2013 TAX RETURN

Client Copy

Client: ICAAD

Prepared for: INTERNATIONAL CENTER FOR ADVOCATES AGAINST DISCRIMINATION INC 706 Riverside Dr Suite 9D NEW YORK, NY 10031 917-971-5713

Prepared by: Baljeet Singh THE CHUGH FIRM 15925 Carmenita Rd. Cerritos, CA 90703-2206 (562) 229-1220

Date: May 15, 2014

Comments:

Route to: _____

2013 Exempt Org. Return prepared for:

INTERNATIONAL CENTER FOR ADVOCATES AGAINST DISCRIMINATION INC 706 Riverside Dr Suite 9D NEW YORK, NY 10031

THE CHUGH FIRM 15925 Carmenita Rd. Cerritos, CA 90703-2206

Point Source Law Under section S01(c):227, or 947(c)() of the Internal Revenue Code (except private foundations) 2013 Determine forward - Do not enter Social Security numbers on this form as it may be made public. - Internation about Form 990-E2 and its instructions is at www.irs.gov/form990. Open to Public Impection For the 2013 Calendar year, or tax year beginning 2013, and ending Employee Employee International control International board Form 990-E2 and its instructions is at www.irs.gov/form990. Employee 45-4552704 International control International control International Control Employee 57-652704 International control International Control International Control 1 Control 57-652704 International control International Control International Control 1 1 0 <th>_</th> <th>q</th> <th>Short Form 90-EZ Return of Organization Exempt From Income Tax</th> <th></th> <th>OMB No. 1545-1150</th>	_	q	Short Form 90-EZ Return of Organization Exempt From Income Tax		OMB No. 1545-1150
Production Information about Form 990-EZ and its instructions is at www.isr.gov/form990. Open to Public Impaction A For the 2013 calendar year, or tax year beginning , 2013, and ending Employed identification number The or adjustion INTERNATIONAL CENTER FOR ADVOCATES D Employed identification number AGA INST DISCRIMINATION IN CONTREST D Employed identification number Termined NEW YORK, NY 10031 E Forecome adjustion G Accounting Method: Cash and curves If the regunstation is not required to atlant Schaduble B form Tax exampt data (and or yon) Mill (all in Scho) Other If the comparization is not required to atlant Schaduble B form Tax exampt data (and or yon) Mill (all in Scho) Other School or more, for form 990-EZ, or 900 PF). I Add lines 5b, 6c, and 7b. to line 9 to determine gross receipts are \$300.000 or more, or of total sesses (fast the comparization is of the origin at an and sesses on the masses (fast the comparization is of the origin at an and sesses on the task sesses of the task and school an exampt data at a sesses and the task and school an exampt data at a sesses and the task and school an exampt data at a school and exampt data at a school and exampt data at a school an exampt data at a school an exampt data at a school and exampt data at a school an exampt data at a school an exampt data at at a school an ex	For	m J	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2013
The Control and the Control Control and the Control Contrel Control Control Contend Contende Control Control Control Contro			Do not enter Social Security numbers on this form as it may be made public.		Open to Public
B Constant specification C Implementation number Access constant INTERNATIONAL CENTER FOR ADVOCATES Implementation number Individual Access constant Implementation Individual Access constant Implementation Amended ontity NEW YORK, NY 10031 Implementation Amended ontity Implementation Implementation I C Accounting Method: Implementation I C Accounting Method: Implementation I Constant Implementation I Constant Implementation I Constant Implementation I Constant Implementation I Contributions, gifts, grants, and smillar amounts received Implementation I Contributions, gifts, grants, and smillar amounts received Implementation I Contributions, gifts, grants, and smillar amounts received Implementation I Contributions, gifts, grants, and smillar amounts received Implementation I Contributions, gifts, grants, and smillar amounts received Implementation I Contributions, gifts, grants, and s				0.	
assets charge INTERNATIONAL CENTER FOR ADVOCATES AGAINST DISCRIMINATION INC Tormwald 4-4552704 Tormwald AGAINST DISCRIMINATION INC Tormwald INTERNATIONAL CENTER FOR ADVOCATES AGAINST DISCRIMINATION INC To Retrieve and the TORK, NT 10031 117-971-5713 G Accounting Method: () Cash	A	For t	he 2013 calendar year, or tax year beginning , 2013, and ending		,
Instantant AGAINST DISCRIMINATION INC Toole Riverside Dr PD Network Note Riverside Dr PD Anomate infurn Account Income I are-sempt state (deckor) one) SIG(2) () *(mest na) I are-sempt state (deckor) one) SIG(2) () *(mest na) I are-sempt state (deckor) one) SIG(2) () *(mest na) I are-sempt state (deckor) one) SIG(2) () *(mest na) I are-sempt state (deckor) one) SIG(2) () *(mest na) I are-sempt state (deckor) one) SIG(2) () *(mest na) I account (below) are SIG(0) one one, (in Fild) SIG(2) () *(mest na) I account (below) are SIG(0) one one, (in Fild) SIG(2) () *(mest na) I contributions, glits, grants, and similar amounts received 1 SIG(2) () *(mest na) I contributions, glits, grants, and similar amounts received 1 SIG(2) () *(mest na) I contributions glits, grants, and similar amounts received 1 SIG(2) () *(mest na) I contributions glits, grants, and similar amounts received 1 SIG(2) ()	Ъ	Addres	ss change	1.12	
International action 917-971-5713 Formated Formated Application perdang 917-971-5713 Formated Formated Application perdang 917-971-5713 Formated Formated Application perdang Formated C6 Accounting Method: (East) Accuration Other J Tax-exempt status (steck only one) - (S010(3) J Tax-exempt status (steck only one) - (S010(3) L Add lines St. 6c, and 7b, to line 9 to determine gross receiptions fars 4200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, tile Form 990 instead of Form 990-EZ. (S010,000 or more, or if total C Accuration status and similar amounts received (S010,000 or more, or if total C Accuration status and solicits are and contracts. (S010,000 or more, or if total Sa Gross amount from sale of assets other than inventory. (Sa10,000 or more, or if total (Sa20,000 or more, or if total Sa Gross and on thord sales expenses. (Sa10,000 or more, or if total (Sa20,000 or more, or if total (Sa20,000 or more, or if total Sa Gross anount from sale of assets other than inventory. (Sa10,000 or more, o		Name			
Image: Control of the second of the secon		Initial I	return fionition bibontinition into		
<pre> Application pending Acquired metanic Acquired meta</pre>			NEW YORK, NY 10031	917-9	971-5713
G Accounting Method:			ied return F	Group E	xemption
Website: * www.icaadqlobal.ord required to attach Schedule B (Form J Tax-exempt status (check why web - X 301(c)(1) status) 4947(a)(1) or					
J Tax-exempt status (dex only one) - X X SU(c)() <					
K Form of organization: Corporation Trust Association L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Porm 990-EZ					
L Add lines 5b. 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 instad of Form 990 instead of					· · · · · · · · · · · · · · · · · · ·
assets (Part II, column (B) below) are \$\$00,000 or more, file Form '990 instead of Form '990 EZ				total	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. X 1 Contributions, gifts, grants, and similar amounts received. 1 58, 832. 2 Program service revenue including government fees and contracts. 1 58, 832. 3 Membership dues and assessments. 4 3. 4 Investment income. 5a 5a Gross amount from sale of assets other than inventory. 5a 5b 6 Gaming and fundraising events 5c 5c 6 Gaming and fundraising events (sout including \$ of contributions, gifts 5c a Gross income from gaming (attach Schedule G if greater than \$15,000). 6a 6b c Less: direct expenses from gaming and fundraising events 6b 6c d Net income or (loss) from sales of inventory. (Subtract line 7b from line 7a). 7c 8 9 Total revenue. Add lines 6). 7a 7b 7c 1 Schedule O). 10 11 12 73, 994. 13 89 58, 835. 13 13 8033. 12 73,	L	asse	ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	58,835.
1 Contributions, gifts, grants, and similar amounts received 1 58,832. 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 3 4 Investment income. 3 5a Gross amount from sale of assets other than inventory. 5a b Less: cost or other basis and asles expenses. 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5c 6 Garming and fundraising events (not including \$ of contributions of scoss income from garming (attach Schedule G if greater than \$15,000). 6a 6b c Less: direct expenses from garming and fundraising events (add lines 6a and 6b and subtract line 6c). 6c 6d 7 a Gross sales of inventory, less returns and allowances. 7a 7b 7c 8 Other revenue (describe in Schedule O). 10 11 11 Schedule O). 10 11 12 Stales, and employee benefits. 12 73, 994. 13 Professional fees and other payments to independent contractors. 13 803. 14 Coccupancy, rent, utilities, and maintenance. 14	Pa	rt I			for Part I)
2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 3 4 Investment income. 4 3. 5a Gross amount from sale of assets other than inventory. 5a 5a 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 5c 6 Gaming and fundraising events 6a of contributions a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 6c 6c b Cross income from gaming and fundraising events 6c 6c 6c 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6c 6c 6c 7 a Gross sales of inventory, less returns and allowances 7a 7b 7c 8 Other revenue (describe in Schedule O) 10 11 11 12 Salaries, other compensation, and employee benefits 12 73, 994. 13 Professional fees and other payments to independent contractors 13 8033. 14 Cocupancy, rent, utilities, and mainterance 14 14 <					Х
3 Membership dues and assessments. 3 4 Investment income. 4 5a Gross amount from sale of assets other than inventory. 5a b Less: cost or other basis and sales expenses. 5b c Gain or (loss) from gaining quests 5c 6 Garning and fundraising events 6a b Cross income from gaining (lattch Schedule G if greater than \$15,000). 6a b Gross income from gaining (lattch Schedule G if greater than \$15,000). 6b c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6c d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule O). 10 11 Benefits paid to or for members. 11 12 73, 994. 13 13 Professional fees and other payments to independent contractors. 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O). 16 17 Benses. Add lines 10 through 16 77 18 Excess or (deficit) for thy eyar (Su		1	• •		58,832.
4 Investment income 4 3. 5a Gross amount from sale of assets other than inventory. 5a 5b 5c b Less: cost or other basis and sales expenses. 5b 5c 5c 6 Gaming and fundraising events 6 Gaming and fundraising events (not including \$ of contributions 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 6c 6c b Gross income from fundraising events (not including \$ of contributions 6c 6c c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6c 6d 7 a Gross sales of inventory. Less returns and allowances. 7a 7c 7c 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 58, 835. 9 58, 835. 10 Grants and similar amounts paid (ist in Schedule O). 10 11 12 73, 994. 13 Professional fees and other payments to independent contractors. 13 803. 14 20, 2023. 16 Other expense (describe in Schedule O). 15 2, 023. 15 2, 023. 16 9, 491. 17 86, 311. 803. 12 20, 203. 16<					
Sa Gross amount from sale of assets other than inventory. Sa b Less: cost or other basis and sales expenses. Sb c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Sc c Gaming and fundraising events of contributions a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events 6c d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) 6d 7 a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7c a Other revenue (describe in Schedule O). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 73, 994. 13 Ro3 803 803 14 Cocupancy, rent, utilities, and maintenance. 14 15 14 Cocupancy, rent, utilities, and maintenance. 16 9,		-		_	
b Less: cost or other basis and sales expenses. 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a r Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 8 Other revenue (describe in Schedule 0). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 13 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0). 16 17 Total expenses. Add lines 10 through 16. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure repo		-		4	3.
c Gain or (less) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c 6 Garning and fundraising events 6 a a Gross income from garning (attach Schedule G if greater than \$15,000) 6 a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b c Less: direct expenses from garning and fundraising events 6 c d Net income or (loss) from gaining and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 7 a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 Other revenue (describe in Schedule O) 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 13 803. 13 Professional fees and other payments to independent contractors 14 15 Printing, publications, postage, and shipping 15 2, 023. 16 Other expenses (describe in Schedule O) 16 9, 491. 17 Total expenses. Add lines 1 beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 -277, 476. 18 Excess or (_	
6 Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions of such gross income and contributions exceeds \$15,000) 6b 6c c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d 7 a Gross profit or (loss) from sales of inventory, less returns and allowances. 7a 7c b Less: cost of goods sold. 7b 7c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 8 9 58, 835. 10 Grants and similar amounts paid (list in Schedule O). 10 11 11 12 73, 994. 13 803. 12 73, 994. 13 803. 14 2.023. 13 Rods. 13 803. 14 2.023. 14 2 73, 994. 14 2.023. 15 2.023. 14 14 14 14 2.023.				5.0	
b Gross income from fundraising events (not including \$	Б	6	Gaming and fundraising events		
Provide from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b c Less: direct expenses from gaming and fundraising events. 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d 7 a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule O). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 13 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance. 14 15 2,023. 16 Other expenses (describe in Schedule O). 16 O. 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 18 -27, 476. 19 Net assets or fund balances at beginning of year. (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	Ē			_	
g of such gross income and contributions exceeds \$15,000)	Ě	b			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d 7a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule 0). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule 0). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping. 15 17 Total expenses. (describe in Schedule 0). 16 17 Béc, 311. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 29, 001. 20 <th>Ü</th> <th></th> <td>of such gross income and contributions exceeds \$15,000)</td> <td></td> <td></td>	Ü		of such gross income and contributions exceeds \$15,000)		
6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule 0). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe in Schedule 0). 16 17 Total expenses. Add lines 10 through 16. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 29, 001. 20 21 21 1, 525.		С	Less: direct expenses from gaming and fundraising events	_	
b Less: cost of goods sold. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule O). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O). 16 17 Total expenses. Add lines 10 through 16. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule 0). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule 0). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0). 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 20 Other changes in net assets or fund balances (explain in Schedule 0). 20 21 1, 525.		7 a	Gross sales of inventory, less returns and allowances		
8 Other revenue (describe in Schedule O). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 58, 835. 10 Grants and similar amounts paid (list in Schedule O). 10 11 12 73, 994. 12 73, 994. 13 803. 14 0ccupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping 15 2,023. 16 Other expenses (describe in Schedule O). 16 9,491. 17 Total expenses. Add lines 10 through 16 17 86,311. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -27,476. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 20 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 1,525.					
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.958, 835.10Grants and similar amounts paid (list in Schedule O).1011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors.1314Occupancy, rent, utilities, and maintenance.1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O).1617Total expenses. Add lines 10 through 16.1718Excess or (deficit) for the year (Subtract line 17 from line 9).1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year1929, 001.2020211, 525.		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
I0Grants and similar amounts paid (list in Schedule O).I011Benefits paid to or for members .1112Salaries, other compensation, and employee benefits.1213Professional fees and other payments to independent contractors.1314Occupancy, rent, utilities, and maintenance.1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O).See Schedule O17Total expenses. Add lines 10 through 161818Excess or (deficit) for the year (Subtract line 17 from line 9).1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).1920Other changes in net assets or fund balances (explain in Schedule O).20211, 525.		8			
11Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors13140ccupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O)See Schedule O17Total expenses. Add lines 10 through 161618Excess or (deficit) for the year (Subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year1929,001.2020211,525.		9			58,835.
Expense12Salaries, other compensation, and employee benefits1273,994.13Professional fees and other payments to independent contractors13803.14Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping152,023.16Other expenses (describe in Schedule O)See Schedule O1617Total expenses. Add lines 10 through 161786,311.18Excess or (deficit) for the year (Subtract line 17 from line 9)18-27,476.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1929,001.20Other changes in net assets or fund balances (explain in Schedule O)20211,525.					
13 Professional fees and other payments to independent contractors. 13 803. 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping. 15 2,023. 16 Other expenses (describe in Schedule O). See Schedule O 16 9,491. 17 Total expenses. Add lines 10 through 16. 17 86,311. 18 -27,476. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 29,001. 20 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20. 20 21 1,525.	-				
16 Other expenses (describe in Schedule O). See Schedule U 16 9,491. 17 Total expenses. Add lines 10 through 16. 17 86,311. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -27,476. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 29,001. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 1,525.	X				
16 Other expenses (describe in Schedule O). See Schedule U 16 9,491. 17 Total expenses. Add lines 10 through 16. 17 86,311. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -27,476. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 29,001. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 1,525.	E N				803.
16 Other expenses (describe in Schedule O). See Schedule U 16 9,491. 17 Total expenses. Add lines 10 through 16. 17 86,311. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -27,476. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 29,001. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 1,525.	SF				2 022
17 Total expenses. Add lines 10 through 16	s		Other expenses (describe in Schedule ()) See Schedule ()		
18Excess or (deficit) for the year (Subtract line 17 from line 9)18-27,476.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1929,001.20Other changes in net assets or fund balances (explain in Schedule O)202021Net assets or fund balances at end of year. Combine lines 18 through 20.211,525.			Total expenses. Add lines 10 through 16	-	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1929,001.20Other changes in net assets or fund balances (explain in Schedule O)2021Net assets or fund balances at end of year. Combine lines 18 through 20.21					
20 Other changes in the assets of fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 1,525.	A ⊾S				
20 Other changes in the assets of fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 1,525.	ËS	13	figure reported on prior year's return)	19	29,001.
	'T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	· · ·
				. ► 21	· · · · · · · · · · · · · · · · · · ·

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Form	990-EZ (2013) INTERNATIONAL CI	ENTER FOR ADVOCATE	S	45	-455	2704 Page 2
Par	<u>t II</u> Balance Sheets (see the inst	ructions for Part II)	aatian in this Davit II			X
	Check if the organization used Sche	equie O to respond to any qu	estion in this Part II	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			29,001		16,525.
23	Land and buildings.			2,001	23	10, 525.
24	Other assets (describe in Schedule O)				24	
25	Total assets			29,001		16,525.
26	Total liabilities (describe in Schedule O)	See Schedule	e 0			15,000.
	Net assets or fund balances (line 27 of o			29,001		1,525.
Par	-			25,001		Expenses
1 41	Check if the organization used Scl	hedule O to respond to any c	uestion in this Part	IIIX	(Req	uired for section 501
What	is the organization's primary exempt purpose? See	e Schedule O) and 501(c)(4) nizations and section
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest proc	gram services, as		(a)(1) trusts; optional
bene	ribe the organization's program servi ce a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service each program title.	ces provided, the hu	mper of persons	for of	hers.)
28	The Organization received					
	individuals for operation					
	(Grants \$ 58,832,) If thi	is amount includes foreign g	rants, check here		28 a	78,180.
29						
	(Grants \$) If thi	is amount includes foreign gi	rants, check here		29 a	
30						
	(Grants \$) If thi	is amount includes foreign g	rants, check here	····· ►	30 a	
31	Other program services (describe in Sch	edule O)				
		is amount includes foreign gi			31 a	
32	Total program service expenses (add lir	nes 28a through 31a)		• • • • • • • • • • • • • • • • • • • •	32	78,180.
Par	t IV List of Officers, Directors,					
	Check if the organization used Scl	hedule O to respond to any o	question in this Part	IV		
		(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MISC	tion (d) Health benefit contributions to emp	ts,	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
ТЛО	SPREET SINGH			compensation		
	cretary	50	41,25	0	0.	0.
		50	41,23	0.	0.	0.
	Airman	50	26,14	2	0.	0.
		50	20,14	4.	0.	0.
	easurer	5		0.	0.	0.
	IDA RAFTREE	3		•••	••	0.
	rector	5		0.	0.	0.
	KLEY WEXLER	5			••	<u></u>
	rector	5		0.	0.	0.
_						
	_					
			1/07/12			
		TEE 4 001 01 1				

Form	1 990-EZ (2013) INTERNATIONAL CENTER FOR ADVOCATES 45-455270	4	Ρ	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule	0	. X
33	Did the organization engage in any significant activity not previously reported to the IRS?	.	Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		v
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		Х
000	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
Ł	p If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
Ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	401		
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None			
42 a	a The organization's books are in care of ► HANSDEEP SINGH Telephone no. ► 917-9	71-5	713	
	Located at ► 706 Riverside Dr., Suite # 9D NEW YORK NY ZIP + 4 ► 10031	<u>' </u>	<u>, 12</u>	
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	r	Yes	No
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	the any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country:			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	· · · · · · · · · · · · · · · · · ·	▶ 🗌	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a		Х
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		Х
c Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		Х
b 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 Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	s,' 45b		Х
TEEA0812L 11/27/13	Form 99	0-EZ ((2013)

Form 990-I	EZ (2013) INTERNATIONAL CENTE	R FOR ADVOCATE	S	45-45	52704	Page
	he organization engage, directly or indire idates for public office? If 'Yes,' complete				46	Yes No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b ar	nd 52, and complet	e the table	s
	Check if the organization used Schedul	e O to respond to any	question in this Part V	l		
47 Did th	ne organization engage in lobbying activities older Schedule C, Part II	or have a section 501(h)) election in effect during	the tax year? If 'Yes,'	47	Yes No X
49 a Did tl b If 'Ye	e organization a school as described in se he organization make any transfers to an es,' was the related organization a sectior plete this table for the organization's five high	exempt non-charitable 527 organization?	e related organization?.		49 a 49 b	X X
	oyees) who each received more than \$100,0				(O)	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
None						
	number of other employees paid over \$1			_		
51 Comp comp	plete this table for the organization's five high pensation from the organization. If there i	nest compensated indepense indepense indepense indepense indepense indepense indepense indepense indepense inde	endent contractors who e	each received more than	\$100,000 of	
	(a) Name and business address of each independent co		(b) Туре	of service	(c) Comp	ensation
None						
	number of other independent contractors	-				
	he organization complete Schedule A? N table trusts must attach a completed Sch				► X Yes	No
	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office					
•	Signature of officer			Date		
Sign Here						
nere	HANSDEEP SINGH Type or print name and title			Chairman		
	Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	Baljeet Singh	Baljeet Singh		Check if self-employed	P0125372	4
Preparer	Firm's name ► THE CHUGH FIRM					
Use Only	Firm's address ► 15925 Carmenita			Firm's EIN	33-0963	
		703-2206			<u>52) 229-1</u>	1220
May the IR	RS discuss this return with the preparer sh	nown above? See instru	uctions		► X Yes	No

		Public	Charity Status a	and P	ublic	Supr	oort			OMB No.	1545-004	7
SCHEDULE A (Form 990 or 990-EZ)	4947(a)(1) nonexempt charitable trust.								20	13		
Department of the Treasury Internal Revenue Service		► Information abo	► Attach to Form 990 out Schedule A (Form 9 at www.irs.gov	90 or 99	90-EZ) a		structio	ons is		Open te Inspe	o Publ ection	ic
			ER FOR ADVOCATE	S						tion number		
		ST DISCRIMINAT				1 . 11.1.			552704			
			(All organizations ie it is: (For lines 1 thro					Seel	nstruct	ions.		
-	•		ciation of churches des	-		-						
			(ii). (Attach Schedule E		300101	1170(5)		•				
			ce organization describe		tion 17	0(b)(1)(A	Miii).					
			in conjunction with a h					0(b)(1)(A	4)(iii) . Er	nter the hos	spital's	
name, city, a			college or university own		orated by		rnmonta		ceribod in			
└── 170(b)(1)(A)(i	iv). (Cor	mplete Part II.)				-			scribeu ii	Section		
			overnmental unit descri stantial part of its suppor					n the ger	neral pub	lic describe	b	
in section 17	'0(b)(1)(A	A)(vi). (Complete Par			-			0				
9 An organizatio	on that no	ormally receives: (1) m	ore than 33-1/3% of its s	upport fr	om cont	ributions	, membe	ership fe	es, and q	ross receipt	S	
from activities investment ir	related f	to its exempt functions	 subject to certain exce s taxable income (less 	eptions. a	and (2) r	no more	than 33-	1/3% of	its suppo	ort from aros	S	fter
	-	•	exclusively to test for pu		-		• •	•••				
11 An organization more publicly describes the	on organi / suppor e type of	zed and operated excl ted organizations des supporting organiza	usively for the benefit of, scribed in section 509(a tion and complete lines	to perfor)(1) or s 11e thr	rm the fu section 5 ough 11	inctions 509(a)(2 h.	of, or ca). See s	rry out the section !	ne purpos 509(a)(3)	ses of one o . Check the	r e box t	hat
a Type I			Type III – Function	-	-			51		unctionally	5	ated
e By checking other than fou section 509(a	ndation r	, I certify that the org managers and other th	anization is not control an one or more publicly s	led direc supported	tly or in d organiz	directly ations d	by one escribed	or more in section	e disqual on 509(a)	ified persor)(1) or	าร	
			nation from the IRS that i			II or Typ	e III sup	porting o	organizati	ion,		
g Since August	t 17, 200	06, has the organizati	ion accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	\$?		
(i) A perso	on who c	lirectly or indirectly c	ontrols, either alone or	togethe	r with pe	ersons d	escribe	d in (ii)	and (iii)	11 g (i)	Yes	No
	-		pported organization? bed in (i) above?									
	-	•	described in (i) or (ii) a							5.,		
			le supported organization							11 <u>g</u> (iii)		
(i) Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	s the ation in) listed in overning ment?	(v) Did yo the organ column (supp	ization in i) of your	organiz colur organiz	s the ration in mn (i) ed in the S.?	(vii) Amoun sup	t of mon port	etary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
<u>(E)</u>												
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 INTERNATIONAL CENTER FOR ADVOCATES

Page 2

45-4552704 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').				145,890.	58,832.	204,722.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	145,890.	58,832.	204,722.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						204,722.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0.	0.	0.	145,890.	58,832.	204,722.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV				202.	3.	205.
11	Total support. Add lines 7 through 10						204,927.
12	Gross receipts from related activ	vities, etc (see inst	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and						· · · · · · ×
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14			15	%
16 a	$\ensuremath{\textbf{33-1/3\%}}$ support test $-$ 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the blicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, (check this box
t	33-1/3% support test – 2012. If t and stop here. The organization	the organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est – 2013. If the or meets the 'facts-a s-and-circumstanc	organization did n and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is e. Explain in Part ported organizatic	s 10% IV how n►
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	est – 2012. If the o meets the 'facts-a d-circumstances' f	organization did n and-circumstances test. The organiza	ot check a box on s' test, check this ition qualifies as a	n line 13, 16a, 16b box and stop her a publicly support	o, or 17a, and line e. Explain in Part ed organization	15 is 10% Ⅳ how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
<u>Sec</u>	tion B. Total Support	-					
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(³⁾ ▶ □
Sec	tion C. Computation of Pul						
				ne 13 column (f))		00
	Public support percentage for 20		•••				00 00
-	tion D. Computation of Inv						6
17	Investment income percentage f				umn (f))		010
18	Investment income percentage f			-			00
	33-1/3% support tests - 2013.	f the organization	did not check the	box on line 14.	and line 15 is mor	e than 33-1/3%. a	nd line 17
Ł	is not more than 33-1/3%, check 33-1/3% support tests – 2012. If		• •	•		-	
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3% Private foundation. If the organi						
				, ,			

Schedule A	(Form 990 or 990-EZ) 2013	ITERNATIONAL	CENTER F	OR ADVOCATES	45-4552704	Page 4
		Provide the ex Also complete	planations this part f	required by Par or any additional	t II, line 10; Part II, line 17a information.	
			·			
						· _

Schedule A (Form 990 or 990-EZ) 2013

2013

Schedule A, Part IV - Supplemental Information INTERNATIONAL CENTER FOR ADVOCATES AGAINST DISCRIMINATION INC

Page 5

45-4552704	ŀ
------------	---

0.

Mature and Source 2013 2012 2011 2010 2009 Interest Income Other Income \$ 3. \$ 2. 5 200. Total \$ 202. \$ 0. \$ 0. \$ 0. \$ 5 \$ 0. \$ 5

Schedule of Contributors

OMB No. 1545-0047

or 990-PF)		2013				
Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.						
Name of the organization INT	ERNATIONAL CENTER FOR ADVOCATES	nployer identification number				
		5-4552704				
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a priv	vate foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					

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

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

501(c)(3) taxable private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, \$\$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1	of	1	of Part 1
Name of organization	Employer	identifi	cation num	nber	
INTERNATIONAL CENTER FOR ADVOCATES	45-45	5270	04		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Jasdeep Singh Sahni 3336 Shoshana Ln San Jose, CA 95135	\$ <u>5,000.</u>	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sean Dougherty 225 W. 70th Street, Apt # 6E New York, NY 10023	\$ <u>5,000.</u>	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Mandeep Sobti 353 N Central Ave Hartsdale, NY 10530	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Bhagatjot Singh 88 Carteret Ave. Carteret, NJ 07008	\$5,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1	to	1	of Part II
Name of organization		Empl	oyer identifica	tion	number
INTERNATIONAL CENTER FOR ADVOCATES		45-	455270	4	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
N/	<u>/A</u>	· -					
		· ·					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		·					
		·					
		\$\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		·					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		· ^y					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		·					
		· ^{\$}					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		·					
		\$	\square $_$ $_$ $_$ $_$ $_$ $_$ $_$				

Schedule	3 (Form 990, 990-EZ, or 990-PF) (2013)			Page	<u>1</u> to	1 of Part III	
Name of organ						ification number	
	ATIONAL CENTER FOR ADVOCATES				45-4552		
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)						
	organizations that total more than			through (e)	and the following	g line entry.	
	For organizations completing Part III, enter tota contributions of \$1,000 or less for the year.	I of <i>exclusively</i> religious, charitable,	etc.,	-)	►\$	37 / 3	
	Use duplicate copies of Part III if additional		Instruction	5.)	···· • • • – – –	<u>N/A</u>	
					<u> </u>		
(a) No. from	(b) Purpose of gift	(c) Use of gift		Desc	(d) cription of how	aift is held	
Part I	i uipose oi gitt			2000		gittis iloitu	
	N/A						
			+				
			+				
			+				
		(e)					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Rela		tionship of	transferor to t	ransferee		
(2)	(b)				(4)		
(a) No. from	Purpose of gift	(c) Use of gift		Desc	(d) cription of how	gift is held	
Part I	1 5	,			•	5	
	Γ		1				
	[1				
			+				
		(e)					
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of	transferor to t	ransferee	
	[
(a) No. from	(b) Purpose of gift	(c) Use of gift			(d) cription of how		
No. from	Purpose of gift	Use of gift		Dese	cription of how	gift is held	
Part I							
	L						
	L						
		(e) Transfer of gift					
				ionchin of	tuonaforor to t	vanafavaa	
	Transieree's name, addres		Reia	uonsnip oi	transferor to t	ransieree	
	L						
	L						
	_	_					
(a) No. from	(b)	(c) Use of gift		_	(d) cription of how		
No. from Part I	Purpose of gift	Use of gift		Dese	cription of how	gift is held	
Faili							
			+				
	L		↓				
	(e) Transfer of gift						
			D-I				
	Transferee's name, address, and ZIP + 4 Relationship of transfer			transieror to t	ransieree		
	L						
	L	L					
	L						
BAA	Schedule B (Form 990, 990-EZ, or 990-PF) (2013)					990-PF) (2013)	

SCHEDULE O	Supplemental Information to Form 990 or 990	·EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instruct at www.irs.gov/form990. 	ions is	Open to Public Inspection
	TERNATIONAL CENTER FOR ADVOCATES AINST DISCRIMINATION INC	Employer identific 45-455270	
	Part III - Organization's Primary Exempt Purpose	10 1002 / 0	
	of the organization is to combat structural discri	mination of	lobally
			*
	lition based legal advocacy, education and strategi	<u>.c 111911 1111</u>	
litigation.			
	Part V - Regarding Transfers Associated with Personal Benefit C		
<u>(a) Did th</u>	e organization, during the year, receive any funds,	_directly	or
indirectly,	to pay premiums on a personal benefit contract?		<u>No</u>
(b) Did th	e organization, during the year, pay premiums, dire	ectly or	
indirectly,	on a personal benefit contract?		<u>No</u>
	·		

Schedule O - Supplemental Information INTERNATIONAL CENTER FOR ADVOCATES AGAINST DISCRIMINATION INC

Page 2

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	\$	470. 1.607.
Dues & Subscription		375.
Event Hosting Expenses		218.
Fuel Expenses		151.
Insurance		121.
Legal & professional Fees		875.
Meals & Entertainment		787.
Misc. Expenses		2.
Office Expenses		1,491.
Office Supplies		29.
Parking Charges		20.
Payroll Expenses		1,3/9.
Promotion Expenses		1 266
Iravei.	~	<u> </u>
IOCAL	Ş	9,491.

Form 990-EZ, Part II, Line 26 Total Liabilities

	Begi	<u>nning</u>	Ending			
Payable to Officers, Directors, Etc.	\$	0.	\$	15,000.		
Total	\$	0.	\$	15,000.		

2013