.				
	Net income or (loss) from sales of inventory			1,149,405.		1,149,405.	
Miscellaneous Revenue			Business Code				
11 a	AFFILIATE ADMINISTRATI	541611	111,210.	111,210.			
	All other revenue	624120	6,841.			6,841.	
	Total. Add lines 11a-11d			118,051.			
12	Total revenue. See instructions.		5,077,292.	2,674,949.	0.	1,155,765.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,196.	58,414.	256,782.	
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	3,020,541.	2,583,957.	349,893.	86,691.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	492,977.	436,590.	35,081.	21,306.
10 Payroll taxes	292,933.	231,978.	53,676.	7,279.
11 Fees for services (non-employees):				
a Management				
b Legal	7,815.	7,619.	196.	
c Accounting	18,763.	16,751.	2,012.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	115,857.	67,236.	48,621.	
12 Advertising and promotion	3,853.		3,853.	
13 Office expenses	155,404.	123,160.	32,244.	
14 Information technology	30,872.	29,586.	1,286.	
15 Royalties				
16 Occupancy	314,389.	268,166.	45,935.	288.
17 Travel	146,138.	143,694.	2,444.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,584.	6,999.	585.	
20 Interest	18,194.	942.	17,252.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,449.	102,706.	-12,257.	
23 Insurance	110,326.	100,286.	7,613.	2,427.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSUMER TRAINING	9,806.	9,806.		
b				
c				
d				
e All other expenses	9,670.	6,177.	3,493.	
25 Total functional expenses. Add lines 1 through 24e	5,160,767.	4,194,067.	848,709.	117,991.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	30,480.	1	50,798.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	365,931.	3	328,572.	
	4 Accounts receivable, net	517,564.	4	427,089.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	176,186.	8	145,262.	
	9 Prepaid expenses and deferred charges	13,424.	9	46,505.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,625,182.			
	b Less: accumulated depreciation	10b 1,330,016.	300,029.	10c	295,166.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	257,947.	15	362,087.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,661,561.	16	1,655,479.		
Liabilities	17 Accounts payable and accrued expenses	482,828.	17	459,226.	
	18 Grants payable		18		
	19 Deferred revenue	288.	19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	365,000.	24	491,906.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,066.	25	36,725.	
	26 Total liabilities. Add lines 17 through 25	865,182.	26	987,857.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	280,391.	27	204,950.	
	28 Temporarily restricted net assets	515,988.	28	462,672.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	796,379.	33	667,622.		
34 Total liabilities and net assets/fund balances	1,661,561.	34	1,655,479.		

Part 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	5,077,292.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,160,767.
3	Revenue less expenses. Subtract line 2 from line 1	3	-83,475.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	796,379.
5	Net unrealized gains (losses) on investments	5	
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	-45,282.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	667,622.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
MACDONALD TRAINING CENTER, INC.

Employer identification number
59-0777827

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar 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.")	1,616,937.	1,430,361.	1,316,490.	1,291,455.	1,246,578.	6,901,821.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,616,937.	1,430,361.	1,316,490.	1,291,455.	1,246,578.	6,901,821.
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)						256,479.
6 Public support. Subtract line 5 from line 4.						6,645,342.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,616,937.	1,430,361.	1,316,490.	1,291,455.	1,246,578.	6,901,821.
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.)	130,203.	122,877.	118,635.	112,703.	118,051.	602,469.
11 Total support. Add lines 7 through 10						7,504,290.
12 Gross receipts from related activities, etc. (see instructions)					12	22,846,850.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.55 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	89.23 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

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.

OMB No. 1545-0047

2013

Name of the organization

MACDONALD TRAINING CENTER, INC.

Employer identification number

59-0777827

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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).

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)

Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 258,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 97,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 38,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 385,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 179,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		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

2013

Open to Public Inspection

Name of the organization
MACDONALD TRAINING CENTER, INC.

Employer identification number
59-0777827

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 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)?

Yes No

9 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

▶ \$ _____

2 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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	515,988.	476,890.	463,692.	513,468.	214,392.
b Contributions	122,038.	175,306.	134,248.	90,361.	390,569.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	175,354.	136,208.	121,050.	140,137.	91,493.
f Administrative expenses					
g End of year balance	462,672.	515,988.	476,890.	463,692.	513,468.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment 100.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		56,772.	16,358.	40,414.
d Equipment		1,527,049.	1,273,774.	253,275.
e Other		41,361.	39,884.	1,477.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				295,166.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	1,430.
(2) DUE FROM AFFILIATE	291,055.
(3) RECEIVABLE UNDER CHARITABLE REMAINDER TRUST	69,602.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	362,087.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASES PAYABLE	36,725.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,725.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,188,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	110,790.
e	Add lines 2a through 2d	2e	110,790.
3	Subtract line 2e from line 1	3	5,077,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-481.
c	Add lines 4a and 4b	4c	-481.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,077,292.

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	5,316,839.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	156,072.
e	Add lines 2a through 2d	2e	156,072.
3	Subtract line 2e from line 1	3	5,160,767.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,160,767.

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 V, LINE 4:

THE ENDOWMENT FUNDS WILL BE USED TO SATISFY THE PURPOSE SET

FORTH BY THE DONOR.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE

SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE OF 1986. INCOME EARNED IN FURTHERANCE OF THE

ORGANIZATION'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME

TAXES. THE ORGANIZATION IS TREATED AS A PUBLICLY SUPPORTED ORGANIZATION,

AND NOT AS A PRIVATE FOUNDATION.

Part XIII Supplemental Information (continued)

FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, CLARIFIES

THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED

TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS. THE ORGANIZATION'S

INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY TAXING AUTHORITIES AND FILINGS

FOR PERIODS AFTER 2009 ARE OPEN FOR EXAMINATION. THE ORGANIZATION DOES NOT

BELIEVE IT HAS ANY UNRECOGNIZED EXPOSURE RELATING TO UNCERTAIN TAX

POSITIONS AT SEPTEMBER 30, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS NET WITH INTERCOMPANY REVENUE 110,790.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF PROPERTY -481.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS NET WITH INTERCOMPANY REVENUE 110,790.

TRANSFER OF PROPERTY TO MACDONALD TRAINING CENTER

PROPERTIES, INC. 45,282.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 156,072.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

MACDONALD TRAINING CENTER, INC.

Employer identification number

59-0777827

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXAMPLES OF SERVICE TRACKS INCLUDE: JOB SKILLS, COMMUNITY EMPLOYMENT,

LIFE ENRICHMENT, ENHANCED AND SENIOR SERVICES.

VOCATIONAL SERVICES OFFER INSTRUCTION TO DEVELOP RELEVANT JOB SKILLS.

INDIVIDUALS LEARN THE VALUE OF WORKING AND DEVELOP MARKETABLE SKILLS

FOR TODAY'S BUSINESS AND INDUSTRY. INDIVIDUALS HAVE OPPORTUNITIES TO

PARTICIPATE IN GAINFUL JOB SKILLS TRAINING BASED ON PERSONAL INTERESTS

AND ABILITIES IN ONE OR MORE OF THE FOLLOWING AREAS:

- SUNPASS TRANSPONDER PACKAGING: MTC WAS AWARDED THE FLORIDA DEPARTMENT

OF TRANSPORTATION CONTRACT TO PACKAGE AND SHIP SUNPASS TRANSPONDERS IN

2007. OUR COMMITMENT TO QUALITY CUSTOMER SERVICE HAS RESULTED IN

MULTIPLE CONTRACT RENEWALS. THIS PROJECT PROVIDES INDIVIDUALS WITH THE

TRAINING VENUE TO DEVELOP MARKETABLE EMPLOYMENT SKILLS RELEVANT TO THE

COMMUNITY THEY LIVE IN.

- PACKAGING, FULFILLMENT AND SHIPPING CONTRACTS WITH VARIOUS BUSINESSES

STATEWIDE.

- COMMERCIAL TEXTILE: SEWING CONTRACTS INCLUDING THE PRODUCTION OF

SAFETY VESTS, AIRPORT WINDSOCKS, SAFETY FLAGS, AND OTHER CUSTOM SEWN

PRODUCTS WHICH PROVIDE RELEVANT COMMERCIAL TEXTILE INDUSTRY TRAINING.

MTC IS DEDICATED TO HELPING THE PEOPLE WE SERVE FIND AND RETAIN

COMMUNITY BASED EMPLOYMENT BY THE ACQUISITION AND REFINEMENT OF BOTH

TECHNICAL AND SOCIAL SKILLS. THE CURRICULUM AND TRAINING MATERIALS ARE

UTILIZED TO EDUCATE INDIVIDUALS WITH DISABILITIES ON CRITICAL

EMPLOYMENT SKILLS AS THEY RELATE TO A PERSON'S ABILITY TO INTERACT

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

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

332211
09-04-13

Client copy

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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EFFECTIVELY WITH CO-WORKERS AND CUSTOMERS. TRANSFERABLE JOB AND SOCIAL

SKILLS ARE FOSTERED WITHIN AN ENVIRONMENT OF PRODUCTION QUOTAS AND

QUALITY.

CURRENT TRAINING CONTRACTS PROVIDE SERVICE TO A WIDE VARIETY OF

BUSINESSES, INCLUDING FLORIDA TURNPIKE ENTERPRISES, SEA WORLD PARKS AND

ENTERTAINMENT THROUGH AMAZON, CITY OF TAMPA WATER DEPARTMENT,

CLEARWATER PACKAGING, EVERGLADES DIRECT, SEAGRASS RECOVERY, TIMBAR

PACKAGING AND DESIGN, PIEDMONT NATIONAL, NESTLE VITALITY PROFESSIONAL,

TAMPA ELECTRIC COMPANY AND USF ALUMNI ASSOCIATION. MANY LOCAL

ENTREPRENEURS HAVE ENTRUSTED PACKAGING AND FULFILLMENT FOR THEIR

PRODUCTS INCLUDING: ALLIGATOR BOB'S PREMIUM MEAT STICKS, KERICURE SKIN

PROTECTANT, REFRESH-A-BABY WATER BOTTLE ADAPTOR, TRACK UP HELICOPTER

BLADE RESTRAINTS AND HOME ASSOCIATION'S CLINI-CADDIE.

MTC IS DILIGENT IN PROVIDING REAL WORK TRAINING OPPORTUNITIES FOR THE

PEOPLE WITH DISABILITIES WE SERVE, WHILE PROVIDING AFFORDABLE AND

PROFESSIONAL SERVICES FOR OUR BUSINESS CLIENTS. EVERY CONTRACT WE

ACCEPT MUST HAVE A TRAINING COMPONENT THAT WILL ADVANCE THE SKILL SETS

OF THOSE SEEKING COMPETITIVE EMPLOYMENT. AN INDIVIDUAL HAS

OPPORTUNITIES TO PARTICIPATE IN GAINFUL JOB SKILLS EXPERIENCES BASED ON

INTERESTS AND ABILITIES INCLUDING PACKAGING AND FULFILLMENT, LIGHT

MANUFACTURING, TEXTILE PRODUCTION, OR GENERAL ASSEMBLY.

JOB CLUB IS DESIGNED TO PREPARE INDIVIDUALS FOR EMPLOYMENT WITHIN THE

COMMUNITY. MUTUAL ENCOURAGEMENT, SUPPORT AND MOTIVATION IS FOSTERED

THROUGH PEER INTERACTION AND TRAINER-LED INSTRUCTION. INDIVIDUALS ARE

EXPOSED TO VARIOUS JOBS IN THE COMMUNITY THROUGH OBSERVATION DURING

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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OUTINGS WITH THE JOB CLUB COACH. WEEKLY MEETINGS ARE OPEN TO ALL WHO

WISH TO PARTICIPATE. SOME JOB CLUB ACTIVITIES INCLUDE: RESUME

PREPARATION, MOCK JOB INTERVIEWS, EMPLOYER PRESENTATIONS, AND

ON-THE-JOB EXPERIENCE THROUGH TIME-LIMITED VOLUNTEER OPPORTUNITIES.

LIFE ENRICHMENT SERVICES OFFER A WIDE VARIETY OF EXCITING OPTIONS

INCLUDING:

- LIFE SKILLS

- EPIC (EMPOWERING PEOPLE, INSPIRING CHANGE) CURRICULUM

- FINE ARTS STUDIO

- FITNESS CENTER

- COMPUTER LAB

- SENIOR SERVICES

- ENHANCED SERVICES

FINE ARTS HELPS INDIVIDUALS LEARN TO EXPRESS THEMSELVES THROUGH

PAINTING, DRAWING, PRINT MAKING, CREATIVE CRAFTS AND OTHER MEDIUMS

BASED UPON PERSONAL INTEREST AND ABILITY. INSTRUCTION IS GIVEN IN FINE

ARTS, ART APPRECIATION, AND ART MARKETING AND PROMOTION. CLASSES ARE

ADJUSTED TO MEET THE NEEDS OF RECREATIONAL ARTISTS, AS WELL AS THOSE

SEEKING MORE INDIVIDUALIZED INSTRUCTION IN SPECIFIC TECHNIQUES. ART

APPRECIATION CLASSES VISIT LOCAL MUSEUMS AND GALLERIES FOR INSPIRATION.

VISITING ARTISTS PROVIDE INSTRUCTION IN PREVIOUSLY UNEXPLORED MEDIUMS.

MTC FINE ARTS GALLERY, WHICH WAS A LEGACY PROJECT OF THE 2011

LEADERSHIP CLASS OF THE WESTSHORE ALLIANCE, IS A BEAUTIFUL SHOWCASE FOR

THE AMAZING ARTWORKS BEING CREATED BY INDIVIDUALS WITH DEVELOPMENTAL

DISABILITIES WHO PARTICIPATE IN THE MTC FINE ARTS STUDIOS. MANY ARE

Name of the organization
MACDONALD TRAINING CENTER, INC.

Employer identification number
59-0777827

DEVELOPING RECOGNIZABLE STYLES AND ESTABLISHING A STRONG FOLLOWING IN
THE COMMUNITY. ADDITIONALLY, THE MTC FINE ARTS GALLERY AND ANCILLARY
MEETING ROOMS SERVE AS A COMMUNITY MEETING PLACE FOR MANY LOCAL
ORGANIZATIONS AND FELLOW NON-PROFITS.

SENIOR SERVICES ARE AVAILABLE TO ELDER INDIVIDUALS WHO WISH TO RELAX
AND ENJOY A SLOWER PACE. INDIVIDUALS CHOOSE ACTIVITIES THAT BEST FIT
THEIR NEEDS:

- CURRENT EVENTS
- INDIVIDUALIZED ACTIVITIES
- DAILY LIVING SKILLS
- DAILY EXERCISE ACTIVITIES
- COMMUNITY ACTIVITIES
- RECREATION/LEISURE OPPORTUNITIES
- ARTS & CRAFTS
- JOB SKILLS, IF DESIRED.

ENHANCED SERVICES OFFER A GREATER LEVEL OF SUPPORT AND SUPERVISION FOR
INDIVIDUALS IN NEED OF A MORE STRUCTURED SETTING. THE BENEFITS AND
ACTIVITIES OFFERED BY ENHANCED SERVICES INCLUDE:

- ENHANCED STAFFING
- DAILY LIVING SKILLS TRAINING
- COMMUNITY-BASED ACTIVITIES
- JOB SKILLS
- RECREATION/LEISURE ACTIVITIES
- BEHAVIORAL SUPPORT
- COMMUNICATION SKILLS TRAINING
- SENSORY STIMULATION ACTIVITIES

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- WEB-ENHANCED JOB SEARCH
- MOCK INTERVIEW SESSIONS
- TRANSPORTATION TRAINING
- JOB OBSERVATION
- JOB FAIRS
- JOB PLACEMENT
- ON-THE-JOB TRAINING AND SKILLS ACQUISITION
- ADVOCACY AND JOB MAINTENANCE SERVICES
- INTERPRETING SERVICES IN AMERICAN SIGN LANGUAGE AND SPANISH
- ADA ASSISTANCE AND SENSITIVITY TRAINING
- EMPLOYER CONSULTATION

TO FACILITATE THESE SERVICES, MACDONALD TRAINING CENTER, INC. HAS
 ADVANCED THE DEVELOPMENT, IMPLEMENTATION, AND COPYRIGHT OF A CUSTOMIZED
 CURRICULUM: EPIC (EMPOWERING PEOPLE, INSPIRING CHANGE).

SUPPORTED EMPLOYMENT CAN ASSIST INDIVIDUALS IN OBTAINING AND RETAINING
 COMMUNITY BASED COMPETITIVE EMPLOYMENT. OUR SUPPORTED EMPLOYMENT
 COACHES WILL WORK SIDE-BY-SIDE WITH INDIVIDUALS TO HELP THEM:

- ACQUIRE NEEDED JOB-SKILLS
- DEVELOP JOB OPPORTUNITIES
- SECURE A JOB
- PROVIDE ON-THE-JOB TRAINING
- ASSIST IN LEARNING HOW TO GET ALONG WITH CO-WORKERS
- DEVELOP THE NATURAL SUPPORTS NEEDED TO RETAIN THE JOB AND BECOME

INDEPENDENT

332212
09-04-13

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY

- TEACH SAFETY SKILLS
- ADVOCATE FOR AN INDIVIDUAL'S RIGHTS AND INDEPENDENCE

FOR INDIVIDUALS REQUIRING MORE THAN SUPPORTED LIVING SERVICES TO LIVE

SUCCESSFULLY IN THEIR OWN HOMES, WE CAN ALSO PROVIDE IN-HOME SUPPORT

SERVICES BY THE HOUR, DAY OR MONTH CUSTOMIZED TO THE INDIVIDUAL. OUR

IN-HOME SUPPORT COMPANIONS ARE THERE TO:

- ENSURE SAFETY
- ASSIST IN SHOPPING FOR AND PREPARING MEALS
- TRANSPORT INDIVIDUALS
- HELP OBTAIN MEDICAL CARE
- ASSIST IN SHOPPING FOR CLOTHES AND OTHER PERSONAL ITEMS
- PROVIDE INFORMATION TO FAMILY MEMBERS, WITH PERMISSION
- GIVE GUIDANCE AND ASSISTANCE IN ADVOCATING FOR PERSONAL RIGHTS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRANSPORTATION SERVICES ARE PROVIDED THROUGH OUR GATEWAY SERVICE AT BOTH LOCATIONS IN TAMPA AND PLANT CITY. ROUTES IN TAMPA CURRENTLY COVER NORTH, WEST AND CENTRAL HILLSBOROUGH COUNTY. PLANT CITY OPERATES ROUTES AS FAR EAST AS LAKE LAND AND SOUTH OF BRANDON. OUR FLEET OF MODERN VANS INCLUDES A NUMBER EQUIPPED TO ACCOMMODATE WHEELCHAIRS.

EXPENSES \$ 369,578. INCLUDING GRANTS OF \$ 0. REVENUE \$ 351,326.

FORM 990, PART VI, SECTION B, LINE 11:

A REPRESENTATIVE FROM THE CPA FIRM THAT PREPARES THE 990

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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PRESENTS AND REVIEWS THE RETURN WITH THE AUDIT COMMITTEE. UPON APPROVAL BY
 THE AUDIT COMMITTEE, THE 990 IS SUBMITTED TO ALL BOARD MEMEBERS ALONG WITH
 ANY RECOMMENDATIONS FOR APPROVAL BY THE BOARD. AFTER APPROVAL, THE CPA FIRM
 FINALIZES AND FILES THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN THE ORGANIZATION'S CONFLICT OF INTEREST
 DECLARATION AND ARE REQUIRED TO IDENTIFY POSSIBLE OR POTENTIAL CONFLICTS
 OF INTEREST. THESE DECLARATIONS/DISCLOSURES ARE VALID FOR ONE FULL BOARD
 TERM FOR EACH BOARD MEMBER. THE SECRETARY OF THE BOARD IS ACCOUNTABLE FOR
 ENFORCING AND DOCUMENTING ANY CONFLICTS OF INTEREST AND IS THE DELEGATED
 AUTHORITY TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED AND APPROVED BY
 THE EXECUTIVE COMMITTEE OF THE BOARD USING COMPARABLE DATA FROM SIMILAR
 ORGANIZATIONS, IN SIZE AND FUNCTION, FROM THE SURROUNDING GEOGRAPHIC AREA
 AS WELL AS ONE OR MORE RECOGNIZED, AUTHORITATIVE WAGE STUDY SUCH AS
 "NONPROFIT COMPENSATION & BENEFITS REPORTS" PUBLISHED ANNUALLY BY ROLLINS
 COLLEGE. THESE COMPENSATION DATA ARE PROVIDED TO THE EXECUTIVE COMMITTEE OF
 THE BOARD BY HR FOR THEIR INFORMATION. A FORMAL EXECUTIVE COMPENSATION
 POLICY WAS ADOPTED BY THE BOARD OF DIRECTORS ON MAY 19, 2011.

COMPENSATION FOR THE COO AND CFO POSITIONS ARE REVIEWED AND APPROVED BY THE
 PRESIDENT/CEO USING COMPARABLE DATA AND COMPENSATION STUDIES. THESE
 COMPENSATION DATA ARE PROVIDED TO THE PRESIDENT/CEO BY HR FOR HIS/HER
 INFORMATION. THE EXECUTIVE COMPENSATION POLICY ADOPTED BY THE BOARD OF
 DIRECTORS ON MAY 19, 2011, INCORPORATES COMPENSATION INFORMATION FOR OTHER

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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KEY EMPLOYEES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF PROPERTY TO MACDONALD TRAINING CENTER

PROPERTIES, INC. -45,282.

FORM 990, PART XII, LINE 2C:

THE AUDIT FIRM MEETS WITH THE PERFORMANCE (FINANCE) AND

AUDIT COMMITTEE TO REVIEW THE SCOPE OF THE AUDIT. UPON COMPLETION OF

THE AUDIT A DRAFT FINANCIAL STATEMENT AUDIT REPORT IS PRESENTED TO THE

COMMITTEE. THE INDEPENDENT CPA FIRM PRESENTS THE AUDIT REPORT AT THE

NEXT BOARD MEETING AND THE PERFORMANCE COMMITTEE MAKES A RECOMMENDATION

TO THE BOARD FOR APPROVAL.

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT

CPA FIRM. WHEN THE COMMITTEE GOES OUT TO BID THEY IDENTIFY FIRMS WITH

EXPERTISE IN NOT-FOR-PROFIT ACCOUNTING AND OUR INDUSTRY. A RFP (REQUEST

FOR PROPOSAL) IS SENT TO THE FIRMS. EACH FIRM MAKES A PRESENTATION AND

IS INTERVIEWED BY THE COMMITTEE. THE AUDIT COMMITTEE SELECTS THE CPA

FIRM. IN THE SPIRIT OF SARBANES OXLEY, IF THE DECISION IS MADE TO STAY

WITH THE SAME FIRM FOR MORE THAN 5 YEARS, THE AUDIT PARTNER IS ROTATED.

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MACDONALD TRAINING CENTER, INC.

Employer identification number

59-0777827

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MACDONALD TRAINING CENTER PROPERTIES, INC. - 59-3010534, 5420 W CYPRESS STREET, TAMPA, FL 33607	EXCLUSIVE PURPOSE IS HOLDING TITLE TO REAL & PERSONAL PROPERTY	FLORIDA	501(C)(2)		MACDONALD TRAINING CENTER HOLDING CORP		X
MACDONALD TRAINING CENTER FOUNDATION, INC. - 59-3015432, 5420 W CYPRESS STREET, TAMPA, FL 33607	SUPPORT OF THE ONGOING MISSION OF MACDONALD TRAINING CENTER, INC.	FLORIDA	501(C)(3)	LINE 7	MACDONALD TRAINING CENTER HOLDING CORP		X
MACDONALD TRAINING CENTER HOLDING CORP - 59-3010536, 5420 W CYPRESS STREET, TAMPA, FL 33607	HOLDING COMPANY	FLORIDA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
3	FURNITURE & FIXTURES	VARIABLE	SSL	.000	16	41,361.			41,361.	39,078.		806.
	* 990 PAGE 10 TOTAL					41,361.		0.	41,361.	39,078.	0.	806.
1	MACHINERY & EQUIPMENT	VARIABLE	SSL	.000	16	364,257.			364,257.	307,432.		12,184.
2	COMPUTERS AND SOFTWARE	VARIABLE	SSL	.000	16	473,356.			473,356.	376,790.		23,059.
	* 990 PAGE 10 TOTAL					837,613.		0.	837,613.	684,222.	0.	35,243.
5	TRANSPORTATION EQUIPMENT	VARIABLE	SSL	.000	16	689,436.			689,436.	506,474.		47,835.
	* 990 PAGE 10 TOTAL					689,436.		0.	689,436.	506,474.	0.	47,835.
6	OTHER LEASEHOLD IMPROVEMENTS	VARIABLE	SSL	.000	16	56,772.			56,772.	9,793.		6,565.
	* 990 PAGE 10 TOTAL					56,772.		0.	56,772.	9,793.	0.	6,565.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,625,182.		0.	1,625,182.	1,239,567.	0.	90,449.