

Return of Organization Exempt From Income Tax

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

www.irs.gov/form990

2013

Inspection

B Check if applicable: <input checked="" 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 THE CLARA LIONEL FOUNDATION 155 NORTH LAKE AVE, SUITE 812 PASADENA, CA 91101 F ROBYN R. FENTY SAME AS C ABOVE	E 45-5620521 310-273-2770 G Gross receipts \$ 517,202. H(a) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No H(c)
I <input checked="" type="checkbox"/> <input type="checkbox"/>) ◀ <input type="checkbox"/> <input type="checkbox"/>	J N/A	K <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L 2012 M CA		

Part I Summary			
1		TO IMPROVE HEALTH AND HEALTHCARE	
2		IN BARBADOS AND SUPPORT NON-PROFIT ORGANIZATIONS THAT ADDRESS THE	
3	<input type="checkbox"/>	3	4
4		4	3
5		5	0
6		6	0
7 a		7a	0.
b		7b	0.
Revenue	8	0.	517,202.
	9	0.	0.
	10	0.	0.
	11	0.	0.
	12	0.	517,202.
Expenses	13	0.	462,884.
	14	0.	0.
	15	0.	0.
	16a	0.	0.
	b	0.	0.
	17	0.	47,915.
	18	0.	510,799.
19	0.	6,403.	
20	Beginning of Current Year	51,493.	57,896.
21	0.	0.	0.
22	0.	51,493.	57,896.

Part II Signature Block

Sign Here	▶ _____ ROBYN R. FENTY, PRESIDENT	Date
Paid Preparer Use Only	EVAN JEHLER, CPA ▶ FLYNN FAMILY OFFICE, LLC ▶ 135 WEST 50TH STREET, 19TH FL NEW YORK, NY 10020	Date Check if self-employed <input type="checkbox"/> PTIN P01221123 46-5669095 (212) 202-3230

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

X

1 TO IMPROVE HEALTH AND HEALTHCARE IN BARBADOS AND SUPPORT NON-PROFIT ORGANIZATIONS THAT ADDRESS THE NEEDS OF COMMUNITIES GLOBALLY IN THE AREAS OF HEALTH, EDUCATION, ARTS AND CULTURE.

2 Yes No X

3 Yes No X

4 nses.

4a Code: Expenses \$ 452,884. including grants of \$ 452,884.) (Revenue \$) THE ORGANIZATION PURCHASED AN EQUINOX EXTERNAL BEAM, THE TYPE OF ONCOLOGY EQUIPMENT, FOR QUEEN ELIZABETH HOSPITAL, A HOSPITAL OWNED AND OPERATED BY THE GOVERNMENT OF BARBADOS, PURSUANT TO THE GRANT AGREEMENT.

4b Code: Expenses \$ including grants of \$) (Revenue \$) THE ORGANIZATION HAS ESTABLISHED THE CLARA LIONEL FOUNDATION SCHOLARSHIP PROGRAM, AN INTERNATIONAL SCHOLARSHIP PROGRAM THAT PROVIDES COLLEGE SCHOLARSHIPS TO HIGHLY MOTIVATED YOUTH NATIVE OF THE CARIBBEAN WHO HAVE BEEN ACCEPTED INTO A BACHELOR'S DEGREE PROGRAM AT ANY COLLEGE OR UNIVERSITY IN THE WORLD.

4c Code: Expenses \$ including grants of \$) (Revenue \$)

4d (Expenses \$ 10,000. including grants of \$ 10,000.) (Revenue \$)

4e 462,884.

Part IV Checklist of Required Schedules

		Yes	No
1	.....	X	
2	.....	X	
3	.....		X
4	.....		X
5	.....		X
6	.....		X
7	.....		X
8	.....		X
9	.....		X
10	.....		X
11	..... X		
a	.....		X
b	.....		X
c	.....		X
d	.....		X
e	.....		X
f	.....		X
12a	.....		X
b	.....		X
13	.....		X
14a	.....		X
b	.....	X	
15	.....	X	
16	.....		X
17	.....		X
18	.....		X
19	.....		X
20a	.....		X
b	.....	

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21	X	
22		X
23		X
24a		X
b		
c		
d		
25a		X
b		X
26		X
27		X
28		
a		X
b		X
c	X	
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
b		
36		X
37		X
38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	applicable	1a	0		
b		1b	0		
c					
2a		2a	0		
b	e-file				
3a					X
b					
4a					X
b					
5a					X
b					X
c					
6a					X
b					
7					
a					X
b					
c					X
d		7d			
e					X
f					X
g					X
h					X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.				X
9					
a					X
b					X
10	Enter:	10a			
a		10b			
b					
11	Enter:	11a			
a		11b			
b					
12a		12a			
b		12b			
13					
a	Note.	13a			
b					
c		13b			
		13c			
14a					X
b					

Part VII

(continued)

(A)	(B) week related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) compensation the organization (W-2/1099-MISC)	(E) Reportable compensation organizations (W-2/1099-MISC)	(F) Estimated other compensation organization organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	28,877.	0.	
c							0.	0.	0.	
d							0.	28,877.	0.	

2 0

	Yes	No
3		X
4		X
5		X

1

(A)	(B)	(C)
NONE		
2	0	

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)
					revenue	Unrelated business revenue	sections
Revenue	1 a	1a				
	b	1b				
	c	1c				
	d	1d				
	e	1e				
	f	1f	517,202.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h ▶		517,202.			
	2 a					
	b					
	c					
	d					
e	.....					
f	.....					
g ▶						
3 ▶						
4 ▶						
5	Royalties ▶						
6 a	.....					
b	.....					
c	.....					
d ▶						
7 a	.....					
b	.....					
c	.....					
d ▶						
8 a	..... of					
b	.....	a				
c	..... ▶	b				
9 a	.....	a				
b	.....	b				
c ▶						
10 a	.....	a				
b	.....	b				
c ▶						
11 a	.....					
b	.....					
c	.....					
d	.....					
12	Total revenue. ▶		517,202.	0.	0.	0.	

Part IX Statement of Functional Expenses

	(A)	(B) expenses	(C)	(D) Fundraising expenses
1	10,000.	10,000.		
2				
3	452,884.	452,884.		
4				
5				
6				
7				
8				
9				
10				
11				
a Management				
b Legal	14,475.		14,475.	
c Accounting				
d Lobbying				
e				
f				
g	763.		763.	
12				
13	20.		20.	
14				
15 Royalties				
16 Occupancy				
17 Travel				
18				
19				
20 Interest				
21				
22				
23 Insurance				
24				
a OUTSIDE SERVICES	28,877.		28,877.	
b TAXES	3,780.		3,780.	
c				
d				
e				
25 Total functional expenses.	510,799.	462,884.	47,915.	0.
26 Joint costs.				

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

Part X Balance Sheet

		(A)		(B)
Assets	1	51,493.	1	57,896.
	2		2	
	3		3	
	4		4	
	5			
	6		5	
	7		6	
	8		7	
	9		8	
	10a		9	
		10a		
		10b	10c	
	11		11	
	12		12	
	13		13	
	14		14	
15		15		
16		51,493.	16	57,896.
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
	23		22	
	24	parties	23	
	25		24	
	26		25	
		0.	26	0.
27				
28		27		
29		28		
30		29		
31		0.	30	0.
32		0.	31	0.
33		51,493.	32	57,896.
34		51,493.	33	57,896.
		51,493.	34	57,896.

Part XI Reconciliation of Net Assets

		<input type="checkbox"/>
1	.....	1 517,202.
2	.....	2 510,799.
3	.....	3 6,403.
4	.....	4 51,493.
5	.....	5
6	.....	6
7	.....	7
8	.....	8
9	.....	9 0.
10	.....	10 57,896.

Part XII Financial Statements and Reporting

		<input type="checkbox"/>	Yes	No
1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2a				X
b	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			X
c	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3a				X
b				

Form 990 (2013)

Public Charity Status and Public Support

2013

Department of the Treasury
Internal Revenue Service

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

Inspection

THE CLARA LIONEL FOUNDATION

45-5620521

Part I Reason for Public Charity Status

- 1
- 2
- 3
- 4

5

6

7

8

9

10

11

e a

b

c

d

f

)2.

g

(i)

(ii)

(iii)

h

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) organization	(ii) EIN	(iii) (see instructions)	(iv) (i)		(v) (i)		(vi) (i) U.S.?		(vii) 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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	2009	2010	2011	2012	2013	Total
1						
2				527,090.	517,202.	1044292.
3						
4 Total.				527,090.	517,202.	1044292.
5						
6 Subtract line 5 from line 4.						1044292.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	2009	2010	2011	2012	2013	Total
7				527,090.	517,202.	1044292.
8						
9						
10						
11						1044292.
12					12	
13						

Section C. Computation of Public Support Percentage

14		14	%
15		15	%
16a			<input type="checkbox"/>
b			<input type="checkbox"/>
17a			<input type="checkbox"/>
b			<input type="checkbox"/>
18			<input type="checkbox"/>

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	2009	2010	2011	2012	2013	Total
1						
2						
3						
4						
5						
6 Total.						
7a						
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						
(Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	2009	2010	2011	2012	2013	Total
9						
10a						
b						
c						
11						
12						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14						

Section C. Computation of Public Support Percentage

15		15	%
16		16	%

Section D. Computation of Investment Income Percentage

17		17	%
18	2012	18	%

19a

b

20

Part IV Supplemental Information.

SHORT TAX YEAR

EXPLANATION: BECAUSE THIS IS THE ORGANIZATION'S SECOND TAX YEAR, FORM 990 FOR A SHORT TAX YEAR WAS FILED IN 2012.

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

www.irs.gov/form990

2013

THE CLARA LIONEL FOUNDATION

45-5620521

3

ons.

ons

exclusively

year

.....



nonexclusively

\$

Caution.

LHA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE CLARA LIONEL FOUNDATION	Employer identification number 45-5620521
--	---

Part I Contributors

(a) No.	(b)	(c)	(d)
1	<u>ROBYN R. FENTY</u> <u>155 NORTH LAKE AVE, SUITE 812</u> <u>PASADENA, CA 91101</u>	\$ <u>467,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	<u>BALMAIN</u> <u>44, RUE FRANCOIS LER</u> <u>PARIS, FRANCE 75008</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization

Employer identification number

THE CLARA LIONEL FOUNDATION

45-5620521

Part II Noncash Property

(a) No. from	(b)	(c)	(d)
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE CLARA LIONEL FOUNDATION	Employer identification number 45-5620521
--	---

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. (a) (e) and \$1,000 or less (Enter this information once.)

from			
1	GENERAL SUPPORT _____ _____	ORGANIZATION'S PROGRAM SERVICES _____ _____	_____ _____ _____
	_____ _____	_____ _____	_____ _____
from			
2	GENERAL SUPPORT _____ _____	ORGANIZATION'S PROGRAM SERVICES _____ _____	_____ _____ _____
	_____ _____	_____ _____	_____ _____
from			
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____	_____ _____	_____ _____
from			
	_____ _____ _____	_____ _____ _____	_____ _____ _____
	_____ _____	_____ _____	_____ _____

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

www.irs.gov/form990.

Inspection

THE CLARA LIONEL FOUNDATION

45-5620521

Part I General Information on Activities Outside the United States.

1

Yes No

2

3

	offices	employees, independent contractors			Total expenditures investments
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SUPPORT OF THE QUEEN ELIZABETH HOSPITAL IN BARBADOS BY MAKING GRANT OF ONCOLOGY MEDICAL EQUIPMENT.		452,884.
3 a Sub-total	0	0			452,884.
b	0	0			0.
	0	0			452,884.

LHA

1		grant	Amount	non-cash assistance	Description assistance	
	CENTRAL AMERICA AND THE CARIBBEAN	TO PROMOTE THE ADVANCEMENT OF CLINICAL CARE PROVIDED TO CANCER	0.	452,884.	PURCHASE OF EQUINOX EXTERNAL BEAM, A TYPE OF ONCOLOGY	FMV

2

letter 1

3

SEE PART V FOR COLUMN (D) AND COLUMN (H) DESCRIPTIONS

Part IV Foreign Forms

1

..... Yes No

2

..... Yes No

3

..... Yes No

4

..... Yes No

5

..... Yes No

6

..... Yes No

Part V Supplemental Information

PART I, LINE 2:

EXPLANATION: THE ORGANIZATION KEEPS A WRITTEN RECORD OF EACH GRANT MADE BY IT, WHICH INCLUDES THE NAME AND ADDRESS OF THE RECIPIENT ORGANIZATION, THE DATE OF THE CONTRIBUTION, THE AMOUNT OF THE CONTRIBUTION, AND ANY ADDITIONAL INFORMATION RELATING TO THE RECIPIENT ORGANIZATION. THE BOARD OF DIRECTORS SELECTS THE RECIPIENT ORGANIZATIONS AND DETERMINES THE AMOUNT OF EACH CHARITABLE CONTRIBUTION, AND WHETHER THE ORGANIZATION WILL ENTER INTO A GRANT AGREEMENT WITH THE RECIPIENT ORGANIZATION.

PART II, COLUMNS (D) AND (H):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO PROMOTE THE ADVANCEMENT OF CLINICAL CARE PROVIDED TO CANCER PATIENTS IN BARBADOS.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PURCHASE OF EQUINOX EXTERNAL BEAM, A TYPE OF ONCOLOGY EQUIPMENT FOR QUEEN ELIZABETH HOSPITAL PURSUANT TO THE GRANT AGREEMENT.

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

www.irs.gov/form990

Inspection

THE CLARA LIONEL FOUNDATION

45-5620521

1

2

Yes No

			non-cash assistance	other)			
US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		10,000.	0.				GENERAL SUPPORT

2

3

LHA

..... 1.

	recipients				

PART I, LINE 2:

EXPLANATION: THE ORGANIZATION KEEPS A WRITTEN RECORD OF EACH GRANT MADE BY IT, WHICH INCLUDES THE NAME AND ADDRESS OF THE RECIPIENT ORGANIZATION, THE DATE OF THE CONTRIBUTION, THE AMOUNT OF THE CONTRIBUTION, AND ANY ADDITIONAL INFORMATION RELATING TO THE RECIPIENT ORGANIZATION. THE BOARD OF DIRECTORS SELECTS THE RECIPIENT ORGANIZATIONS AND DETERMINES THE AMOUNT OF EACH CHARITABLE CONTRIBUTION, AND WHETHER THE ORGANIZATION WILL ENTER INTO A GRANT AGREEMENT WITH THE RECIPIENT ORGANIZATION.

Transactions With Interested Persons

2013

Department of the Treasury Internal Revenue Service

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

Inspection

THE CLARA LIONEL FOUNDATION

45-5620521

Part I Excess Benefit Transactions

Table with 4 columns: Description, Amount, Corrected? (Yes/No)

2 \$
3 \$

Part II Loans to and/or From Interested Persons.

Table with columns: Relationship, Purpose, Loan to or from the organization? (To/From), Original, default? (Yes/No), Approved committee? (Yes/No), Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Table with 5 columns: Description, assistance, assistance, assistance

LHA

Part IV Business Transactions Involving Interested Persons.

		transaction	transaction	organization's revenues?	
				Yes	No
JAY BROWN	AN OFFICER OF ROC N	0.	THE EMPLOYE		X

Part V Supplemental Information

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAY BROWN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AN OFFICER OF ROC NATION AND AN OFFICER AND DIRECTOR OF THE FOUNDATION.

(D) DESCRIPTION OF TRANSACTION: THE EMPLOYEE LEASING AGREEMENT IS WITH

ROC NATION. PURSUANT TO AN EMPLOYEE LEASING AGREEMENT, ROC NATION, LLC, A

CALIFORNIA LIMITED LIABILITY COMPANY ("ROC NATION") PROVIDES THE

CONSULTING SERVICES OF TOWALAME AUSTIN TO THE ORGANIZATION, AND THE

ORGANIZATION REIMBURSES ROC NATION FOR A PORTION OF THE COMPENSATION PAID

BY ROC NATION TO TOWALAME AUSTIN ON A BI-MONTHLY BASIS. ROC NATION IS A

FULL-SERVICE ENTERTAINMENT COMPANY, INCLUSIVE OF ARTIST, SONGWRITER,

PRODUCER AND ENGINEER MANAGEMENT; MUSIC PUBLISHING; TOURING &

MERCHANDISING; FILM & TELEVISION; NEW BUSINESS VENTURES; AND A MUSIC

LABEL. MS. AUSTIN, AS AN EMPLOYEE OF ROC NATION, RENDERS CONSULTING

SERVICES TO THE ORGANIZATION BY ASSISTING THE ORGANIZATION WITH

FUNDRAISING AND BY IDENTIFYING POTENTIAL CHARITABLE OR EDUCATIONAL

PROGRAMS FOR THE ORGANIZATION TO SUPPORT.

THE CLARA LIONEL FOUNDATION

45-5620521

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDS OF COMMUNITIES GLOBALLY IN THE AREAS OF HEALTH, EDUCATION, ARTS
AND CULTURE.

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

GRANTS OR CONTRIBUTIONS MADE TO U.S. ORGANIZATIONS WHICH ARE EXEMPT
FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE, OR THE CORRESPONDING
PROVISIONS OF ANY FUTURE UNITED STATES TAX LAW.

EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: MONICA FENTY, A DIRECTOR OF THE ORGANIZATION, IS THE MOTHER OF
ROBYN RIHANNA FENTY, AN OFFICER AND DIRECTOR OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THE ORGANIZATION HAS NOT ASSEMBLED A COMMITTEE WITH AUTHORITY
TO ACT ON BEHALF OF THE GOVERNING BODY.

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

EXPLANATION: FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL
DURING THEIR BOARD MEETING.

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

EXPLANATION: THE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO ENSURE THEY ARE
OPERATING IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE. THESE
REVIEWS SHALL, AT A MINIMUM, INCLUDE WHETHER COMPENSATION ARRANGEMENTS AND

THE CLARA LIONEL FOUNDATION

45-5620521

BENEFITS ARE REASONABLE AND WHETHER PARTNERSHIP AND JOINT VENTURE
ARRANGEMENTS CONFORM TO WRITTEN POLICIES.

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

EXPLANATION: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.



Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

print

File by the due date for filing your return. See instructions.

THE CLARA LIONEL FOUNDATION

45-5620521

155 NORTH LAKE AVE, SUITE 812

PASADENA, CA 91101

... 0 4

Application	Return Code	Application	Return Code
	01		
	02		
	03		09
	04		10
	05		11
	06		12

FLYNN FAMILY OFFICE

155 NORTH LAKE AVE, SUITE 812 - PASADENA, CA 91101

310-273-2770



4 NOVEMBER 15, 2014

5 2013

6

7 CERTAIN INFORMATION WAS UNAVAILABLE TO SUFFICIENTLY FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	8a	\$	0.
b	8b	\$	0.
c	8c	\$	0.

Signature and Verification must be completed for Part II only.

PRESIDENT

8868