DLN: 93493219014494

**Return of Organization Exempt From Income Tax** 

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

foundations) ▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

generally cannot redact the information on the form Inspection ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990 A For the 2013 calendar year, or tax year beginning 05-01-2013 , 2013, and ending 04-30-2014 D Employer identification number B Check if applicable HENRIETTA M RILEY TRUST FOR WATCH TOWER BIBLE 38-6043103 Doing Business As ☐ Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number PO BOX 75000 MC 7874 Terminated Amended return City or town, state or province, country, and ZIP or foreign postal code Detroit, MI 48275 Application pending G Gross receipts \$ 2,050,629 Name and address of principal officer H(a) Is this a group return for Yes 🔽 No subordinates? **H(b)** Are all subordinates included? **▽** 501(c)(3) **▽** Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Website: ► NONE H(c) Group exemption number ▶ L Year of formation 1948 M State of legal domicile MI Summary Part I 1 Briefly describe the organization's mission or most significant activities SUPPORT WATCH TOWER BIBLE AND TRACT SOCIETY Activities & Governance 2 Check this box | 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) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . 5 0 6 **6** Total number of volunteers (estimate if necessary) . . . . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) . . . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 353.122 233,942 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 386,384 473,137 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 707,079 739,506 12) . 13 719,478 811,982 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 15,016 0 Expenses 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright^0$ 17 2,130 12,271 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 736,624 824,253 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 2.882 -117,174 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 3,162,268 3,136,622 21 Total liabilities (Part X, line 26) . . . . . . Net assets or fund balances Subtract line 21 from line 20 3,162,268 3,136,622 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

	IN	*****			2014-08-15		
Sign Here		Signature of officer			Date		_
	l.	COMERICA BANK TRUSTEE					
	17	Type or print name and title					
Doid		Print/Type preparer's name Lily Ambrosio-Ylen	Preparer's signature	Date 2014-08-07	Check / ıf self-employed	PTIN P00016986	
Paid Prepare	r	Firm's name 🕨 LILY AMBROSIO- Y	LEN EA		Firm's EIN 🕨 3	7-7607098	
Use On		Fırm's address ► 36705 Tulane Dr		Phone no (586	5) 939-7756	_	
		Sterling Heights, M					
May the IR	S d	iscuss this return with the prepare	er shown above? (see instructio	ns)		<b>_Yes ▽</b> N	0

Form	990 (201	3)				Pag
Par		atement of Program Ser eck if Schedule O contains a re			ш	
1	Briefly de	scribe the organization's missi	on			
SUP	PORT WAT	CH TOWER BIBLE AND TRAC	T SOCIETY			
2		ganızatıon undertake any sıgnı Form 990 or 990-EZ?		ervices during the year		┌ Yes ┌ No
	If"Yes," o	describe these new services on	Schedule O			
3	services?	ganization cease conducting, o		nt changes in how it co	nducts, any program	┌ Yes ┌ No
4	expenses		(4) organization	s are required to report	ree largest program services, as the amount of grants and alloca	
4a	(Code SUPPORTE	) (Expenses \$ D WATCH TOWER BBLE AND TRACT S	811,982 OCIETY	including grants of \$	811,982 ) (Revenue \$	)
4b	(Code	) (Expenses \$ RATION EXPENSES INCURRED FOR EX	2,080 EMPT PURPOSE	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other pr	ogram services (Describe in Sc	:hedule O )			
	(Expense	es\$ ır	ncluding grants o	f \$	) (Revenue \$	)
4e	Total pro	ogram service expenses 🕨	814,062	<u></u>		

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

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a respo	nse or note to an	ly line in this Part VI	 	_					굣

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
h	Enter the number of voting members included in line 1a, above, who are			
D	Independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7-	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	H		110
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			-110
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►MI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply			
	Own website Another's website Vupon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			
10	Decembe in Echedule O whether (and it co how) the evantisation made its several decimants is set to the second			

interest policy, and financial statements available to the public during the tax year

►COMERICA BANK PO BOX 75000 MC 7874

Detroit, MI 48275 (269) 966-6344

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) COMERICA BANK	1 50		×					10,171	0	0
TRUSTEE	0 00								-	
										Form <b>990</b> (2013)

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

	(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t	tion ( han d on is	ne l both	oox, an c	heck unless officer stee)	i	Report compen from organizat	table sation the tion (W-	Reportable compensation from related organizations (W	ompensation amount from related compe		ited f other sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	МІЗС	2/1099-MISC)		ganizati relati organiza	ed
												-		
												+		
												-		
1b c	Sub-Total	s to Dart VII S			•			*						
d	Total (add lines 1b and 1c) .			` .	٠.	٠.	•	<b>.</b>		10,171		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an		I	
3	Did the organization list any <b>fc</b> on line 1a? <i>If "Yes," complete S</i>							yee	, or highest	compen	sated employee		Yes	No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum	of repo	rtabl	e co	mpei	nsatıo					3		No No
5	Did any person listed on line 1									• • anızatıon	or individual for	4		No
	services rendered to the organ	nızatıon? <i>If "Ye</i> s,	," compi	ete S	ched	ule J	for su	ch p	erson .			5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz	ve highest comp											ax year	
	N	( <b>A)</b> lame and business	address							Des	<b>(B)</b> cription of services		(C Comper	
												$\pm$		
												+		
_														

Part V	/##1	Statement o						
		Check if Schedi	ule O contains a respo	nse or note to any II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
nts	ь	Membership du	es <b>1b</b>					
6ra not	c	Fundraising eve						
ΣĀ								
<u>=</u>	d	Related organiz						
ons, Gifts, Grants Similar Amounts	e	Government grants						
ıţio er	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
tributic Other	g		ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ <b>Total.</b> Add lines	s 1a-1f					
<u> </u>				Business Code				
Program Serwoe Revenue	2a			Business Code				
e.ke	b							+
ě E	c							
¥.	d							
Ж =	e	-						
gran.	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen		50.000			50,000
	_		aramounts)		58,808			58,808
	4   5		stment of tax-exempt bond	proceeds	473,137			473,137
		Royalties	(ı) Real	(II) Personal	,			,
	6a	Gross rents	( )					
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,518,684					
	ь	Less cost or other basis and sales expenses	1,343,550					
	С	Gain or (loss)	175,134					
	d		ss)		175,134			175,134
anne	8a	Gross income f events (not inc	luding 					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 <b>a</b>					
фę			penses b					
0			(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 <b>a</b>					
	ь	Less direct ex	penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		(loss) from sales of inv					
	_	Miscellaneous	s Revenue	Business Code				
	11a	_						
	b							
	d	All other reven						<del> </del>
	e	Total. Add lines		🕨				+
	12		See Instructions .					
		rocar revenue.	See Therractions .	🕨	707,079	0	(	707,079

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

Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organızatı	ions must comp	olete column (A )	
	Check if Schedule O contains a response or note to any line in this I	Part IX		<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	811,982	811,982		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	10,171		10,171	
Ь	Legal	870	870		
C	Accounting	310	310		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TAX PREPARATION FEE	900	900		
b	INVESTMENT EXPENSE	20		20	
c					
d					
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	824,253	814,062	10,191	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . (B) (A) Beginning of year End of year 1 1 228,627 2 2 225,478 Savings and temporary cash investments . . . 3 3 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L dssets 6 7 8 8 9 Prepaid expenses and deferred charges . . . . . . . 9 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D b Less accumulated depreciation . . . . . 10b **10**c 2.933.638 11 2,911,141 11 Investments—publicly traded securities . . . . . . 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . . . 14 14 **15** 15 3 3,162,268 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 16 3,136,622 17 17 Accounts payable and accrued expenses . . . . . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 **Fund Balances** 

26	Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete			_
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔽 and			_
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	815,764	30	815,764
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	2,346,504	32	2,320,858

Total liabilities and net assets/fund balances . . . . . . . . . . .

ö

Net Assets

33

34

3,136,622

3,136,622

3,162,268

3,162,268

Par	Reconcilliation 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 I		-	707,079
2	Total expenses (must equal Part IX, column (A), line 25)	2			824,253
3	Revenue less expenses Subtract line 2 from line 1	3			117,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			162,268
5	Net unrealized gains (losses) on investments	5			102,200
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			91,528
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,1	136,622
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>		
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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#### •

SCHEDULE A (Form 990 or 990EZ)

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. ► See separate instructions.

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

2013

Open to Public Inspection

Name of the organization HENRIETTA M RILEY TRUST FOR WATCH TOWER BIBLE Employer identification number

38-6043103

Pa	rt I	Reason for Pu	blic Charity Sta	tus (All org	ganizations	must com	plete this p	art.) See ir		ions.		
The			te foundation becaus									
1		A church, convent	ion of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(l	o)(1)(A)(i).				
2		A school described	d in <b>section 170(b)(</b> 1	<b>L)(A)(ii).</b> (At	tach Schedı	ule E)						
3		A hospital or a cod	perative hospital se	rvice organiz	ation descr	ıbed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	,		h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>sec</b>	tion 170(b)(	1)(A)(	iii). En	ter the	
5		nospital's name, c An organization on	ity, and state erated for the benefi	t of a college	oruniversi	ty owned or o	nerated by a	agovernment	al unit	descri	hed in	_
•			( <b>A)(iv).</b> (Complete P		or annversi	cy owned or o	peracea by c	a government	.ar ame	ucscii	bea iii	
6	_		local government o	•	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	l)(A)(v).				
7	<u> </u>	An organization th	at normally receives	a substantia	l part of its	support from	a governme	ntal unit or fr	om the	gener	al publi	С
_			on 170(b)(1)(A)(vi).		•							
8	_		described in <b>sectio</b> i									
9		=	at normally receives								_	SS
		•	rities related to its e	•	-			` '				
		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)										
4.0	_		=	•			•	· ·				
10	<u> </u>	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										
		•	ibes the type of supp				•			1011 50.	July	CHECK
			b Type II c						n-func	tıonall	y ıntegr	ated
e		•	ox, I certify that the	_								
			ion managers and ot	her than one	or more pub	licly support	ed organızat	ions describe	ed in se	ection	509(a)	1) or
f		section 509(a)(2)	received a written d	etermination	from the IR	S that it is a '	Tyne I Tyn	e II or Tyne	III sur	nortin	a oraan	ızatıon
•		check this box	received a written a	cccimination	nom the 110	o chache is a	1 , pc 1 , 1 , p	c 11, 01 1 ypc	III Sup	ротст	g organ	
g			2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	of the				
		following persons?		antrole outh	aralana art		norsons do	aribad in (ii)			- N	T 81-
		• • •	irectly or indirectly of	•		_	persons des	scribed iii (ii)		110/	Yes	No
			governing body of th			1,				11g(i		No
			er of a person descr			ahaya?				11g(ii		No
L			lled entity of a perso							11g(ii	וט	No
h	'	Provide the following	ng information about	the supporte	eu organizat	ion(s)						
(i) I	Name of	(ii) EIN	(iii) Type of	(iv) Is t	he:	(v) Did you	ı notıfy	(vi) Is	the		(vii) A	mount of
sup	ported		organization	organızatı	on in	the organiz		organizati				etary
orga	nizat io	n	(described on	col (i) list		in col (i) d		col (i) org			sup	port
			lines 1- 9 above or IRC section	your gove docume	_	suppor	t?	ın the U	5 /			
			(see	docume	iic,							
			instructions))	Yes	No	Yes	No	Yes	No	-		
(A) V	VATCH				110	1.03	'**	1.03	"	+		
TOW	er bible	111857820	501c3	Yes		Yes		Yes				0
AND	TRACT											J
Tota	I											

Pa	Support Schedule for (Complete only if you c						
	Part III. If the organiza	tion fails to qu	alıfy under the	tests listed bel	low, please com	iplete Part III.	)
	ection A. Public Support			1	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its						
3	behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) <b>Public support.</b> Subtract line 5 from line 4						
<u>-</u>	ection B. Total Support	L					
	endar year (or fiscal year beginning						
	in) 🏲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV )						
11	Total support (Add lines 7 through						
12	10) Gross receipts from related activities	e etc (see inst	ructions)				
						12	
13	<b>First five years.</b> If the Form 990 is f this box and <b>stop here</b>						
S	ection C. Computation of Pub				<u> </u>	<u> </u>	
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012					15	
16a	33 1/3% support test—2013. If the o	-	•	on line 13 and	lina 14 is 33 1/30%		this hox
	and <b>stop here.</b> The organization qua				inic 1 1 13 33 1/3 /0	or more, eneck	<b>▶</b> □
ь	33 1/3% support test-2012. If the				, and line 15 is 33	3 1/3% or more, c	heck this
	box and <b>stop here.</b> The organization						▶┌
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organizat						
	in Part IV how the organization mee organization	is the "racts-an	u-circumstances'	test ine organ	ı∠atıon qualifies as	s a publicly supp	oorted ►
ь	10%-facts-and-circumstances test-	- <b>2012</b> . If the ora	anization did not	check a hox on li	ne 13, 16a 16b	or 17a, and line	F1
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						cly
	supported organization						<b>▶</b> □
18	<b>Private foundation.</b> If the organization	on did not check	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	<u>.</u> –
	instructions						<b>►</b>

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that						
,	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
5	behalf The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge <b>Total.</b> Add lines 1 through 5						
7a							
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
с 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c						
	from line 6 )						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	( <b>f)</b> Total
9	A mounts 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						
	ın lıne 10b, whether or not the						
12	business is regularly carried on Other income Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in Part IV )						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			* *	6.6th +	F01/-\/2\	
14	<b>First five years.</b> If the Form 990 is f check this box and <b>stop here</b>	or the organization	on s first, second	, tnira, tourtn, or	nith tax year as a	a 501(c)(3) orga	nization, ►
	ction C. Computation of Publ						
15	Public support percentage for 2013			13, column (f))		15	
16	Public support percentage from 201					16	
<u>Se</u> 17	ction D. Computation of Inve				ın (f))	17	
18	Investment income percentage from				(177	17	
	33 1/3% support tests—2013. If the				line 15 is more t		lline 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> Th	e organızatıon qu	alıfıes as a public	cly supported org	anızatıon	<b>▶</b> ┌
b	<b>33</b> 1/3% support tests—2012. If the	organization did	not check a box of	on line 14 or line	19a, and line 16	is more than 33	1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Part IV Supplemental Information.</b> 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).									
	Facts And Circumstances Test									
Retu	ırn Reference	Explanation								
		Schodulo A / Form 0	000 er 000 E7) 201							

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493219014494

OMB No 1545-0047

#### **SCHEDULE D**

(Form 990)

Department of the Treasury

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

Open to Public

Ciriai	Trevenide delivide				iispect	OII.
	me of the organization RIETTA M RILEY TRUST FOR WATCH TOWER BIBLE			oloyer identificatio	n numbe	<del></del>
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar			omplete	e if the
	organization answered "Yes" to Form 990,				, , , , , , , , , , , , , , , , , , ,	
		(a) Donor advised funds		(b) Funds and oth	eraccou	nts
•	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org	<del>-</del>	onor adv	ısed [	Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	<del>_</del>		er purpose	_ Yes	┌ No
aı	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, l	ıne 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation of Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)	a certifie	rically important land distoric structure of a conservation	e	
	easement on the last day of the tax year			T		
	Tabal mumban of annual transmission		<u> </u>	Held at the En	d of the	Year
1	Total number of conservation easements		2a			
•	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histor	, ,	2c			
	Number of conservation easements included in (c) acquired historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferre	ed, released, extinguished, or termina	ted by th	ne organization dur	ing	
	the tax year 🛌					
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	ndling of		_ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation ease	ements o	during the year		
	A mount of expenses incurred in monitoring, inspecting,	and enforcing conservation easemer	nts durin	a the year		
	► \$	, and amorally conservation casemer		g , cui		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	) above satisfy the requirements of se	ection 1		_ Yes	┌ No
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financi				
ar	Complete if the organization answered "Ye		, or Ot	her Similar As	sets.	
a	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education	n, or rese	earch in furtherance		c
b	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	s held for public exhibition, education				с
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
1	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b				· +		
_	Assets included in Form 990, Part X			<b>-</b> \$		

Part	t 🚻 Organizations Maintaining Co	llections of Art	, His	torical	Treasur	es, or O	ther	Similar Asse	ets (cc	ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck any	of the follo	wing that a	re a	significant use o	fits	
а	Public exhibition		d	┌ Lo	an or exch	ange progr	ams			
b	Scholarly research		e	┌ ot	:her					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they fur	rther the or	ganızatıon	's exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							lar _	Yes	┌ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answere	d "Y€	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for conti	ributions or	other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving table	2	_				
						-		Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?					Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation h	as been pr	ovided in f	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
4-	D	(a)Current year	(b)	Prior year	<b>b (c)</b> Tw	o years back	(d)⊺	hree years back (e	<b>∍)</b> Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (lın	e 1g, col	umn (a)) h	eld as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posses organization by		atıon t	that are I	neld and ad	lmınıstere	d for t	he	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organization	· ·					•	<u>3b</u>		<u> </u>
4 Dag	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme	=				orod 'Voc	' to [	Form 000 Dart	- T\/   lu	
Par	11a. See Form 990, Part X, line 3		tile oi	ryanizai	lion answ	ereu res	to r	-01111 990, Part	. 1V, III	ie
	Description of property				ost or other investment)	(b)Cost or basis (ot		(c) Accumulated depreciation	(d) B	ook value
	Land		•						+	
	Buildings								+	
	Leasehold improvements								1	
	Equipment								$\top$	
e	Other									
	II. Add lines 1a through 1e <i>(Column (d) must e</i>	gual Form 990. Part	X, colu	mn (B), I	ine 10(c).)	<del>.</del>			$\top$	

Part VII	<b>Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
	(a) Description of security or category	(b)Book value	(c) Method of va	
(1)Financia	(including name of security) al derivatives		Cost or end-of-year	market value
	-held equity interests			
Other				
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 12 )	•		
Part VIII	Investments—Program Related. Co	mplete if the organizatior	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
	See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	aluation
	(4, 2000)	(S) Book value	Cost or end-of-year	
-				
Tatal (Calus	(h) much aqual Farm 000, Bart V, and (B) line 12.)	<b>.</b>		
Part IX	onn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization		] , Part IV, line 11d See	Form 990, Part X, line 15
	(a) Descri			(b) Book value
(1) OIL GA	S & MINERAL INTEREST			3
Total (Colu	ımn (b) must equal Form 990, Part X, col.(B) lıne 15	<u> </u>		3
	Other Liabilities. Complete if the orga			
	Form 990, Part X, line 25.		, ,	
1	(a) Description of liability	(b) Book value		
Federal inc	ome taxes			
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25 )			
	for uncertain tax positions In Part XIII provide	the text of the footnote to the	e organization's financia	Letatoments that

Part		<b>Levenue per Audited Financial Stat</b> Wered 'Yes' to Form 990, Part IV, line 1		ts With Revenue	per Re	eturn Complete If
1		er support per audited financial statements			1	
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	tments	2a			
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII )	)	2d			
e	Add lines <b>2a</b> through <b>2d</b> .				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )	)	4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	
Part		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complete
1		swered 'Yes' to Form 990, Part IV, line raudited financial statements			1	T
2		it not on Form 990, Part IX, line 25			_	
a	Donated services and use of f		2a	I		
b			2b			
c	Other losses		2c			
d			2d		_	
e						
3	<del>-</del>				3	
4		0, Part IX, line 25, but not on line 1:			_	
а		uded on Form 990, Part VIII, line 7b	4a	1		
b	·	·	4b			
c			-		4c	
5	Total expenses Add lines <b>3</b> a	nd <b>4c.</b> (This must equal Form 990, Part I, line	e 18 )		5	
Part	XIII Supplemental Inf		<u> </u>		I	
Part		Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and				ie any additional
	Return Reference	Explanation				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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HENRIETTA M RILEY TRUST FOR WATCH TOWER BIBLE

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

DLN: 93493219014494

**Inspection** 

Employer identification number

38-6043103

Part I General Inforn	nation on Grants	and Assistance					
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the or</li></ul>	l to award the grants	orassistance?			ity for the grants or ass	ıstance, and	<b>∀</b> Yes <b>⊢</b>
		Governments and recipient that receive					"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WATCH TOWER BIBLE & TRACT SOC 25 COLUMBIA HTS Brooklyn, NY 11201	11-1857820	501c3					
2 Enter total number of sect	uon 501 (c)(3) and go	vernment organizations	listed in the line 1 tabl	P			

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

line 2)

Ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	e	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference								
Monitoring procedures (Part I,	I, THE GRANTEE/DONEE IS SPECIFIED ON THE DOCUMENT COURT ACCOUNTINGS ARE ALSO FILED ANNUALLY							

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493219014494

OMB No 1545-0047

2013

Open to Public Inspection

#### SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

Name of the organization HENRIETTA M RILEY TRUST FOR WATCH TOWER BIBLE

**Employer identification number** 

38-6043103

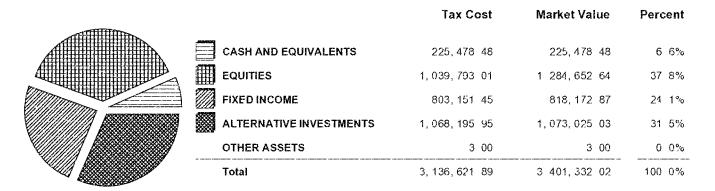
#### 990 Schedule O, Supplemental Information

Return Reference	Explanation					
Governing body meeting documentation Part VI line 8a	THIS TRUST IS UNDER PROBATE ADMINISTRATION AN ANNUAL REPORT IS SUBMITTED TO THE PROBATE COURT FOR APPROVAL					
Form 990 governing body review Part VI line 11	COPY OF TAX RETURN IS SUBMITTED TO TRUSTEE BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE FOR THE TRUSTEE'S REVIEW AND APPROVAL					
Governing documents etc available to public Part VI line 19	TAX RETURNS AND TRUST DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER BY PHONE OR BY MAIL					
Explanation of other changes in net assets or fund balances Part XI line 9	DEPLETION EXPENSE					

# H. M. RILEY TRUST FOR WATCH TOWER BIBLE AND TRACT SOCIETY Period 5/1/2013 to 4/30/2014 Royalty Income and Expenses

	610,189.00
18,910.00	
85.00	
26,529.00	
91,528.00	
	137,052.00
	_
	473,137.00
	85.00 26,529.00

#### **Investment Portfolio Summary**



#### **Investment Detail**

Description			Total Market/ Total Cost	Market Price/ Cost Price	Est Annual Inc / Unreal Gain / Loss	Current Yıeld
Cash And Equivalents						
FIDELITY INST GOVERNMENT-III			225,478 48 225,478 49	1 00 1 00	22 55	0 01
* Total Cash And Equivalents			225,478 48 225,478 48		22 55 0 00	0 01
Description	Ticker	Shares	Total Market/ Total Cost	Market Price/ Cost Price	Est Annual Inc / Unreal Gain / Loss	Current Yield
Equities						
ADOBE SYS INC	ADBE	90 000	5 552 10 5,536 46	61 69 61 52	15 64	
AMAZON COM INC	AMZN	15 000	4,561 95 4,879 38	304 13 325 29	317 43-	
AMERICAN EXPRESS CO	AXP	90 000	7 868 70 7 570 95	87 43 84 12	82 80 297 75	1 05
AMERICAN INTL GROUP INC	AIG	210 000	11, 157 30 10, 227 48	53 13 48 70	105-00 929-82	0 94
AMGEN INC	AMGN	110 000	12, <i>2</i> 92 50 9, <i>45</i> 8 12	111 75 85 98	268 40 2,834 38	2 18
APPLE INC	AAPL	25 000	14 752 25 8 003 46	590 09 320 14	329 00 6 748 79	2 23



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Account Number

1045001628

Statement Period May 61, 2013 Through April 30 2014

Description	Ticker	Shares	Total Market/ Total Cost	Market Price/ Cost Price	Est Annual Inc / Unreal Gain / Loss	Current Yield
	Honei	Silaies	iotai cost	Costrice	Gain / LOSS	iiciu
Equities						
AVERY DENNISON CORP	AVY	100 000	4,866 00 4 950 47	48 66 49 50	140 00 84 47	2 88
BANK OF AMERICA CORP	ЬАС	180 000	2 725 20 2,573 35	15 14 14 30	7 20 151 85	0 <i>2</i> 6
BAXTER INTL INC	BAX	50 000	3 539 50 3,506 86	72 79 72 14	98-00 32-64	2 69
BERKSHIRE HATHAWAY CL B	BRK/B	110 000	14 173 50 12 707 27	128 85 115 52	1 466 23	
BICGEN IDEC INC	вив	20 000	5,742 40 4 780 15	287 12 239 01	962-25	
BLACKROCK INC	BLK	25 000	7,525 00 7,632 98	301 00 305 32	193 00 107 98-	2 56
BOEING CO	BA	20 000	2 5th 40 2 592 93	129 02 129 65	58 40 12 53-	2 26
BRISTOL MYERS SQUIBB CO	ВМУ	90 000	4 508 10 4 v06 24	50 09 51 18	129 60 98 14	2 87
CB5 CORP NEW CL B	CBS	30 000	5, 198 40 5 335 96	57-76 59-29	43-20 137-56	0 83
CELGENE CORP	CELG	60 000	8 820 60 8,956 36	147 01 149 27	135 76-	
CONOCOPHILLIPS	COP	!45 000	10 774 95 4,207 29	74 31 29 02	400-20 6-567-66	3 71
CONSTELLATION BRANDS INC. CL.A.	ST <i>7</i>	30 000	2 395 20 2 387 30	79 84 79 58	7 90	
DEVON ENERGY CORPORATION	DVN	115 000	8,050 00 6 406 99	70 (·0 55 71	110 40 1 643 01	1 37
DISNEY WALT CO	Dis	100 000	7,934 00 7,112 62	79 34 71 13	86 00 821 38	1 08
DOW CHEMICAL CO	DOW	70 000	3 493 00 3 381 60	49 90 48 30	103 60 112 00	2 97
EOG RESOURCES INC	EOG	100 000	9 800 00 8 396 00	98 00 83 86	50 00 1,414 00	0 51
ECOLAB INC	ECL	60 000	6, 278 40 3 816 94	104 64 63 62	66 00 2,461 46	1 05
EXPRESS SCRIPTS HLDG CO	ESRX	100 000	6 658 00 5,383 25	66 58 53 63	1 274 75	
FACEBOOK INC	FB	!40 000	8 369 20 6,891 66	59 78 49 23	1 477 54	
FISERY INC	FISV	120 000	7 293 60 3 370 33	60 78 28 09	3 923 27	



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Account Number

1045001628

Statement Period May 61, 2013 Through April 30 2014

Description	Tieken	Chaves	Total Market/	Market Price/	Est Annual Inc / Unreal	Current
Description	Ticker	Shares	Total Cost	Cost Price	Gain / Loss	Yield
Equities						
GENERAL ELECTRIC CO	GE	370 000	9,949 30 9 459 04	26 89 25 56	325 60 490 26	3 2 <b>7</b>
GILEAD SCIENCES INC	GILO	70 000	5 494 30 5,254 96	78 49 75 67	239-34	
GOOGLE INC CL C	G00G	16 000	& 426 56 8,884 66	526 66 555 29	458 10	
HARBOR INTL FD	HAINX	4,031 025	295 877 24 235 009 53	73 40 58 32	6,026 38 60 787 71	2 04
HERSHEY CO COMMON STOCK	HSY	80 000	7,699-20 7-699-70	96 24 96 25	155 20 0 50	2 02
HOME DEPCT INC	HD	90 000	7,155 90 7,019 55	79 51 78 00	169-20 136-35	2 36
HONEYWELL INTERNATIONAL INC	НОИ	60 000	5 574 00 5 569 31	92 90 92 82	108 00 4 69	1 94
INTERNATIONAL FLAVORS	IFF	60 000	5 911 20 5 297 01	98 52 88 28	93 60 614 19	1 58
JOHNSON & JOHNSON	JNJ	160 000	16, 206 40 6 850 99	101 29 42 82	448 00 9,355 41	2 7€
KANSAS CITY SOUTHERN	ĸsu	40 000	4 035 20 4,950 54	100 88 123 76	44-80 915-34-	1 11
KIMBERLY CLARK CORP	KMB	70 000	7 857 50 7,284 98	112 25 104 07	235 20 572 52	2 99
KRAFT FOODS GROUP INC	KRFT	100 000	5 696 00 5 264 53	56 86 52 65	210 00 421 47	3 69
LIONS GATE ENTERTAINMENT CORP	2312684	170 000	4,510 10 5 2 <i>2</i> 7 35	26 53 30 75	34 00 717 25	0 75
LOCKHEED MARTIN CORP	LMT	30 000	4,924 20 4,825 16	164 14 160 84	159 60 99 04	3 24
MFS IN IL NEW DISCOVERY I	MWNIX	6,529 187	192 8 <i>7</i> 2 18 152 416 77	29 54 23 34	2 383 15 40,455 41	1 24
AMG SOUTHERNSUN SMALL CAP-INST	SSSIX	2 515 332	75 912 7 <i>2</i> 51 363 08	30 18 20 42	27 67 24,549 64	0 04
MEDTRONIC INC	MDT	120 000	7,058 40 6 903 50	58 82 57 53	134 40 154 90	1 90
MERCK & CO INC NEW	MRK	240 000	14 054 40 11,203 03	58-56 46-68	422 40 2 851 37	3 01
MICROSOFT CORP	MSFT	440 000	17 776 00 11,321 84	40 40 25 73	492 80 6 454 16	2 77
MOLSON COORS BREWING CO CL B	TAP	90 000	5 397 30 4 8 <i>2</i> 5 57	59 97 53 62	133-20 571-73	2 47



Account Number

1045001628

Statement Period May 61, 2013 Through April 30 2014

Description	Ticker	Shares	Total Market/ Total Cost	Market Price/ Cost Price	Est Annual Inc / Unreal Gain / Loss	Current Yield
-		011M100		300111100	Jun 1 2000	
Equities  MONSANTO CO	MON	40 000	4,428 00 4 54 <i>2</i> 20	110 70 113 56	68 80 1 [4-20	1 55
MONSTER BEVERAGE CORP	MNST	120 000	8 035 20 8,032 90	66 96 66 94	2 30	
MORGAN STANLEY	MS	!70 000	5 258 10 5,268 92	30 93 30 99	68-00 10-82	1 29
NEWELL RUBBERMAID INC	IWM	170 000	5 118 70 5 283 85	30 11 31 08	102 00 165 15	1 99
NIKE INC CL B	NKE	50 000	3,647 50 1 363 91	72 95 27 28	48 00 2 283 59	1 32
NORTHROP GRUMMAN CORP	NOC	30 000	3,545 30 3,336 70	121 51 111 22	73 20 308 60	2 01
OCCIDENTAL PETROLEUM CORP	OXY	90 000	8 617 50 7 186 92	95-75 79-85	259-20 1,430-58	3 01
OPPENHEIMER DEVELOPING MARKETS FUND-Y	CDVYX	4 002 056	147 875 97 126 325 95	36 95 31 57	652-34 21,550-02	0 44
PNC FINANCIAL SERVICES GROUP	FNC	50 000	4,202 00 4 202 18	84 04 84 04	96 00 0 18	2 28
PEPSIGO INC	PFP	120 000	10 306 80 9,930 03	85 89 82 75	2/2 40 376 77	2 64
PFIZER INC	PFE	330 000	10 322 40 10,185 78	31 28 30 87	343-20 136-62	3 32
PRINCIPAL MIDCAP BLEND	PCBIX	3,374 088	69 101 32 48 316 94	20 48 14 32	168-70 20-784-38	û <i>2</i> 4
PROCTER & GAMBLE CO	PG	90 000	7,429 50 7 151 17	82 55 79 46	231 66 278 33	3 12
QUALCOMM INC	QCOM	150 000	11,806 50 9,770 51	78 71 65 14	252 00 2,035 99	2 13
ROLLINS INC	ROL	170 000	5 113 60 5 003 90	30 08 29 43	71 40 109 70	1 40
ROPER INDS INC NEW	ROP	55 000	7 642 25 3 596 64	138 95 65 39	44 00 4,045 61	0 58
SEALED AIR CORP NEW	SEE	120 000	4,117 20 3 796 €0	34-31 31-64	62 49 320 60	1 52
STARBUCKS CORP	SPIIX	70 000	4 943 40 5,358 24	70 62 76 55	/2 80 414 84-	1 4/
THERMO FISHER SCIENTIFIC INC	тмо	40 000	4 560 00 4,833 04	114 00 120 83	24 00 273 04	0 53
TIME WARNER INC	TWX	80 000	5 316 80 5 159 04	66 46 64 49	101 60 157 76	1 91



Account Number

1045001628

Statement Period May 61, 2013 Through April 30 2014

Description	Ticker	Shares	Total Market/ Total Cost	Market Price/ Cost Price	Est Annual Inc / Unreal Gain / Loss	Current Yield
,				223117122	2	
Equities		26.000	40 (40 70	440.00	242.42	4.00
UNITED TECHNOLOGIES CORP	UTX	90 000	10,649 70 9 829 08	118 33 109 21	212 40 820 62	1 99
VERIZON COMMUNICATIONS	VZ	265 000	12 383 45 9,988 88	46 73 37 69	561 80 2 394 57	4 54
VIACOM INC. CL.5	VIA/B	!10 000	9 347 80 8,858 67	84 98 80 53	132 00 489 13	1 41
VISA INC CL 4	V	50 000	10 130 50 3 858 48	202 61 77 17	80 00 6 272 02	0 /9
WABTEC CORP	WAB	90 000	6,709 50 4 811 41	74 55 53 46	14 40 1 898 09	0 21
WELLS FARGO & CO NEW	WFC	170 000	8, 438-80 8, 193-06	49 64 48 19	238 00 245 74	2 82
LAZARU LTD CL A	LAZ	130 000	6 116 50 4 135 11	47 05 31 81	156 00 1,981 39	2 55
* Total Equities			1,284 652 64 1,039,793 01		18,280 30 244,859 63	1 42
Fixed Income						
BHP FINANCE USA LTD 5 4% 03/29/2017		50 000 000	56 061 50 48,700 00	112 12 97 40	2,700 00 7,361 50	4 82
FEDERAL HOME LN BKS 7% 08/15/2014		50 000 000	51,000 00 50 087 50	102 00 100 18	3,500 00 912 50	6 86
LOWES CCS INC 5% 10/15/2015		50 000 000	53, 145 50 50, 545 00	106 29 101 09	2 500 00 2 600 50	4 70
MERCK & CO INC 4% 06/39/2015		100 000 000	104,340 00 105,044 00	104 34 105 04	4,000 00 704 00-	3 83
MICROSOFT CORP 2 95% 06/01/2014		100,000 900	100 235 00 101,758 00	100 24 101 76	2,950 00 1 523 00	2 94
OPPENHEIMER IN LIBOND FD Y	OIBYX	16,028 579	98 415 48 99 072 89	6 14 6 18	3 702 60 657 41-	3 76
PIMCO TOTAL RETURN FD INSTL	PTTRX	9,675 587	104,883 36 104,592 04	10 84 10 81	2,389 87 291 32	2 28
PIMCO HIGH YIELD FD INSTL	РНІҮХ	3 372 831	32,817 65 32,261 17	9 73 9 57	1 904 02 556 48	5 82
PROCTER & GAMBLE CO NT 3 5% 02/15/2015		50 000 000	51 167 50 50,085 00	102 34 100 17	1,750 00 1,082 50	3 42
TARGET CORP 5 875% 07/15/2016		50 000 000	55,429 00 50 568 00	110 86 101 14	2 937 50 4,861 00	5 30
VANGUARD S/T CORPORATE FD-ADM	VFSUX	10 295 617	110,677 88 110 437 85	10 75 10 73	2 141 49 240 03	1 93
* Total Fixed Income			818,172 87 803,151 45		30,480 48 15,521 42	3 73



Account Number

1045001628

Statement Period May 61, 2013 Through April 30 2014

Description	Ticker	Shares	Total Market/ Total Cost	Market Price/ Cost Price	Est Annual Inc / Unreal Gain / Loss	Current Yield
Alternative Investments				000117100		
Anemative investments						
THE ARBITRAGE FUND R	ARBNX	8,376 009	107,464 20	12 83	1 063 75	0 99
			107 296 €8	12 81	167 52	
COHEN & STEERS REALTY SHS	CSR5X	1 549 455	109 5/7 46	70 72	2,485 33	2 21
			107,494 98	69 38	2 082 48	
FEDERATED PRUDENT BEAR FUND	PBRIX	16,690 597	43 562 46	2 61		
			56,980-41	3 36	12 517 95	
ABSOLUTE STRATEGIES FUND-I	ASFIX	4,936 701	55 093 78	11 16	14 81	0 03
			55 192 32	11 18	98 74	
GOLDMAN SACHS TR STRATEGIC	GSZIX	23 598 919	250, 148 54	10 60	6 772 89	2 71
INCOME FD			<i>2</i> 50 148 54	10 60		
IVY FDS INCIASSET STRATEGY FDICL	IVAEX	5 236 301	163, 477-32	31-22	1 015 84	0 62
ţ			140,385-23	26 81	23,092 09	
MAINS LAY FDS TR MARKETFIELD FUND	MFLDX	16,061 568	286 056 53	17 81	32 12	0 01
-i			291 999 31	18 18	5,942 78-	
PIMCO COMMODITY RR STRAT INS	PCRIX	9 465 508	57 644 94	6 09	482 74	0 84
STRATEGY FUND-INS			59 598 48	6 30	1,953 54	
* Total Alternative Investments			1,073,025 03		11,367 48	1 11
			1,068,195 95		4,829 08	
Other Assets						
SUMMARY ASSET FOR ALL OIL, GAS	OILGAS	3 000	კ 00	1 00		
AND MINERAL INTERESTS			3 00	1 00		
* Total Other Assets			3 00		0 00	0 00
			3 00		0 00	
Grand Total Assets			3,401 332 02		60,650 81	1 78
we direct a page a page and a page			3 136,621 89		264,710 13	, ,,

