November 18, 2013

JULIUS & ESTHER STULBERG COMPETITION INC 359 S KALAMAZOO MALL, #14 KALAMAZOO, MI 49007-4848

Dear Client,

Enclosed is the 2012 U.S. Form 990, Return of Organization Exempt from Income Tax, for JULIUS & ESTHER STULBERG COMPETITION INC for the tax year ending June 30, 2013. The return is due by February 18, 2014.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before February 18, 2014 to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

## CHANG OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| Α                         | For the                                 | 2012 calen                         | dar year, or tax y   | ear begir     | nning Jun            | 1                 | , 20          | 13 an    | d endin     | g Jun         | 30                                | ,             | 2013                   |              |
|---------------------------|---|------------------------------------|--|---------------|----------------------|-------------------|---------------|----------|-------------|---------------|-----------------------------------|---------------|------------------------|--------------|
| В                         | Check if ap                             | pplicable:                         | C Name of organiza   | tion JUI      | JUS & EST            | HER STU           | LBERG (       | COMP     | ETITI       | ON INC        | D Employ                          | er Identifi   | cation Number          |              |
|                           | Addre                                   | ess change                         | Doing Business A   |               |                      |                   |               |          |             |               | 28770355                          | 01472         | 34                     |              |
|                           | Name                                    | change                             | Number and stree   | t (or P.O. b  | ox if mail is not de | elivered to stree | et addr)      |          | Room/       | suite         | E Telepho                         | ne numbe      | er                     |              |
|                           | Initial                                 | return                             | 359 S KALA   | MAZOO         | MALL                 |                   |               |          | 14          |               | (26                               | 9) 34         | 3-2776                 |              |
|                           | Termi                                   | inated                             | City, town or cour   | ntry          |                      |                   | St            | ate ZII  | P code + 4  | 1             | ,                                 |               |                        |              |
|                           | Amen                                    | ded return                         | KALAMAZOO  |               |                      |                   | М             | II 4     | 9007-       | -4848         | G Gross re                        | eceipts \$    | 5,140                  | 1            |
|                           | Applic                                  | cation pending                     | F Name and addres  | s of principa | al officer:          |                   |               |          |             |               | a group retur                     | n for affilia |                        | X No         |
|                           |   |                                    | GREG SEILER  | 359 S KA      | LAMAZOO MAL          | L KALAMA          | AZOO          | MI 4     | 9007        | H(b) Are all  | affiliates incl<br>attach a list. | uded?         | Yes                    | No           |
| ı                         | Tax-exe                                 | mpt status                         | X 501(c)(3)  | 501(c) (      |                      | sert no.)         | 4947(a)(1)    |          | 527         | II NO,        | attach a list.                    | (see instr    | uctions)               |              |
| J                         | Websi                                   | ite: ► WW                          | W.STULBERG   | ORG           |                      |                   |               |          |             | H(c) Group    | exemption nu                      | ımber ►       |                        |              |
| K                         | Form of                                 | organization:                      | Corporation X  | Trust         | Association          | Other -           |               | L Year   | r of Forma  | tion: 197     | 5 <b>M</b> s                      | tate of leg   | gal domicile: MI       |              |
| Pa                        | ırt I                                   | Summar                             | y  |               | -                    |                   |               |          |             |               |                                   |               |                        |              |
|                           | 1 Br                                    | riefly descri                      | be the organization  | on's miss     | ion or most s        | ignificant a      | ctivities:    | TO :     | PROMO       | TE EXC        | ELLENC                            | E IN          |                        |              |
| ø                         | S                                       | TRING 1                            | NSTRUMENT  | PERFOR        | MANCE BY             | GIFTE             | D_YOUNG       | G_AR     | TISTS       | UNDE          | R THE A                           | AGE_          |                        |              |
| Governance                | 0                                       | F_TWENT                            | Y  |               |                      |                   |               |          |             |               |                                   |               |                        |              |
| E                         |   |                                    |  |               |                      |                   |               |          |             |               |                                   |               |                        |              |
| ò                         |   | neck this be                       | ox ► ☐ if the or   | ganizatio     | on discontinue       | ed its opera      | ations or d   | lispose  | ed of mo    | ore than 2    | 25% of its                        |               | ets.                   | 12 8         |
| 8                         | 3 No                                    | umber of vo                        | oting members of idependent voting                                     | the gove      | rning body (F        | raing body        | (Port \/I     | line 1   | <br>h)      |               |                                   | 3             |                        | 19           |
| es                        |   |                                    | r of individuals en  |               |                      |                   |               |          |             |               |                                   | 5             |                        | 19           |
| Activities &              | 6 To                                    | otal number                        | r of volunteers (es  | stimate if    | necessary).          | ai 2012 (i i      | art v, iiric  | 20)      |             |               |                                   | 6             |                        | <del>3</del> |
| Act                       |   |                                    | ed business rever  |               |                      |                   |               |          |             |               |                                   | 7a            |                        | 0.           |
|                           |   |                                    | d business taxable   |               |                      |                   |               |          |             |               |                                   | 7b            |                        |              |
|                           |   |                                    |  |               |                      |                   |               |          |             | P             | rior Year                         |               | Current Y              | ear          |
| Revenue                   | 8 Cc                                    | ontributions                       | and grants (Part   | VIII, line    | 1h)                  |                   |               |          |             |               | 125,7                             | 81.           | 2                      | ,580.        |
|                           |   |                                    | vice revenue (Par  |               |                      |                   |               |          |             |               | 17,5                              | 35.           |                        |              |
| eve                       |   |                                    | ncome (Part VIII,  |               |                      |                   |               |          |             |               | 20,1                              | 40.           |                        |              |
| ш                         |   |                                    | ie (Part VIII, colur   |               |                      |                   |               |          |             |               | 6,1                               | 24.           | 2                      | ,560.        |
|                           |   |                                    | e – add lines 8 th   |               |                      |                   |               |          |             |               | 169,5                             | 80.           | 5                      | ,140.        |
|                           |   |                                    | imilar amounts pa  |               |                      |                   |               |          |             |               |                                   |               |                        |              |
|                           |   |                                    | I to or for membe  |               |                      |                   |               |          |             |               |                                   |               |                        |              |
| S                         | 100000000000000000000000000000000000000 |                                    | ther compensation, employee benefits (Part IX, column (A), lines 5-10) |               |                      |                   |               |          |             |               | 38,7                              | 3             | ,210.                  |              |
| Expenses                  | 16a Pr                                  | rofessional                        | fundraising fees   | (Part IX,     | column (A), I        | ine 11e)          |               |          |             |               |                                   |               |                        |              |
| xbe                       | <b>b</b> To                             | otal fundrai                       | sing expenses (P   | art IX, co    | lumn (D), line       | e 25)►            |               |          | 0.          |               |                                   |               | <b>明的第三级</b> 图         |              |
| ш                         | 17 0                                    | ther expens                        | ses (Part IX, colui  | mn (A), li    | ines 11a-11d,        | 11f-24e)          |               |          |             |               | 81,1                              | 01.           | 1                      | ,001.        |
|                           | 18 To                                   | otal expens                        | es. Add lines 13-  | 17 (must      | equal Part IX        | (, column (       | A), line 25   | 5)       |             |               | 119,8                             |               |                        | ,211.        |
|                           | 19 Re                                   | evenue les                         | s expenses. Subtr  | act line      | 18 from line 1       | 2                 |               |          |             | G+            | 49,7                              |               |                        | 929.         |
| 9 00                      |   |                                    |  |               |                      |                   |               |          |             | Beginni       | ng of Currer                      | t Year        | End of Ye              | ar           |
| sset<br>3ala              | 20 To                                   | otal assets                        | (Part X, line 16).   |               |                      |                   |               |          |             |               | 327,6                             |               | 325                    | ,292.        |
| Net Assets<br>Fund Balanc | 21 To                                   | otal liabilitie                    | es (Part X, line 26  | 5)            |                      |                   |               |          |             | ad Commonweal | 11,1                              | .38.          | 7                      | ,856.        |
| Z.                        | 22 Ne                                   | et assets o                        | r fund balances. S   | Subtract I    | ine 21 from I        | ine 20            |               |          |             |               | 316,5                             | 07.           | 317                    | ,436.        |
| Pa                        | art II                                  | Signatu                            | re Block   |               |                      |                   |               |          |             |               |                                   |               |                        |              |
| Und                       | er penalties                            | of perjury, I d                    | eclare that I have exam  | ined this ret | turn, including acc  | ompanying sch     | nedules and s | statemer | nts, and to | the best of n | ny knowledge                      | and belie     | f, it is true, correct | , and        |
| com                       | piete. Decia                            | aration of preparation             | arer (other than officer)  | is based on   | all information of   | wnich prepare     | r nas any kno | owieage  |             |               |                                   |               |                        |              |
|                           |   | -                                  |  |               |                      |                   |               |          |             |               |                                   |               |                        |              |
| Sig                       | gn                                      | Signati                            | are of officer   |               |                      |                   |               |          |             |               | ate                               |               |                        |              |
| He                        | re                                      |                                    | G SEILER   |               |                      |                   |               |          |             | TREA          | SURER                             |               |                        |              |
|                           |   |                                    | r print name and title.  |               | Preparer's sign      | naturo            |               | 15       | Date        |               | 1                                 | , ] . [c      | PTIN                   |              |
|                           | 2 2                                     |                                    |  |               | Freparer's sign      | aure              |               |          |             | /a c          | 1 200                             | _ n           |                        |              |
| Pa                        |   |                                    |  |               |                      |                   |               |          | /13         | self-employ   | ed   E                            | 201232224     |                        |              |
|                           | eparer                                  | Firm's name FLEGAL & TIBBITTS CPAs |  |               |                      |                   |               |          |             |               |                                   |               |                        |              |
| US                        | e Only                                  | Firm's addr                        |  |               | TRE RD               |                   |               |          |             |               | Firm's EIN                        |               | 3363225                |              |
|                           |   | 1                                  | PORTAGI  |               | 1                    | 2 /               |               |          | -4881       |               | Phone no.                         | (269          |                        |              |
| Ma                        | v the IRS                               | discuss th                         | nis return with the  | prepare       | r snown abov         | e! (see ins       | structions)   |          |             |               |                                   |               | X Yes                  | No           |

|     | Form 990 (2012) JULIUS & ESTHER STULBERG COMPETITION INC 51-01472:   |                          |                    |
|-----|--|--------------------------|--------------------|
| Par | t III Statement of Program Service Accomplishments   |                          |                    |
|     | Check if Schedule O contains a response to any question in this Part III   |                          |                    |
| 1   | Briefly describe the organization's mission:   |                          |                    |
|     | TO PROMOTE EXCELLENCE IN STRING INSTRUMENT PERFOMANCE BY G   | IFTED YOUNG              |                    |
|     | ARTISTS UNDER THE AGE OF TWENTY.   |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
| 2   | Did the organization undertake any significant program services during the year which were no  | t listed on the prior    |                    |
|     | Form 990 or 990-EZ?  |                          | Yes X No           |
|     | If 'Yes,' describe these new services on Schedule O.   |                          |                    |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any pro-  | gram services?           | Yes X No           |
|     | If 'Yes,' describe these changes on Schedule O.  |                          |                    |
| 4   | Describe the organization's program service accomplishments for each of its three largest prog Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep others, the total expenses, and revenue, if any, for each program service reported. | ram services, as measu   | red by expenses.   |
|     | others, the total expenses, and revenue, if any, for each program service reported.  | ort the amount of grants | and allocations to |
|     | cursos, the telah emperiods, and revenues, it any, for each program control reported.  |                          |                    |
| 12  | (Code:) (Expenses \$4,211. including grants of \$  | 0 \/Payanua \$           | 0 1                |
| 4 a | AN INTERNATIONAL CONTROL CONDECTION MICEGIANS ARE  | O.) (Nevenue 5           | <u> </u>           |
|     | AN INTERNATIONAL STRING YOUTH COMPETITION. MUSICIANS ARE   | SETECIED                 |                    |
|     | FROM SUBMITTED APPLICATIONS AND PERFORM BEFORE AN AUDIENCE   | AND                      |                    |
|     | A PANEL OF ACCOMPLISHED JUDGES. PRIZE MONEY AND PERFORMAN  | <u></u>                  |                    |
|     | OPPORTUNITIES ARE AWARDED TO FURTHER THE MUSICIAN'S MUSICADEVELOPMENT.   |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
| 46  | (Code: ) (Eupopee C including grapts of C  | \ /Dayanya Ĉ             | Y                  |
| 40  | (Code:) (Expenses \$ including grants of \$  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
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|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
| _   |  |                          |                    |
| 4 c | (Code:) (Expenses \$ including grants of \$  | ) (Revenue \$            | )                  |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
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|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
|     |  |                          |                    |
| 40  | Other program services. (Describe in Schedule O.)  |                          | 56                 |
|     | (Expenses \$ including grants of \$ ) (Reversed Program service expenses ► 4,211.  | enue \$                  | )                  |
| 4 e | • Total program service expenses ► 4,211.  |                          |                    |

### Part IV Checklist of Required Schedules

|    |  |      | Yes | No |
|----|--|------|-----|----|
| 1  | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A   | 1    | х   |    |
| 2  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2    |     | Х  |
| 3  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.  | 3    |     | Х  |
| 4  | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.   | 4    |     | Х  |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?/f 'Yes,' complete Schedule C, Part III   | 5    |     | х  |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts # 'Yes,' complete Schedule D, Part I   | 6    |     | х  |
| 7  | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II  | 7    |     | Х  |
| 8  | Did the organization maintain collections of works of art, historical treasures, or other similar assets? 'Yes,' complete Schedule D, Part III.  | 8    |     | х  |
| 9  | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV                | 9    |     | х  |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V   | 10   |     | Х  |
| 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.  |      |     |    |
| î  | a Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D, Part VI   | 11 a | Х   |    |
| 1  | 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.  | 11 b |     | Х  |
| 3  | c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  | 11 c |     | Х  |
|    | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.  | 11 d |     | Х  |
|    | e Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X  | 11 e |     | X  |
|    | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)3f 'Yes,' complete Schedule D, Part X   | 11 f |     | Х  |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? Yes, complete Schedule D, Parts XI, and XII.  | 12a  |     | Х  |
|    | b Was the organization included in consolidated, independent audited financial statements for the tax year Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12 b |     | Х  |
|    | Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E   | 13   |     | X  |
|    | a Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Х  |
|    | 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  |     | Х  |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV  | 15   |     | Х  |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV  | 16   |     | х  |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)  | 17   |     | х  |
|    | 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   |     | х  |
|    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a¥ 'Yes,' complete Schedule G, Part III.   | 19   |     | х  |
|    | a Did the organization operate one or more hospital facilities?// 'Yes,' complete Schedule H   |      |     | Х  |
| Į. | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20 b |     |    |

51-0147234 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?If 'Yes,' complete Schedule I, Parts I and II. X 21 Did the organization report more than \$5,000 of grants and 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 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25. Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24h 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 25 a 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. X 25a 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# 'Yes,' complete Schedule L, Part I Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.... X 26 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? If 'Yes,' complete Schedule L, Part III. X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L, Part IV..... X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?/f 'Yes,' complete Schedule L, Part IV..... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. X 30 X Did the organization liquidate, terminate, or dissolve and cease operations If 'Yes,' complete Schedule N, Part I... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Yes, complete Schedule N, Part II 32 X 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X and V, line 1 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a X 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 36 X Χ 37

BAA

X Form 990 (2012)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

|              | Check if Schedule O contains a response to any question in this Part V  |  |       |           |   |
|--------------|---|--|-------|-----------|---|
| 1 a F        | Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a  10   | -     | Yes       | No                                      |
|              | Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1a 10<br>1b 0  |       |           |   |
|              |   |  |       |           |   |
| (            | old the organization comply with backup withholding rules for reportable payments to vendor<br>gambling) winnings to prize winners?   | rs and reportable gaming   | 1 c   | Х         |   |
| 2 a E        | Inter 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   | 2a 3   |       |           |   |
| bl           | at least one is reported on line 2a, did the organization file all required federal employmen   | nt tax returns?  | 2b    | Х         |   |
| 1            | lote. If the sum of lines 1a and 2a is greater than 250, you may be required tæ-file. (see ins  | tructions)   | 100   |           | 1000                                    |
| 3 a [        | olid the organization have unrelated business gross income of \$1,000 or more during the year   | ar?  | 3 a   |           | Х                                       |
| b I          | 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.   |  | 3 b   |           |   |
| 4 a A        | at any time during the calendar year, did the organization have an interest in, or a signature nancial account in a foreign country (such as a bank account, securities account, or other f                           | or other authority over, a inancial account)?                                | 4 a   |           | Х                                       |
| bl           | 'Yes,' enter the name of the foreign country:   |  |       | 1         |   |
| S            | ee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F   | inancial Accounts.   | W. 22 |           |   |
| 5 a V        | Was the organization a party to a prohibited tax shelter transaction at any time during the ta  | x year?  | 5 a   |           | Х                                       |
| b [          | old any taxable party notify the organization that it was or is a party to a prohibited tax shell   | ter transaction?   | 5 b   |           | X                                       |
| cl           | 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   |  | 5 c   |           |   |
| <b>6 a</b> E | oes the organization have annual gross receipts that are normally greater than \$100,000, a olicit any contributions that were not tax deductible as charitable contributions?  | and did the organization   | 6a    |           | х                                       |
| b I          | 'Yes,' did the organization include with every solicitation an express statement that such c ot tax deductible?   | ontributions or gifts were   | 6 b   |           |   |
|              | Organizations that may receive deductible contributions under section 170(c).   |  | NO.   |           |   |
| аΓ           | olid the organization receive a payment in excess of \$75 made partly as a contribution and p   | partly for goods and   |       |           |   |
| S            | ervices provided to the payor?  | goods and  | 7 a   | X         |   |
| bl           | Yes,' did the organization notify the donor of the value of the goods or services provided?   |  | 7 b   | Х         |   |
| c E          | old the organization sell, exchange, or otherwise dispose of tangible personal property for w<br>form 8282?   | which it was required to file  | 7 c   |           | Х                                       |
| d l          | f 'Yes,' indicate the number of Forms 8282 filed during the year  | 7 d  | 200   | C.T.      |   |
| e D          | old the organization receive any funds, directly or indirectly, to pay premiums on a personal   | benefit contract?  | 7 e   |           | Х                                       |
| f [          | old the organization, during the year, pay premiums, directly or indirectly, on a personal ber  | nefit contract?  | 7 f   |           | X                                       |
| g l          | f the organization received a contribution of qualified intellectual property, did the organizat is required?   | ion file Form 8899   | 7 g   |           |   |
|              | f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the  | organization file a  | , 9   |           |   |
| F            | orm 1098-C?   |  | 7 h   |           | 200000000000000000000000000000000000000 |
| 8 5          | ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti upporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year? | ng organization <b>£</b> id the nave excess business                         | 8     |           |   |
|              | ponsoring organizations maintaining donor advised funds.  |  |       | (A)       | 10000                                   |
|              | Did the organization make any taxable distributions under section 4966?   |  | 9a    |           | and the                                 |
|              | bid the organization make a distribution to a donor, donor advisor, or related person?  |  | 9 b   |           |   |
|              | Section 501(c)(7) organizations.Enter:  |  | 3.5   | 1000      |   |
|              | nitiation fees and capital contributions included on Part VIII, line 12   | 10a  |       |           |   |
|              | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10 b   | 1000  |           |   |
|              | Section 501(c)(12) organizations.Enter:   | 100  |       |           |   |
|              | Gross income from members or shareholders   | 11 a   |       |           |   |
|              |   | 114  |       |           |   |
| ć            | Gross income from other sources (Do not net amounts due or paid to other sources gainst amounts due or received from them.).  | 116  |       |           |   |
|              | Section 4947(a)(1) non- exempt charitable trusts. Is the organization filing Form 990 in lieu   | 전에 다른 과 등을 다 하나 하는 것이 되었다. 그 보고 있다면 하는 것이 되었다. 이 경기를 기가 있다면 이 경기를 보고 있다.<br> | 12a   |           |   |
|              | f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | 12b  |       | -         | P. Salar                                |
|              | Section 501(c)(29) qualified nonprofit health insurance issuers.  |  | 1000  | 1         | Siens                                   |
|              | s the organization licensed to issue qualified health plans in more than one state?   |  | 13a   |           |   |
|              | lote. See the instructions for additional information the organization must report on Schedu  | le O.  |       | De Silver |   |
| V            | Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | 13b  |       |           |   |
|              | Inter the amount of reserves on hand  | 13c  |       |           | 12                                      |
|              | Did the organization receive any payments for indoor tanning services during the tax year?.   |  | 14a   |           | Х                                       |
| b١           | f 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S   | Schedule O   | 14b   |           |   |

Form 990 (2012) JULIUS & ESTHER STULBERG COMPETITION INC Page 6 51-0147234 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. . . . . . . . . X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a 19 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. b Enter the number of voting members included in line 1a, above, who are independent . . . . 19 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 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 5 6 Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8 a b Each committee with authority to act on behalf of the governing body?..... X 8 b Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 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? a The organization's CEO, Executive Director, or top management official ...... X 15 a 15b X 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 X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.. 16b

| C 1  | •   | ^  | D:   |        |
|------|-----|----|------|--------|
| Sect | ınn | 1. | DISC | losure |
|      |     |    |      |        |

| 17 | List the states with which a copy of this Form 990 is required to be filed | Michigan  |
|----|--|---|
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if   | applicable), 990, and 990-T (501(c)(3)s only) available for publi |

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

MARGARET HAMILTON 359 S KALAMAZOO MALL KALAMAZOO MI 49007 (269) 343-2776

| F 7 |   | 0 1 | A . | 70 | 2 | 1 |
|-----|---|-----|-----|----|---|---|
| 2.1 | - | U.  | 4   | 14 | 3 | 4 |

Page 7

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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

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

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

| Check this box if neither the organizat | ion nor any  | relate  | d or            | gan                    | izati | ion co                          | mpe        | nsated any current of                              | fficer, director, or trus                | tee.   |  |  |
|---|--|---|-----------------|------------------------|-------|---------------------------------|------------|--|--|--|--|--|
|   |  | (C)   |                 |                        |       |                                 |            |  |  |  |  |  |
| (A)<br>Name and Title                   | (B)<br>Average<br>hours per<br>week (list                                  | one bo  | x, uni<br>er an | ess p                  | ersor | more the is both or/trustee     | n an<br>e) | (D)  Reportable compensation from the organization | (E)  Reportable compensation from        | Estimated amount of other compensation                   |  |  |
|   | any hours<br>for related<br>organiza-<br>tions<br>below<br>dotted<br>line) | veek (list<br>any hours<br>or related<br>organiza-<br>tions<br>below<br>dotted<br>line) |                 | Constitutional trustee |       | Highest compensated<br>employee | Former     | (W-2/1099-MISC)                                    | related organizations<br>(W-2/1099-MISC) | from the<br>organization<br>and related<br>organizations |  |  |
| (1) JOY LIGHT                           | 0.00   | 3   |                 |                        |       |                                 |            |  |  |  |  |  |
| PRESIDENT                               |  |   |                 | Х                      |       |                                 |            |  |  |  |  |  |
| (2) GRACE FIELD PRESIDENT ELECT         | 0.00   |   |                 | Х                      |       |                                 |            |  |  |  |  |  |
| (3) JOSCELYN BOUCHER                    | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| SECRETARY                               |  |   |                 | Х                      |       |                                 |            |  |  |  |  |  |
| (4) GREG_SEILER                         | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| TREASURER                               |  |   |                 | Х                      |       |                                 |            |  |  |  |  |  |
| (5) BARBARA BROSE                       | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARDMEMBER                             |  | Х   |                 |                        |       |                                 |            |  |  |  |  |  |
| (6) ROBERT DAVIS                        | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   |                 |                        |       |                                 |            |  |  |  |  |  |
| _(7)_ DAVID_DOAN                        | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   |                 |                        |       |                                 |            |  |  |  |  |  |
| (8) ARTHUR FEINBERG                     | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   |                 |                        | _     |                                 |            |  |  |  |  |  |
| (9) KEN FISHER                          | 0.00   |   | l V             |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   | _               |                        | _     |                                 |            |  |  |  |  |  |
| (10) NAN HARRISON                       | 0.00   | 0.884   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   |                 |                        | _     | _                               | _          |  |  |  |  |  |
| (11) DAVID JOHNSON                      | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   |                 |                        | _     | _                               |            |  |  |  |  |  |
| (12) JOSH KOETS                         | 0.00   |   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            | 0.00   | X   | -               | _                      | -     |                                 | _          |  |  |  |  |  |
| (13) RENATA KNIFIC                      | 0.00   | 1   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            | 0.00   | X   | -               |                        | -     | -                               | -          |  |  |  |  |  |
| (14) AUDREY LIPSEY                      | 0.00   | v   |                 |                        |       |                                 |            |  |  |  |  |  |
| BOARD MEMBER                            |  | X   |                 |                        | _     | 1                               | _          |  |  |  |  |  |

|  | (B)                             | , ,                               |                      |             |                                  |                                   |                                     |                                     |  |  |      |
|--|---------------------------------|-----------------------------------|----------------------|-------------|----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|--|--|------|
| (A)<br>Name and title  | Average<br>hours<br>per<br>week | box.                              |                      |             | (D) Reportable compensation from | (E)  Reportable compensation from | (F)<br>Estimated<br>amount of other |                                     |  |  |      |
|  | (list any<br>hours<br>for       | Individual<br>or director         | Institu              | Officer     | Keye                             | Highest co<br>employee            | Former                              | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization |      |
|  | related<br>organiza<br>- tions  | Individual trustee<br>or director | nstitutional trustee | Q           | employee                         | Highest compensated<br>employee   | 9                                   |                                     |  | and related<br>organizations             |      |
|  | below<br>dotted<br>line)        | ustee                             | truste               |             | 00                               | pensa                             |                                     |                                     |  |  |      |
|  | illey                           |                                   | O                    |             |                                  | ted                               |                                     |                                     |  |  |      |
| (15) MONICA NAHM   | _0_00                           | 1000000                           |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| BOARD MEMBER (16) JANE ROOKS ROSS  | 0.00                            | X                                 |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| BOARD MEMBER   |                                 | Х                                 |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (17) CHRIS SHOOK<br>BOARD MEMBER   | 0.00                            | х                                 |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (18) ELIZABETH_START BOARD MEMBER  | 0.00                            | х                                 |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (19) CHARLES WATTLES BOARD MEMBER  | 0.00                            | х                                 |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (20)   |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (21)   |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (22)   |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (23)   |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (24)   |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| (25)   |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| 1 b Sub-total  |                                 |                                   |                      |             |                                  |                                   | <b>&gt;</b>                         |                                     |  |  |      |
| c Total from continuation sheets to Part VII, Section  |                                 |                                   |                      |             |                                  |                                   | <b>&gt;</b>                         |                                     |  |  |      |
| d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit from the organization ►  |                                 |                                   |                      |             |                                  |                                   | o re                                | ceived more than                    | \$100,000 of report                      | I<br>able compensat                      | ion  |
|  |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  | Yes                                      | No   |
| 3 Did the organization list any former officer, director<br>on line 1a? If 'Yes,' complete Schedule J for such | or trus                         | tee, l                            | key                  | emp         | oloy                             | ee, o                             | r hi                                | ghest compensate                    | ed employee                              | 3  | X    |
| 4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater     | eportab                         | le co                             | mpe                  | ensa        | tion                             | and                               | oth                                 | er compensation                     |  |  |      |
| such individual  |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  | 4  | X    |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'      | compen<br>complet               | e Sc                              | n tr<br>hedi         | om<br>ule . | any<br>J for                     | unre<br>suci                      | h pe                                | ed organization or<br>erson         | individual                               | . 5                                      | Х    |
| Section B. Independent Contractors  1 Complete this table for your five highest compensations.                 | ated ind                        | epen                              | den                  | t co        | ntra                             | ctors                             | tha                                 | at received more t                  | han \$100,000 of                         |  |      |
| compensation from the organization. Report comp  | ensation                        | for                               | the                  | cale        | enda                             | r yea                             | ar e                                | nding with or with                  | in the organization                      |  | _    |
| (A) Name and business addre  | SS                              |                                   |                      |             |                                  |                                   |                                     | Description                         | of services                              | (C)<br>Compensation                      |      |
|  |                                 |                                   |                      |             |                                  | 0.000                             |                                     |                                     |  |  | -    |
|  |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
|  |                                 |                                   |                      |             |                                  |                                   |                                     |                                     |  |  |      |
| 2 Total number of independent contractors (including   | 7                               | t lim                             | ited                 | to t        | hos                              | e list                            | ed a                                | above) who receive                  | red more than                            |  | 130  |
| \$100,000 in compensation from the organization  |                                 | TEEA                              |                      |             |                                  |                                   |                                     |                                     | 14.66                                    | Form 990 (20                             | 212) |

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII ..... (B) (C) Total revenue Related or Unrelated Revenue exempt business excluded from tax under sections 512, 513, or 514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a 1 a Federated campaigns ...... 1 b b Membership dues ..... c Fundraising events..... 1 c d Related organizations ...... 1 d e Government grants (contributions) . . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 2,580. g Noncash contributions included in Ins 1a-1f: S h Total. Add lines 1a-1f ..... 2,580 PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue . . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest and other similar amounts) ..... Income from investment of tax-exempt bond proceeds. Royalties (ii) Personal 6 a Gross rents . . . . . . . . . b Less: rental expenses c Rental income or (loss) ... d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory . b Less: cost or other basis and sales expenses ..... c Gain or (loss) ...... d Net gain or (loss) ..... 8 a Gross income from fundraising events *JTHER REVENUE* (not including. \$ of contributions reported on line 1c). See Part IV, line 18 ..... a 2,560. b Less: direct expenses . . . . . b c Net income or (loss) from fundraising events...... 2,560 0 2,560. 9 a Gross income from gaming activities. See Part IV, line 19 ..... a b Less: direct expenses ..... b c Net income or (loss) from gaming activities..... 10 a Gross sales of inventory, less returns and allowances ...... a **b** Less: cost of goods sold ..... **b** c Net income or (loss) from sales of inventory ...... Miscellaneous Revenue 11 a C e Total. Add lines 11a-11d ..... 0 5,140 2,560.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX.....

|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|----|---|----------------|------------------------------|-------------------------------------|--------------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                |                              |                                     |                                |
| 2  | Grants and other assistance to individuals in the United States. See Part IV, line 22   |                |                              |                                     | · 阿拉克斯斯 [4] · ·                |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.   |                |                              |                                     |                                |
|    | Benefits paid to or for members.  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  | 2,929.         | 2,929.                       | 0.                                  | 0.                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  |                |                              |                                     |                                |
| 9  | Other employee benefits   | 77.            | 77.                          | 0.                                  | 0.                             |
| 10 | Payroll taxes   | 204.           | 204.                         | 0.                                  | 0.                             |
| 11 | Fees for services (non-employees):  |                |                              |                                     |                                |
| a  | Management  |                |                              |                                     |                                |
| b  | Legal   |                |                              |                                     |                                |
|    | Accounting  |                |                              |                                     |                                |
|    | Lobbying  |                |                              |                                     |                                |
|    | Professional fundraising services. See Part IV, line 17   |                |                              |                                     |                                |
|    | Investment management fees  |                |                              |                                     |                                |
|    | Other. (If line 11g amt exceeds 10% of line 25, col-  |                |                              |                                     |                                |
| 12 | umn (A) amt, list line 11g expenses on Sch O)   |                |                              |                                     |                                |
| 13 | Office expenses   | 771.           | 771.                         | 0.                                  | 0.                             |
| 14 | Information technology  |                |                              |                                     |                                |
| 15 | Royalties   |                |                              |                                     |                                |
| 16 | Occupancy   | 176.           | 176.                         | 0.                                  | 0.                             |
| 17 | Travel  | 170.           | 170.                         | 0.                                  | 0.                             |
| 18 |   |                |                              |                                     |                                |
| 19 | Conferences, conventions, and meetings  |                |                              |                                     |                                |
| 20 | Interest  |                |                              |                                     |                                |
| 21 | Payments to affiliates  |                |                              |                                     |                                |
| 22 | Depreciation, depletion, and amortization   | 54.            | 54.                          | 0.                                  | 0.                             |
| 23 | Insurance   | 0.             | 0.                           | 0.                                  | 0.                             |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).              |                |                              |                                     |                                |
|    | a   |                |                              |                                     |                                |
| ı  | b   |                |                              |                                     |                                |
|    | c   |                |                              |                                     |                                |
|    | d   |                |                              |                                     |                                |
|    | e All other expenses  |                |                              |                                     |                                |
| 25 | Total functional expenses. Add lines 1 through 24e  | 4,211.         | 4,211.                       | 0.                                  | 0.                             |
|    |   | 3/611.         | 1,211.                       | 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) |                |                              |                                     |                                |

Part X Balance Sheet

|             |    | Check if Schedule O contains a response to any question in this Part X  |                          |      |                    |
|-------------|----|---|--------------------------|------|--------------------|
|             |    |   | (A)<br>Beginning of year |      | (B)<br>End of year |
|             | 1  | Cash – non-interest-bearing   | 56,894.                  | 1    | 57,635.            |
|             | 2  | Savings and temporary cash investments  | ,                        | 2    |                    |
|             | 3  | Pledges and grants receivable, net  | 16,765.                  | 3    | 13,725.            |
| AS          | 4  | Accounts receivable, net  |                          | 4    |                    |
|             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 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 |                          | 6    |                    |
|             | 7  | Notes and loans receivable, net   |                          | 7    |                    |
| ASSETS      | 8  | Inventories for sale or use   |                          | 8    |                    |
| T           | 9  | Prepaid expenses and deferred charges.  |                          | 9    |                    |
| 3           |    | Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D  |                          | 3    |                    |
|             |    | Less: accumulated depreciation 10b 6,816.   | 2,775.                   | 10 c | 2 721              |
|             | 11 | Investments – publicly traded securities  | 243,420.                 | 11   | 2,721.             |
|             | 12 | Investments – other securities. See Part IV, line 11.   | 243,420.                 | 12   | 243,420.           |
|             | 13 | Investments – program-related. See Part IV, line 11   |                          | 13   |                    |
|             | 14 | Intangible assets   |                          | 14   |                    |
|             | 15 | Other assets. See Part IV, line 11  | 7,791.                   | 15   | 7,791.             |
|             | 16 | Total assets. Add lines 1 through 15 (must equal line 34)   | 327,645.                 | 16   | 325,292.           |
|             | 17 | Accounts payable and accrued expenses.  | 11,138.                  | 17   | 7,856.             |
|             | 18 | Grants payable  | 11,130.                  | 18   | 7,050.             |
|             | 19 | Deferred revenue  |                          | 19   |                    |
| L           | 20 | Tax-exempt bond liabilities.  |                          | 20   |                    |
| L<br>I<br>A | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D   |                          | 21   |                    |
| ABILITIES   | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L   |                          | 22   |                    |
| Ĺ           | 23 | Secured mortgages and notes payable to unrelated third parties  |                          | 23   |                    |
| S           | 24 | Unsecured notes and loans payable to unrelated third parties  |                          | 24   |                    |
|             | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  |                          | 25   |                    |
|             | 26 | Total liabilities. Add lines 17 through 25.   | 11,138.                  | 26   | 7,856.             |
| NET         |    | Organizations that follow SFAS 117 (ASC 958), check here ► x and complete lines 27 through 29, and lines 33 and 34.   |                          |      |                    |
| A           | 27 | Unrestricted net assets   | 316,507.                 | 27   | 317,436.           |
| ASSETS      | 28 | Temporarily restricted net assets   |                          | 28   |                    |
|             | 29 | Permanently restricted net assets   |                          | 29   |                    |
| OR F        |    | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.   |                          |      |                    |
| DZC         | 30 | Capital stock or trust principal, or current funds.   |                          | 30   |                    |
|             | 31 | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31   |                    |
| Ë           | 32 | Retained earnings, endowment, accumulated income, or other funds  |                          | 32   |                    |
| BALAZCES    | 33 | Total net assets or fund balances.  | 316,507.                 | 33   | 317,436.           |
| S           | 34 | Total liabilities and net assets/fund balances  | 327,645.                 | 34   | 325,292.           |
| ВА          | Α  |   |                          |      | Form 990 (2012)    |

| orn | n <b>990</b> (2012) JULIUS & ESTHER STULBERG COMPETITION INC 51-  | 0147234   |     | Par         | ge 12 |
|-----|---|-----------|-----|-------------|-------|
| -   | rt XI Reconciliation of Net Assets  | 1147234   |     | 1 4         | ge 12 |
|     | Check if Schedule O contains a response to any question in this Part XI   |           |     |             | П     |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   |           |     | 7-137 10-27 | 40.   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  |           |     |             | 211.  |
| 3   | Revenue less expenses. Subtract line 2 from line 1.   | 3         |     |             | 29.   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4         | 3.  | 16,5        |       |
| 5   | Net unrealized gains (losses) on investments  | 5         |     | 10,5        | 07.   |
| 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         |     |             |       |
| 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.  | 17,4        | 36.   |
| Pa  | rt XII Financial Statements and Reporting   |           |     |             |       |
|     | Check if Schedule O contains a response to any question in this Part XII.   |           |     |             |       |
|     | Check if Schedule O contains a response to any question in this Part An.  |           |     | Yes         |       |
| 1   | Accounting method used to prepare the Form 990:   | [         |     | 165         | NO    |
|     | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |           |     |             |       |
| 2   | a Were the organization's financial statements compiled or reviewed by an independent accountant?   |           | 2 a | Х           |       |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:   | ed on a   |     |             |       |
|     | X Separate basis Consolidated basis Both consolidated and separate basis  |           |     |             |       |
|     | b Were the organization's financial statements audited by an independent accountant?  |           | 2 b |             | x     |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa  |           |     |             |       |
|     | basis, consolidated basis, or both:   |           |     |             |       |
|     | Separate basis   Consolidated basis   Both consolidated and separate basis  | - 1       |     |             |       |
|     | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? | he audit, | 2 c | Х           |       |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |           |     |             |       |

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

BAA

Form 990 (2012)

3 a

3 b

X

#### SCHEDULE A (Form 990 or 990-EZ)

# CHANGE OF ACCOUNTING PERLIOD

**Public Charity Status and Public Support** 

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| Name of the                              | he organization  |  |  |                         |   |                        |  | Employer  | identificat                         | tion number                                       |                               | -                            |
|--|--|--|--|-------------------------|---|------------------------|--|---|-------------------------------------|---|-------------------------------|------------------------------|
| JULIUS & ESTHER STULBERG COMPETITION INC |  |  |  |                         |   |                        |  | 51-01   | 47234                               | 1   |                               |                              |
| Part I                                   | Reason for Publ  | ic Charity Status                                  | (All organizations   | must o                  | comple  | ete this               | part.)                                   | See in  | nstruct                             | ions.   |                               |                              |
|  |  |  | se it is: (For lines 1 thro  |                         |   |                        |  |   |                                     |   |                               |                              |
| 1  | 1 A church, convention of churches or association of churches described insection 170(b)(1)(A)(i).   |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| 2  |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| 3  | A hospital or a coope  | erative hospital service                           | ce organization describe   | ed irsect               | ion 170   | (b)(1)(A)              | (iii).                                   |   |                                     |   |                               |                              |
| 4  |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| L  | name, city, and state:   |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| 5  | An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.) |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| 6  | A federal, state, or lo  | cal government or g                                | overnmental unit descri  | ibed irse               | ction 17  | 70(b)(1)(A             | ۹)(v).                                   |   |                                     |   |                               |                              |
| 7  | $=$ in section 170(b)(1)( $\lambda$  | A)(vi). (Complete Par                              |  |                         |   | vernme                 | ntal uni                                 | t or from   | the ger                             | neral public                                      | descri                        | bed                          |
| 8  |  |  | '0(b)(1)(A)(vi). (Complet  |                         |   |                        |  |   |                                     |   |                               |                              |
| 9 🛚                                      | related to its exempt fu<br>unrelated business tax<br>(Complete Part III.)   | unctions — subject to c<br>able income (less secti | ore than 33-1/3% of its supper<br>certain exceptions, and (2<br>ion 511 tax) from business           | 2) no mor<br>ses acqui  | re than 3<br>red by th  | 3-1/3% o<br>e organiz  | of its sup<br>zation af                  | port fron<br>ter June :                                 | nd gross<br>n gross ir<br>30, 1975. | receipts fro<br>nvestment in<br>See <b>sectio</b> | m activi<br>ncome<br>n 509(a) | ities<br>and<br><b>((2).</b> |
| 10                                       |  |  | exclusively to test for pr   |                         |   |                        |  |   |                                     |   |                               |                              |
| 11                                       | An organization organ<br>supported organizatio<br>supporting organization  | ns described in sectio                             | usively for the benefit of, t<br>n 509(a)(1) or section 50<br>es 11e through 11h.                    | to perforn<br>09(a)(2). | n the fun<br>See <b>sec</b>   | ctions of,<br>tion 509 | or carry<br>(a)(3). C                    | out the p<br>Check the                                  | urposes<br>box tha                  | of one or mo<br>t describes                       | ore pub<br>the type           | licly<br>e of                |
|  | a Type I b   | Type II c  | Type III - Function  | nally inte              | grated  | c                      | 1 🗍 1                                    | Type III -  | - Non-fu                            | inctionally i                                     | ntegra                        | ted                          |
| e [                                      | By checking this box other than foundation section 509(a)(2).  | , I certify that the org<br>managers and other     | ganization is not control<br>or than one or more pub   | lled direction          | ctly or in<br>ported  | ndirectly<br>organiza  | by one<br>tions de                       | or more<br>escribed                                     | disqual<br>in section               | ified persor<br>on 509(a)(1                       | ns<br>) or                    |                              |
| f  |  | ceived a written dete                              | ermination from the IRS  | that is a               | a Type I  | Type II                | or Typ                                   | e III sun   | porting (                           | organizatio                                       | n                             |                              |
|  | check this box   |  |  |                         |   |                        |  |   |                                     |   |                               | . Ц                          |
| g  | Since August 17, 200   | 06, has the organizat                              | ion accepted any gift of   | or contrib              | oution fr   | om any                 | of the fo                                | ollowing  | persons                             | ?   |                               |                              |
|  | (i) A person who o   | directly or indirectly of                          | controls, either alone or apported organization?.  | togethe                 | r with p  | ersons d               | escribe                                  | d in (ii) i   | and (iii)                           | 11 g (i)  | Yes                           | No                           |
|  |  |  | bed in (i) above?  |                         |   |                        |  |   |                                     | 79925 500   | -                             |                              |
|  |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
|  |  |  | described in (i) or (ii) a   |                         |   |                        |  |   |                                     | 11 g (iii)  |                               |                              |
| h  |  |  | ne supported organization  | 1                       |   |                        |  |   |                                     |   |                               |                              |
|  | (i) Name of supported<br>organization  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | column (i               | (iv) Is the organization in column (i) listed in your governing document? |                        | u notify<br>zation in<br>of your<br>ort? | fy in organization in column (i) organized in the U.S.? |                                     | (vii) Amoun<br>sup                                | t of mone<br>port             | etary                        |
|  |  |  | -  | Yes                     | No  | Yes                    | No                                       | Yes   | No                                  |   |                               |                              |
| (A)                                      |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| (~)                                      |  |  |  | 1                       |   |                        |  |   |                                     |   |                               |                              |
| (B)                                      |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| (C)                                      |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| (-)                                      |  |  |  | 1                       |   |                        |  |   |                                     |   |                               |                              |
| (D)                                      |  |  |  | -                       |   |                        |  |   |                                     |   |                               |                              |
| (E)                                      |  |  |  |                         |   |                        |  |   |                                     |   |                               |                              |
| Total                                    |  |  |  |                         |   | 1/2                    |  |   |                                     |   |                               |                              |

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

Schedule A (Form 990 or 990-EZ) 2012

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  |  |  |   |  |                                    |                |
|--------------|---|--|--|---|--|------------------------------------|----------------|
| oegi         | ndar year (or fiscal year<br>nning in) ►  | (a) 2008                               | <b>(b)</b> 2009                          | (c) 2010                                  | (d) 2011                                       | <b>(e)</b> 2012                    | (f) Total      |
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any 'unusual grants.')  |  |  |   |  |                                    | 2              |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |   |  |                                    |                |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |  |   |  |                                    |                |
| 4            | Total. Add lines 1 through 3  |  |  |   |  |                                    |                |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |  |  |   |  |                                    |                |
| 6            | Public support. Subtract line 5 from line 4   |  |  |   |  |                                    |                |
| Sec          | tion B. Total Support   |  |  |   |  |                                    |                |
| Cale<br>oegi | ndar year (or fiscal year<br>nning in) ►  | (a) 2008                               | <b>(b)</b> 2009                          | (c) 2010                                  | (d) 2011                                       | <b>(e)</b> 2012                    | (f) Total      |
| 7            | Amounts from line 4   |  |  |   |  |                                    |                |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |  |  |   |  |                                    |                |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |  |  |   |  |                                    |                |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |  |  |   |  |                                    | •              |
| 11           | Total support. Add lines 7 through 10   |  |  |   |  |                                    |                |
| 12           | Gross receipts from related activ   | ities, etc (see ins                    | structions)                              |   |  |                                    |                |
| 13           | First five years. If the Form 990 organization, check this box and  | is for the organiz                     | ation's first, secon                     | nd, third, fourth, o                      | r fifth tax year as                            | a section 501(c)(3                 | 3)▶ □          |
| Sec          | tion C. Computation of Pul  |  |  |   |  |                                    |                |
| 14           | Public support percentage for 20  | 12 (line 6, colum                      | n (f) divided by li                      | ne 11, column (f))                        |  |                                    | %              |
| 15           | Public support percentage from 2  | 2011 Schedule A                        | , Part II, line 14                       |   |  |                                    | %              |
| 16 a         | 33-1/3% support test – 2012. If and stop here. The organization   | the organization<br>qualifies as a pu  | did not check the<br>blicly supported o  | box on line 13, ar rganization            | nd the line 14 is 3                            | 3-1/3% or more, c                  | heck this box  |
| t            | 33-1/3% support test – 2011. If the and stop here. The organization   | he organization d<br>qualifies as a pu | lid not check a bo<br>blicly supported o | x on line 13 or 16 rganization            | a, and line 15 is 3                            | 33-1/3% or more, o                 | check this box |
| 17 a         | 10%-facts-and-circumstances te<br>or more, and if the organization<br>the organization meets the 'facts   | meets the 'facts-                      | and-circumstance                         | s' test, check this                       | box anstop here.                               | Explain in Part IV                 | how            |
|              | 10%-facts-and-circumstances te<br>or more, and if the organization<br>organization meets the 'facts-and   | meets the 'facts-<br>d-circumstances'  | and-circumstance<br>test. The organiz    | s' test, check this<br>ation qualifies as | box an <b>dtop here.</b><br>a publicly support | Explain in Part IV ed organization | ' how the ▶    |
|              | Private foundation. If the organiz  | zation did not che                     | eck a box on line                        | 13, 16a, 16b, 17a,                        | or 17b, check thi                              | s box and see inst                 | tructions      |
| DAA          |   |  |  |   |  |                                    |                |

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   |   |  | <u> </u>           |                      |              |         |           |
|-----------|--|---|--|--------------------|----------------------|--------------|---------|-----------|
|           | dar year (or fiscal yr beginning in) >   | (a) 2008                                | <b>(b)</b> 2009  | (c) 2010           | (d) 2011             | (e) 2012     |         | (f) Total |
| 1         | Gifts, grants, contributions<br>and membership fees<br>received. (Do not include<br>any unusual grants.)   | 80,053.                                 | 64,751.  | 80,763.            | 111,761.             | 125,7        | 81      | 463,109.  |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose   | 14,416.                                 | 16,961.  | 23,337.            | 35,973.              |              |         |           |
| 3         | Gross receipts from activities that are not an unrelated trade or business under section 513.  | 14,416.                                 | 10,901.  | 23,337.            | 35,973.              | 36,6         | 59.     | 127,346.  |
|           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |   |  |                    |                      |              |         |           |
|           | facilities furnished by a governmental unit to the organization without charge   |   |  |                    |                      |              |         |           |
|           | Total. Add lines 1 through 5   | 94,469.                                 | 81,712.  | 104,100.           | 147,734.             | 162,4        | 40.     | 590,455.  |
| b         | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year  |   |  |                    |                      |              |         |           |
| C         | Add lines 7a and 7b  |   |  |                    |                      |              |         |           |
|           | Public support (Subtract line 7c from line 6.)   |   |  |                    |                      |              |         | 590,455.  |
| W. on Dec | tion B. Total Support  |   |  |                    |                      |              |         |           |
|           | dar year (or fiscal yr beginning in) ►   | (a) 2008                                | <b>(b)</b> 2009  | (c) 2010           | (d) 2011             | (e) 2012     |         | (f) Total |
|           | Amounts from line 6  | 94,469.                                 | 81,712.  | 104,100.           | 147,734.             | 162,4        | 40.     | 590,455.  |
|           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | 4,742.                                  |  | 4,685.             | 4,858.               | 6,6          | 91.     | 20,976.   |
| c         | Add lines 10a and 10b  | 4,742.                                  |  | 4,685.             | 4,858.               | 6,6          | 91.     | 20,976.   |
| 11        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | 7,000              | 1,000                |              |         | 20,3.01   |
| 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.)   | 99,211.                                 | 81,712.  | 108,785.           | 152,592.             | 169,1        | 31.     | 611,431.  |
| 14        | First five years. If the Form 990 i organization, check this box and   |   |  |                    |                      |              |         |           |
| Sec       | tion C. Computation of Pul   | olic Support Pe                         | ercentage  |                    |                      |              |         |           |
| 15        | Public support percentage for 20   |   |  |                    |                      |              | 15      | 96.57 %   |
| 16        | Public support percentage from 2   |   |  |                    |                      |              | 16      | 96.10 %   |
| Sec       | tion D. Computation of Inv   |   |  |                    |                      |              |         |           |
| 17        | Investment income percentage for   | or <b>2012</b> (line 10c, c             | olumn (f) divided  | by line 13, colun  | nn (f))              |              | 17      | 3.43 %    |
| 18        | Investment income percentage fr  |   | The state of the s |                    |                      |              | 18      | 3.90 %    |
|           | 33-1/3% support tests – 2012. If is not more than 33-1/3%, check   | this box andstop                        | here. The organiz  | ation qualifies as | a publicly suppor    | rted organiz | ation   | ▶ 🛛       |
|           | 33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%  | , check this box a                      | ndstop here. The   | organization qua   | lifies as a publicly | supported    | organiz | ation ►   |
| 20        | Private foundation. If the organiz   | zation did not ched                     | k a box on line 1  | 4, 19a, or 19b, c  | heck this box and    | see instruct | ions    | ▶ □       |

| Schedule A | (Form 990 or 990-EZ)  | 17015 JOPT               | US & ESTH                       | ER STULBE                  | RG COMPETI                      | TION INC                     | 51-0147234                          | Page 4               |
|------------|---|--------------------------|---------------------------------|----------------------------|---------------------------------|------------------------------|-------------------------------------|----------------------|
| Part IV    | Supplemental Inf<br>Part II, line 17a o<br>(See instructions) | ormation. Cor 17b; and P | omplete this<br>art III, line 1 | part to pro<br>2. Also con | vide the expl<br>aplete this pa | lanations requart for any ad | uired by Part II<br>ditional inform | , line 10;<br>ation. |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
|            |   |                          |                                 |                            |                                 |                              |                                     |                      |
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|            |   |                          |                                 |                            |                                 |                              |                                     |                      |

#### SCHEDULE D (Form 990)

CHANGE OF ACCOUNTING-PERIOD

**Supplemental Financial Statements** 

201<u>2</u>

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number

| JUI | LIUS & ESTHER STULBERG COMPETIT   | ION INC   | 51-0147234  |
|-----|---|---|---|
| Par |   | Advised Funds or Other Similar F  |   |
|     | the organization answered Tes to  | (a) Donor advised funds   | (b) Funds and other accounts  |
| 1   | Total number at end of year   |   |   |
| 2   | Aggregate contributions to (during year)  |   |   |
| 3   | Aggregate grants from (during year)   |   |   |
| 4   | Aggregate value at end of year  |   |   |
| 5   | Did the organization inform all donors and donor are the organization's property, subject to the or   | advisors in writing that the assets held in ganization's exclusive legal control?           | donor advised funds Yes No  |
| 6   | Did the organization inform all grantees, donors, for charitable purposes and not for the benefit o impermissible private benefit?                                | and donor advisors in writing that grant fu<br>f the donor or donor advisor, or for any oth | unds can be used only ner purpose conferring  |
| Par | t II Conservation Easements. Comple   | te if the organization answered 'Ye   | es' to Form 990, Part IV, line 7.   |
|     | Purpose(s) of conservation easements held by t  |   |   |
|     | Preservation of land for public use (e.g., rec  | reation or education) Preservation  | n of an historically important land area  |
|     | Protection of natural habitat   | Preservation  | n of a certified historic structure   |
|     | Preservation of open space  |   |   |
| 2   | Complete lines 2a through 2d if the organization last day of the tax year.  | held a qualified conservation contribution  | in the form of a conservation easement on the   |
|     |   |   | Held at the End of the Tax Year   |
| ä   | a Total number of conservation easements  |   | 2a  |
| ŀ   | <b>b</b> Total acreage restricted by conservation easeme  | ents  | 2 b   |
| (   | c Number of conservation easements on a certifie  | d historic structure included in (a)  | 2c  |
| (   | d Number of conservation easements included in<br>structure listed in the National Register   | (c) acquired after 8/17/06, and not on a his  | storic 2 d  |
| 3   | Number of conservation easements modified, tratax year ►  | ansferred, released, extinguished, or termin  | nated by the organization during the  |
| 4   | Number of states where property subject to cons   | servation easement is located   |   |
| 5   | Does the organization have a written policy rega<br>and enforcement of the conservation easements   | rding the periodic monitoring, inspection, I it holds?                                      | handling of violations, Yes No  |
| 6   | Staff and volunteer hours devoted to monitoring   | , inspecting, and enforcing conservation ea   | asements during the year  |
| 7   | Amount of expenses incurred in monitoring, insp   | pecting, and enforcing conservation easem   | nents during the year   |
| 8   | Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?   | ine 2(d) above satisfy the requirements of  | section 170(h)(4)(B)(i) Yes No  |
| 9   | In Part XIII, describe how the organization report<br>include, if applicable, the text of the footnote to<br>conservation easements.                              | ts conservation easements in its revenue a<br>the organization's financial statements that  | and expense statement, and balance sheet, and the describes the organization's accounting for |
| Par | Organizations Maintaining Collect Complete if the organization answer   | ions of Art, Historical Treasures,<br>ered 'Yes' to Form 990, Part IV, lin                  | or Other Similar Assets.  |
| 1 8 | a If the organization elected, as permitted under S<br>art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its financial | neld for public exhibition, education, or res   | evenue statement and balance sheet works of earch in furtherance of public service, provide,  |
| ı   | b If the organization elected, as permitted under S<br>historical treasures, or other similar assets held<br>following amounts relating to these items:           | for public exhibition, education, or researc  | ch in furtherance of public service, provide the  |
|     | (i) Revenues included in Form 990, Part VIII, li  |   |   |
|     | (ii) Assets included in Form 990, Part X  |   | <b>⊳</b> \$   |
| 2   | amounts required to be reported under SFAS 11   | historical treasures, or other similar asset 6 (ASC 958) relating to these items:           | ts for financial gain, provide the following  |
|     | a Revenues included in Form 990, Part VIII, line 1  |   | <b>&gt;</b> \$  |
|     | h Assats included in Form 990 Part V  |   | <b>▶</b> ¢  |

| E CONTROL OF THE CONT |   |  |   |                         |                       |
|--|---|--|---|-------------------------|-----------------------|
| Schedule D (Form 990) 2012 JULIU   |   |  |   | 51-014                  |                       |
| Part III Organizations Maintai   | ning Collections                                | s of Art, Historica                                | Treasures, or                             | Other Similar Ass       | ets (continued)       |
| 3 Using the organization's acquisiti items (check all that apply):   | on, accession, and o                            | other records, check a                             | ny of the following                       | hat are a significant u | use of its collection |
| a Public exhibition  |   | d Loan or exc                                      | change programs                           |                         |                       |
| b Scholarly research   |   | e Other  |   |                         |                       |
| c Preservation for future gener  | ations  |  |   |                         |                       |
| 4 Provide a description of the organ<br>Part XIII.   | nization's collections                          | and explain how the                                | further the organiz                       | ation's exempt purpo    | se in                 |
| 5 During the year, did the organiza<br>to be sold to raise funds rather th   | tion solicit or receive<br>nan to be maintained | e donations of art, his<br>d as part of the organi | orical treasures, or zation's collection? | other similar assets    | Yes No                |
| Part IV Escrow and Custodial A reported an amount or   | rrangements. Con<br>Form 990, Part              | omplete if the organ<br>t X, line 21.              | ization answered                          | I 'Yes' to Form 990     | , Part IV, line 9, or |
| 1 a Is the organization an agent, trus<br>on Form 990, Part X?   | tee, custodian, or of                           | ther intermediary for c                            | ontributions or othe                      | r assets not included   | Yes No                |
| b If 'Yes,' explain the arrangement  | in Part XIII and com                            | nplete the following ta                            | ble:                                      |                         |                       |
| 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949 - 1949  |   |  |   |                         | Amount                |
| c Beginning balance  |   |  |   | . 1c                    |                       |
| d Additions during the year  |   |  |   | . 1 d                   |                       |
| e Distributions during the year  |   |  |   | . 1e                    |                       |
| f Ending balance   |   |  |   |                         |                       |
| 2 a Did the organization include an a  | mount on Form 990                               | , Part X, line 21?                                 |   |                         | Yes No                |
| <b>b</b> If 'Yes,' explain the arrangement   | in Part XIII. Check h                           | here if the explantion                             | has been provided i                       | n Part XIII             |                       |
| Part V Endowment Funds. C  | omplete if the or                               | rganization answe                                  | red 'Yes' to For                          | m 990 Part IV lir       | ne 10                 |
| Endownient i dida.   | (a) Current                                     | (b) Prior year                                     | (c) Two years                             | (d) Three years         | (e) Four years        |
| 1 a Beginning of year balance  |   | ,            |   |                         |                       |

| f Administrative expenses   |          |     |    |
|---|----------|-----|----|
| g End of year balance   |          |     |    |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:                               |          |     |    |
| a Board designated or quasi-endowment ► %   |          |     |    |
| b Permanent endowment ► %   |          |     |    |
| c Temporarily restricted endowment ► %  |          |     |    |
| The percentages in lines 2a, 2b, and 2c should equal 100%.  |          |     |    |
| 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: |          | Yes | No |
| (i) unrelated organizations   | . 3a(i)  |     |    |
| (ii) related organizations  | . 3a(ii) |     |    |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?   | . 3b     |     |    |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.  | -        |     |    |

(b) Cost or other basis (other)

9,537.

(c) Accumulated

depreciation

6,816.

(d) Book value

Schedule D (Form 990) 2012

2,721.

2,721.

(a) Cost or other basis (investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).....▶

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

b Contributions...

 Net investment earnings, gains, and losses...

 d Grants or scholarships...

 e Other expenditures for facilities and programs...

Description of property

1 a Land ......b Buildings .....

BAA

TEEA3302 06/07/12

| I CIL VII  | Investments -  | <ul> <li>Other Securities. S</li> </ul>                                    | ee Form 990, Part X, lin       | ne 12.  |
|--|--|--|--------------------------------|---|
| No.  | (a) Description of<br>(including na  | security or category<br>ime of security)                                   | (b) Book value                 | (c) Method of valuation: Cost or<br>end-of-year market value                  |
|  |  |  |                                |   |
|  | y-held equity intere   | sts  |                                |   |
| (3) Other  |  |  |                                |   |
| (A)<br>(B)   |  |  |                                |   |
|  |  |  |                                |   |
|  |  |  |                                |   |
| (D)  |  |  |                                |   |
| (E)  |  |  |                                |   |
| (F)  |  |  |                                |   |
| (G)  |  |  |                                |   |
| (H)  |  |  |                                |   |
| <u>(I)</u>   |  |  |                                |   |
|  |  | 990, Part X, column (B) line 12.) .  |                                |   |
| Part VIII  |  |  | ee Form 990, Part X, lin       |   |
|  | (a) Description o  | f investment type  | (b) Book value                 | (c) Method of valuation:Cost or end-of-year market value                      |
| (1)  | - Contract C |  |                                |   |
| (2)  |  |  |                                |   |
| (3)  |  |  |                                |   |
| (4)  |  |  |                                |   |
| (5)<br>(6)   |  |  |                                |   |
| (7)  |  |  |                                |   |
| (8)  |  |  |                                |   |
| (9)  |  |  |                                |   |
| (10)   |  |  |                                |   |
|  | nn (h) must equal Form   | 990, Part X, column (B) line 13.) .  | <b>&gt;</b>                    |   |
| Part IX  |  | See Form 990, Part   |                                |   |
| i dit ix   | other Assets   |  | Description                    | (b) Book value  |
| (1)  |  |  |                                | (7)   |
| (2)  |  |  |                                |   |
|  |  |  |                                |   |
| (3)  |  |  |                                |   |
| (3)  |  |  |                                |   |
|  |  |  |                                |   |
| (4)  |  |  |                                |   |
| (4)<br>(5)   |  |  |                                |   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)  |  |  |                                |   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   |  |  |                                |   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)   |  |  |                                |   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Co  |  |  | ın (B), line 15.)              |   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)   | Other Liabilit   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Co  | Other Liabilit<br>(a) Descri   |  |                                | <b>&gt;</b>   |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br>Total. (Co   | Other Liabilit   | ies. See Form 990, Pa  | art X, line 25.                | -<br>-  |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Co<br><b>Part X</b>   | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3)   | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4)   | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                | -<br>-  |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(10)<br><b>Total.</b> (Co<br><b>Part X</b><br>(1) Fede<br>(2)<br>(3)<br>(4)<br>(5) | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6)   | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7)   | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8)                                       | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)                                   | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)                              | Other Liabilit<br>(a) Descri   | ies. See Form 990, Pa  | art X, line 25.                |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)                         | Other Liabilit<br>(a) Descri   | ies. See Form 990, Paption of liability                                    | art X, line 25. (b) Book value |   |
| (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Colum          | Other Liabilit (a) Descri eral income taxes  | ges. See Form 990, Paption of liability  990, Part X, column (B) line 25.) | art X, line 25. (b) Book value | ements that reports the organization's liability for uncertain tax positions. |

| Schedule D (Form 990) 2012 JULIUS & ESTHER STULBERG COMPETITION INC  | 51-0147234 Page <b>4</b>                                 |
|--|--|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I  | Return   |
| 1 Total revenue, gains, and other support per audited financial statements   |  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |  |
| a Net unrealized gains on investments  |  |
| b Donated services and use of facilities   |  |
| c Recoveries of prior year grants  | _  |
| d Other (Describe in Part XIII.)   |  |
| e Add lines 2a through 2d  | 2e   |
| 3 Subtract line 2e from line 1   |  |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line:   |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a  |  |
| b Other (Describe in Part XIII.)   |  |
| c Add lines 4a and 4b  | - 4c   |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |  |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per   |  |
| 1 Total expenses and losses per audited financial statements   |  |
|  | 1  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  |  |
| a Donated services and use of facilities   | _  |
| b Prior year adjustments   |  |
| c Other losses   |  |
| d Other (Describe in Part XIII.)   |  |
| e Add lines 2a through 2d  |  |
| 3 Subtract line 2e from line 1   | 3  |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line:   |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b   |  |
| b Other (Describe in Part XIII.)   |  |
| c Add lines 4a and 4b  |  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 5  |
| Part XIII   Supplemental Information   |  |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | IV, lines 1b and 2b; Part V, any additional information. |
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| RAA  | Schedule D (Form 990) 2012                               |

| Schedule D | (Form 990) 2012 | JULIUS & ESTHE      | R STULBERG | COMPETITION | INC | 51-0147234 | Page 5 |
|------------|-----------------|---------------------|------------|-------------|-----|------------|--------|
| Part XIII  | Supplemental    | information (contin | nuea)      |             |     |            |        |
|            |                 |                     |            |             |     |            |        |
|            |                 |                     |            |             |     |            |        |
|            |                 |                     |            |             |     |            |        |
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|            |                 |                     |            |             |     |            |        |

#### SCHEDULE O (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 990-EZ or to provide any additional information.

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization                        | Employer identification number |
|---|--------------------------------|
| JULIUS & ESTHER STULBERG COMPETITION INC        | 51-0147234                     |
| Pt_VI,_Line_11b                                 |                                |
| THIS RETURN IS BEING FILED FOR ONE MONTH - JUNE | 21, 2013                       |
| THROUGH JUNE 30, 2013 DUE TO CHANGE IN ACCOUNTI | NG PERIOD.                     |
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