Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For t	the 2013 caler	ndar year, or tax year beginning		an	d ending			
В		k if applicable:	C Name of organization		, ап	u enumy	D Emp	lover is	lentification number
	Addre	ess change	Miss Amazing, Inc.				D Emp	loyerid	entification number
	Name	change	Number and street (or P.O. box, if mail is	not delivered to street address)		Room/suite	- 1		
	Initial	return	1109 Parc Drive	,		- Conwante	E Tele		5-2841732
	Termi	nated	City or town	State	ZIP coo	lo.	E rele	priorie n	umber
	Amen	ded return	Papillion				-		
	Applic	cation pending		NE oreign province/state/county	68046				100
			J. J	oreign province/state/county	Foreign	postal code	F Grou		1.5/
_	^						Num	nber 🕨	
G		unting Method:	Cash Accrual	Other (specify)		7	H Check	X	if the organization is
1		site: ►N/A					not requ	uired to	attach Schedule B
J	Tax-ex	empt status (che	eck only one) — X 501(c)(3) 5	01(c) () ◀ (insert no.)	4947(a)(1)	or 527			0-EZ, or 990-PF).
K	Form	of organizati	on: X Corporation	Trust Association			-	-	
		170				ther			
_	(Part	II. column (B	nd 7b, to line 9 to determine gros	ss receipts. If gross receipts	are \$20	0,000 or m	nore, or if to	otal as	sets
P	art I	Revenu	below) are \$500,000 or more, fi	e Form 990 instead of Form	n 990-EZ			▶\$	64,835
		Check if	e, Expenses, and Changes i	n Net Assets or Fund B	alances	(see the	instructio	ns for	Part I)
		CHECKII	the organization used Schedu	lie O to respond to any q	uestion i	in this Pa	rt I		
	1	Contributio	ns, gifts, grants, and similar amo	unts received			T	1	38,403
	2	Program se	ervice revenue including government	ent fees and contracts				2	00,400
	3	Membersin	p dues and assessments					3	26,425
	4	mvesiment	income				[4	7
	5a	GIUSS AIIIU	unt from sale of assets other than	n inventory	5a				
	b	Less: cost	or other basis and sales expense	s	5b				
	C	Gain or (los	ss) from sale of assets other than	inventory (Subtract line 5b	from line	5a)		5c	0
	6	Gaming an	d fundraising events						
e	а	Gross Inco	me from gaming (attach Schedul	e G if greater than					
'n	L	\$15,000) .			6a				
Revenue	b	Gross Incol	me from fundraising events (not i	ncluding \$	of con	tributions			
ď		from fundra	ising events reported on line 1) (attach Schedule G if the					
	120	sum of suc	n gross income and contributions	exceeds \$15,000)	6b				
	C	Less: direc	expenses from gaming and fund	Iraising events	6c				
	d	ivet income	or (loss) from gaming and fundra	aising events (add lines 6a	and 6b a	nd subtrac	t		
	72	liffe oc) .			·			6d	0
	b	Less cost	s of inventory, less returns and al	lowances	7a				
	C	Gross profit	of goods sold		7b				
	8	Other rever	or (loss) from sales of inventory	(Subtract line 7b from line	7a)			7c	0
	9	Total rever	nue (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·				8	
	10	Grants and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8			▶	9	64,835
	11	o. arito aria	cirrilar arriourits para (list ill Scrie	equie (1)				10	
S	12	Salaries of	id to or for members	bonofita				11	
SE	13	Professiona	her compensation, and employee	e benefits				12	
Ser	14	Occupancy	If fees and other payments to ind	ependent contractors				13	
Expenses	15	Printing pu	rent, utilities, and maintenance					14	
	16	Other exper	blications, postage, and shipping					15	
	17	Total expe	nses (describe in Schedule O) .					16	45,980
S	18	Excess or (nses. Add lines 10 through 16 deficit) for the year (Subtract line	17 from line 9)				17	45,980
Net Assets	19	Net assets	or fund balances at beginning of	Vear (from line 27, column)	Λ			18	18,855
AS		end-of-year	figure reported on prior year's re	turn)	A)) (mus	agree wit	in	15/17	
et,	20	Other change	ges in net assets or fund balance	s (explain in Schodula O				19	8,002
Z	21	Net assets	or fund balances at end of year.	Combine lines 18 through 2				20	
For	Paper	work Reduction	on Act Notice, see the separate ins	tructions	0			21	26,857
HTA			, asparato IIIo	Juong.					Form 990-EZ (2013)

	Miss Amazing, Inc.					
Pa	Balance Sheets. (see the instructions f	or Part II)		45-284	1732	Page
	Check if the organization used Schedule O	to respond to any question	un in this Dad II			<u> </u>
		to respond to any question	on in this Part II			
22	Cash, savings, and investments		(,	A) Beginning of year		(B) End of year
23	Land and buildings .			8,002	22	26,857
24	Other assets (describe in Schedule O)	• • • • • • • • • • •			23	
25	Total liabilities (describe in Collection Collection)				24	
26	Total liabilities (describe in Schedule O)			8,002	25	26,857
27	Net assets or fund balances (line 27 of column			A	26	
Pa	Net assets or fund balances (line 27 of column rt III Statement of Program Service Accomu	iii (B) must agree with lin	e 21)	8,002	27	26,857
		ota ments (see the instr	uctions for Part III.)			Expenses
\A/h	Check if the organization used Schedule	O to respond to any ques	stion in this Part III		(Red	quired for section
Doc	it is the organization's primary exempt purpose?	Dravida an annu :			501	(c)(3) and 501(c)(4)
					494	nizations and section 7(a)(1) trusts; optional
	and Concise ma	inner deceribe the semile	es provided, the numb	per of		thers.)
				.0.01		
20	Trovided all opportunity for girls and young women	en with disabilities to built	d	M		
	confidence and self-esteem in a supportive envir					
	(Ct- d					
	(Grants \$) If this amou	ant includes foreign grants	s check here			
29		0 0	, street, note		28a	
	(Grants \$) If this amou	ınt includes foreign grants	chock hore			
30		manage foreign grants	s, check here	. •	29a	
						Name of the second
	(Grants \$) If this amou	nt includes foreign				
31	Other program services (describe in Schedule O) (Grants \$) If this amount	nt includes foreign grants	check here	▶	30a	
	(Grants \$	nt in alcolor (
32	Total program sorvice expenses (-111)	nt includes foreign grants	, check here	▶	31a	
Pal						0
					struct	ions for Part IV)
	Check if the organization used Schedule O	to respond to any questi	on in this Part IV			I I I I I I I I I I I I I I I I I I I
		(b) Average	(c) Reportable	(d) Health benefits	<u> </u>	· · · · · <u> </u>
	(a) Name and title	hours per week	compensation	contributions to		(e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	employee benefit plan	s,	other compensation
			(ii not paid, enter -0-)	and deferred compensa	tion	
		Hr/WK				
		TII/VIX				
		- m				
		Hr/WK				
		4 00000				
		Hr/WK				
		-				
		Hr/WK				
		-				
		Hr/WK				
		Hr/WK				
					+	
		Hr/WK				
					+	
and the second		Hr/WK				
		THIVE				
		Linnage				
		Hr/WK				
		Hr/WK				
		Hr/WK				
		Hr/WK				

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements i	5-2841 n the		Page .
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	art V .	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		X
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25 -	change on Schedule O (see instructions)	34		X
35 a	searing may an clated basiness gloss income of \$1,000 of filling the year from highest			
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c	in Schedule O	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	25-		\ \ \
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets	35c	-	X
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	00		<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation food and conital contributions in Laboration in the Laboration of the Contribution in Laboration in the Labor			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► section 4912 ► section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
С	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ► Kimberly Somer Telephone no. ►	(402) 2	238-54	76
	Located at ► 1109 Parc Drive City Papillion ST NE ZIP + 4 ► 680	46-294	14	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	10-		
	If "Yes," enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
	43		Vac	NI.
44 a	and a second maintain any donor advised fullds duffind the year? If "Yes " Form 990 must be		Yes	No
	completed instead of Form 990-EZ.	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes " Form 900 must be	744		
_	completed instead of Form 990-EZ.	44b		X
d	bid the diganization receive any payments for indoor fanning services during the year?	44c		X
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45 a	explanation in Schedule O . Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
Ž.	Form 990-EZ (see instructions).	45b		V
		700		X

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition Yes Net	Form 990-EZ (Miss Amazing, Inc.		•		45-2841	732	Dans
Section 501(c)(3) organization sust answer questions 47–49b and 52, and complete the tables for lines Schedule C, Part I. Section 501(c)(3) organizations used Schedule O to respond to any question in this Part VI Section 501(c)(3) organizations used Schedule O to respond to any question in this Part VI Section 501(c)(3) organization used Schedule O to respond to any question in this Part VI Section 501(c)(3) organization used Schedule O to respond to any question in this Part VI Section 501(c)(3) organization used Schedule C, Part II. Section 501(c)(3) organization as described in section 170(b)(1)(A)(ii)? If Yes, "complete Schedule E. 48 X. 48 X. 49 X.	10 DILL	5				10 2011		
Section Sect	46 Did th	ne organization engage, directly or in	directly, in political campaign	activities on behalf o	f or in opposition		100	
All section 510(s) organizations must answer questions 47–49b and 52, and complete the tables for lines on and 51. Check if the organization used Schedule O to respond to any question in this Part VI Vest V	to ca	ididates for public office? If "Yes," co	mplete Schedule C. Part I.			. 46		X
Check if the organization used Schedule O to respond to any question in this Part VI 147 147 148 149 149 149 149 149 149 149	Part VI	Section 30 (C)(3) ordanization	s only					
Check if the organization used Schedule O to respond to any question in this Part VI 147 148 149 149 149 159 159 159 159 159		50 and 51	is must answer questions	47–49b and 52, and	d complete the table	es for line	S	
Ves New Ves								_
year? If "Yes," complete Schedule C, Part II.			officialic of to respond to a	ly question in this F	Part VI			L
Section Sec	47 Did th	ne organization engage in lebbying a	40.70				Yes	No
and the organization asked any transfers to an exempt non-charitable related organization?. **Section 1.5	vear?	If "Ves " complete School of C. Dort	ctivities or have a section 501	(h) election in effect	during the tax			
by the recognization thate any transfers to an exempt non-charitable related organization? 1	48 Is the	organization a school or described	III			47		X
Complete this table for the organization's five highest compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Name and title of each employee (c) Name (c)	49 a Did th	organization make any transfer to	n section 170(b)(1)(A)(ii)? If '	Yes," complete Sche	dule E	. 48		
Complete this table for the organization's five highest compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Name and title of each employee (c) Name (c)	h If "Ve	s " was the related arraniant or	an exempt non-charitable re	lated organization?.		49a		X
Name None	2 11 10	s, was the related organization a set	Ction 52 / organization?					
Name None	emple	who each received many the	ive highest compensated em	ployees (other than o	fficers, directors, trus	stees and k	cey	
Name and title of each employee hours per week compensation	cripic	byces) who each received more than	\$100,000 of compensation fr	om the organization.	If there is none, ente	r "None."		
Title		(a) Name and title of each employee		(c) Reportable				
Name None		(a) Name and title of each employee			hanafit plans, and deferre			
Name HrWK 00	Nama None			(Forms VV-2/1099-MISC)		Other Co	Juhense	HOH
Name Hrwk Name Name Name Hrwk Name								
Name			Hr/WK .00					
Title								
Name			Hr/WK .00					
Name				4				
Name Name Str ZIP Name Str ZIP Name Str ZIP St	1000		Hr/WK .00					
Name								
Title	Manage		Hr/WK .00					
Total number of other employees paid over \$100,000				1.64				
Scomplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Name None Str. City ST ZIP Name Other independent contractors each receiving over \$100,000			Hr/WK .00					
Age Print/Type preparer's name Print/Type preparer's name Preparer's signature P	51 Comp	late this table for the state of the state o	\$100,000	•				
Age Print/Type preparer's name Print/Type preparer's name Preparer's signature P	\$1 Comp	lete this table for the organization's fi	ve highest compensated inde	pendent contractors	who each received n	nore than		
Name None Str ZIP City ST ZIP Name Str ZIP Name Str ZIP City ST ZIP Name Str ZIP Name Str ZIP Name Str ZIP Name Str ZIP Othy ST ZIP Name Str ZIP Other of the independent contractors each receiving over \$100,000 ▶ City ST ZIP Name Str ZIP Other or did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . Didder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is unexpected, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Type or print name and title Preparer's signature SELF-PREPARED RETURN Firm's name Firm's name Firm's address Preparer's signature SELF-PREPARED RETURN Firm's address Name Name Name Name Name Name Name Name	\$100,	500 of compensation from the organ	ization. If there is none, enter	"None."				
Name Str ZIP Name Str		(a) Name and business address of each inde	pendent contractor	(b) Type of serv	rice	(c) Compensa	tion	
City ST ZIP City ST ZIP Name Str City ST ZIP Of Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Dider penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is under penalties of perjury. I declare that I have examined this return officer is based on all information of which preparer has any knowledge. Signature of officer Date PrintType preparer's name PrintType preparer's name PrimtSin name Firm's name Firm's name Firm's address PrintType reparer's name PrintType preparer's name P	Name None	Str				o, compensa	11011	
Sitr			710					
City ST ZIP Name Str. City ST ZIP I Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signalture of officer Type or print name and title Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Firm's address Any the IRS discuss this return with the preparer shown above? See instructions. Yes No	Manage		ZIP					
Str ZIP Name Str ZIP City ST ZIP City ST ZIP City ST ZIP d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Dider penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Date Check if Print/SelN ▶ Firm's address ▶ May the IRS discuss this return with the preparer shown above? See instructions . ▶ Yes No			710	627				
City ST ZIP Name Str City ST ZIP Name Str City ST ZIP All Total number of other independent contractors each receiving over \$100,000. Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign All Print/Type or print name and title Praid Preparer Jise Only Any the IRS discuss this return with the preparer shown above? See instructions. No Yes No No Yes No Yes No	Name		ZIP					
City ST ZIP Name Str City ST ZIP d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) . ▶ ▼ Yes No Noter penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Primity pe or print name and title Primity perparer's name Preparer's signature SELF-PREPARED RETURN Firm's address May the IRS discuss this return with the preparer shown above? See instructions Primity perparer shown above? See instructions Primity perparer shown above? See instructions Primity perparer shown above? See instructions	City		710					
City ST ZIP Name Str City ST ZIP d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Nonexempt charitable trusts must attach a completed Schedule A. Dides penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions No. Yes No.	Name		ZIP	- No.				
City ST ZIP d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	City		710					
Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) Did the organization of prepare should statements, and to the best of my knowledge and belief, it is supplied to the print of my knowledge and belief, it is supplied to the print of my knowledge and belief, it is supplied to the print of my knowledge and belief, it	Name		ZIP					
Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Did the organization complete Schedule A. ▶ ▼ Yes ▶ No Note penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rule, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type or print name and title Print/Type or print name and title Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Firm's name Firm's name Firm's lin ▶ Phone no. Yes No	City		710					
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) Note			ors each receiving over \$400	0000				
And the IRS discuss this return with the preparer shown above? See instructions	52 Did the	organization complete Schedule A2	Note All section 501(a)(a)	,000	77. 770			
And the IRS discuss this return with the preparer shown above? See instructions Titles No Tes No Te	nonex	empt charitable trusts must attach a	completed Schedule A	rganizations and 494	7(a)(1)	[] se		
Sign Signature of officer Date Type or print name and title Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Firm's name Firm's EIN Phone no. May the IRS discuss this return with the preparer shown above? See instructions No Signature of officer Date Check if PTIN PTIN PTIN PTIN Print's EIN Phone no. Yes No No Phone No Yes No No Print's EIN Phone No Yes No No Print's EIN Phone No Print's EIN Phone No Print's EIN Phone No Print's EIN Phone No Yes No Print's EIN Phone Ph					* * * * * * * *	► X Ye	s	No
Signature of officer Signature of officer Date	rue, correct, and	complete. Declaration of preparer (other than o	urn, including accompanying schedule	s and statements, and to the	e best of my knowledge an	d belief, it is		
Type or print name and title Paid Preparer Jse Only Prim's name Firm's address Any the IRS discuss this return with the preparer shown above? See instructions. Date Check if PTIN Check if PTIN PTIN PTIN PTIN PTIN PTIN Phone no. Yes No			in soly to based on all information of wi	ich preparer has any knowl	edge.			
Type or print name and title Paid Preparer Jse Only Prim's name Firm's address Any the IRS discuss this return with the preparer shown above? See instructions. Date Check if PTIN Check if PTIN PTIN PTIN PTIN PTIN PTIN Phone no. Yes No	Sign	Signature of officer						
Type or print name and title Paid Preparer Jse Only Any the IRS discuss this return with the preparer shown above? See instructions. Preparer's signature SELF-PREPARED RETURN Preparer's signature SELF-PREPARED RETURN Polate Check if PTIN Check if PTIN PTIN Prim's EIN Phone no. Yes No		\			Date			
Print/Type preparer's name Preparer's signature SELF-PREPARED RETURN Firm's name Firm's address Any the IRS discuss this return with the preparer shown above? See instructions Preparer's signature SELF-PREPARED RETURN Phone no. Yes No		Type or print name and title						
Preparer Jse Only May the IRS discuss this return with the preparer shown above? See instructions	Daid		Prenarer's cignature	16				
Self-employed Self-employ				The state of the s		if PTIN		
Agy the IRS discuss this return with the preparer shown above? See instructions		Firm's name	19ELF-PREPARED	KETURN				
May the IRS discuss this return with the preparer shown above? See instructions	Use Only				Firm's EIN ▶			
ies No	Nay the IRS		phouse charge C.O.		Phone no.			
Earn 000 E7 (046)	,	and the return with the preparer	snown above? See instruction	ns		► Yes	s	No
						Form QC	0.F7	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		azing, Inc.								yer identifi			
	art I	Reas	on for Public	Charity Status (All o	organizat	ions must	comple	ete this no	art) Cas	45	-284173	32	
The	orga										ons.		
			CONTROLLON OF C	churches, or associatio	n of churc	ches descr	ihed in e	ection 17	O(b)(1)(A	Wil			
2		71 3011001	described in se	ction 1/0(b)(1)(A)(ii). (Attach So	chedule F))(i).			
3		A nospita	l or a cooperativ	e hospital service orga	nization (described i	n coatio	n 170/h)/	4\/A\/!!!\				
4		/ medica	l research orga name, city, and	nization operated in cor	njunction	with a hos	pital des	cribed in s	ection 17	70(b)(1)(<i>i</i>	A)(iii). E	Enter th	he
5		An organi	zation operated	for the benefit of a coll v). (Complete Part II.)									
6				government or governm									
7		, ar organi	Zation that nom	fally receives a substan	ntial nart	of its suppo	ort from	on 170(b))(1)(A)(v).				
								governm	ental unit	or from t	the gene	eral pu	plic
8	\vdash	A commun	nity trust describ	ed in section 170(b)(1)(A)(vi)	(Complete	Part II)						
9	X	An organiz	zation that norm	ally receives: (1) more	than 22 1	1/20/ -4:1-		from cont	ributions				
		receipts fr	om activities rel	ated to its exempt func	tions—su	bject to ce	rtain exc	eptions a	ind (2) no	members	ship fee	s, and	gross
		acquired b	om gross invest	ment income and unrel	ated busi	ness taxab	le incom	ie (less se	ection 511	tax) fron	n husine	3% 01	its
10					. OCC SEL	มเดก วบฯเล	11/21 ///	mnloto D	art 111)		, buoine	,0000	
11	H	An organiz	ration organized	and operated exclusiv	ely to tes	t for public	safety.	See secti	on 509(a)	(4).			
		purposes	of one or more	and operated exclusive	ely for the	e benefit o	f, to perfe	orm the fu	nctions of	f, or to ca	rry out	the	
		509(a)(3).	Check the box	publicly supported orga	of suppor	described	in section	n 509(a)(or secti 	on 509(a)(2). Se	e sec	tion
		а Тур	bel b	Type II c Type	of Suppor	otionally is	ization a	nd comple	ete lines 1	1e throu	gh 11h.		
е		By checkin		tify that the organizatio	n is not a	ctionally in	tegrated	d 🔲 .	Type III–N	lon-funct	ionally i	ntegra	ted
					er than o	ne or more	rectly or	indirectly	by one o	r more di	squalifie	ed	
_												in sec	tion
f		If the organ	nization receive	d a written determinatio	n from th	e IRS that	it is a Tv	ne I Type	ell or Tyr	o III our			
g		Since Augu	n, check this bo	ox					, or typ	e iii sup	porting		
9		following p	ersons?	s the organization acce	epted any	gift or con	tribution	from any	of the		1		
				v or indirectly controls	oither ale	1.00							
				y or indirectly controls, overning body of the su								Yes	No
											11g(i)		
h											11g(ii)		
	Namo	of supported	The state of the s	nation about the suppo	rted orga	nization(s)					11g(iii)		and the second
(1)	vaille (nization	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the	organization	(v) Did	you notify	(vi)	s the	(vii) Am	nount of me	onetary
				above or IRC section	governing	isted in your document?	the orga	nization in of your	organizat	tion in col.	(3.173.11	support	Officially
			100	(see instructions))		11-36-		port?	(i) organi U.:	zed in the S.?			
(A)					Yes	No	Yes	No	Yes	No			
Walter Co.						- Hode							
(B)			1								-		
(C)			-			100							
(-)						141							
(D)						-							
(E)													
						7-2							
Total						3.74							

s "E	Support Schedule for Organiza (Complete only if you checked the	tions Describ	ned in Soction	one 470/h)/4)	/4>/: >	45-28417	32 Page 2
	(Complete only if you checked the Part III. If the organization fails to	e box on line 5	7 or 8 of D	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(v	i)
_	Part III. If the organization fails to	qualify under	the tests list	all I or If the c	organization fa	ailed to qualify	under
Se	ection A. Public Support	quality under	the tests list	ed below, plea	ise complete	Part III.)	
Ca	lendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(-) 0044			
1	Gifts, grants, contributions, and	(u) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	ax revenues levied for the organization's				- 6		0
	benefit and either paid to or expended on				1		
	its behalf				1		
3	The value of services or facilities				4500000		0
	furnished by a governmental unit to the						
	organization without charge .			4			
4	I otal. Add lines 1 through 3	0	0	0			0
5	The portion of total contributions by each			U	0	0	0
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
c	column (f)						
6	Public support. Subtract line 5 from line 4.						
Cal	ction B. Total Support						0
-	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(6) T ()
7	Amounts from line 4	0	0	0			(f) Total
8	Gross income from interest, dividends,	A		U	0	0	0
	payments received on securities loans,						
	rents, royalties and income from similar						
9	sources						
9	Net income from unrelated business		1				0
	activities, whether or not the business is		200				
10	regularly carried on		1-14-4				
	Other income. Do not include gain or						0
	loss from the sale of capital assets		3	1			
11	(Explain in Part IV.)						0
12	Gross receipts from related activities at a						0
13	Gross receipts from related activities, etc. (see First five years, If the Form 990 is for the error	e instructions)				12	0
	First five years. If the Form 990 is for the organization, check this box and stop here.	ganization's first	t, second, thir	d, fourth, or fifth	tax year as a	section 501(c)((3)
Sec							•
14	Public support percentage for 2016 (1)	ercentage	200				
15	Public support percentage for 2013 (line 6, co	olumn (f) divided	d by line 11, c	olumn (f))		14	0.00%
16a							0.00%
						or more, chec	k this box
b	33 1/3% support test—2012 If the organizat	ion did not ab -	ortod organiza				
	33 1/3% support test—2012. If the organization and stop here. The organization qualifies 10%-facts-and-circumstances test—2013	ion did not che	ck a box on lin	ie 13 or 16a, ar	nd line 15 is 33	1/3% or more,	check this
17a							
	10%-facts-and-circumstances test—2013. It is 10% or more, and if the organization meets	the organizati	on did not che	ck a box on lin	e 13, 16a, or 1	6b. and line 14	
	is 10% or more, and if the organization meets Part IV how the organization meets the "facts."	the "facts-and-	circumstance	s" test, check th	nis box and sto	p here. Explai	n in
	Part IV how the organization meets the "facts-organization	-and-circumstar	nces" test. The	e organization of	qualifies as a p	ublicly supporte	ed.
b	organization. 10%-facts-and-circumstances test—2012					, , , , ,	· \
	10%-facts-and-circumstances test—2012. It is 10% or more, and if the organization me	tne organizati	on did not che	ck a box on lin	e 13, 16a, 16b	or 17a, and lin	ne
	15 is 10% or more, and if the organization me Part IV how the organization meets the "facts-	ers the "facts-a	nd-circumstar	ices" test, chec	k this box and	stop here. Ex	plain in
	Part IV how the organization meets the "facts- supported organization".	-and-circumstar	ices" test. The	e organization o	ualifies as a p	ublicly	500 CAC \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$40
18						1888	▶□
	in the organization did no	I check a hoy o	n line 12 160	10h 17-	7b, check this	box and see	
	instructions						

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.)

Ca	ction A. Public Support				olete Part II.)	Commenter of the comment of the comm	
	lendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				(37 = 3 : 2	(0) 2013	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				1		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						(
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			1			(
5	The value of services or facilities furnished by a governmental unit to the organization without charge		1 500				0
6	Total. Add lines 1 through 5	0	0				0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		(8)	1			0
С	Add lines 7a and 7b	0	0				0
8	Public support (Subtract line 7c from line 6.)		0	0	0	0	0
Sec	tion B. Total Support						0
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(-) 0040	
9	Amounts from line 6	0			(u) 2012	(e) 2013	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans.	0	0	0	0	0	0
	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b						0
11	Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.)	0					0
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization.	0	0	0	0	0	0
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization organization, check this box and stop here.	0 on's first, second	0	0	0	0	0
11 12 13 14 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization organization, check this box and stop here. ion C. Computation of Public Support Perublic support percentage for 2013 (line 8, column (b))	on's first, second	O I, third, fourth, or	0 fifth tax year as	0 a section 501(c)	0	0
112 13 14 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization organization, check this box and stop here . ion C. Computation of Public Support Perublic support percentage for 2013 (line 8, column (f) Public support percentage from 2012 Schedule A. Pa	on's first, second	O, third, fourth, or	0 fifth tax year as	0 a section 501(c)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 ▶ □
11 12 13 14 Sect 15 16 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization organization, check this box and stop here. ion C. Computation of Public Support Perublic support percentage for 2013 (line 8, column (f) Public support percentage from 2012 Schedule A, Paion D. Computation of Investment Incom	on's first, second divided by line at III, line 15 divided by	0, third, fourth, or	0 fifth tax year as	0 a section 501(c;	0 15 16	0 0 0 ▶ □ 0.00% 0.00%
111 112 113 114 15 16 16 16 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization organization, check this box and stop here. ion C. Computation of Public Support Perublic support percentage for 2013 (line 8, column (f) Public support percentage from 2012 Schedule A, Paion D. Computation of Investment Incom Investment income percentage from 2013 (line 10c, coll Investment income percentage from 2012 Schedule A	on's first, second divided by line and the percentage divided by line and the percenta	0, third, fourth, or	ofifth tax year as	0 a section 501(c)	0 0 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	0 0 0 0 ▶ □ 0.00% 0.00%
112 113 114 Sect 15 16 Sect 77 8 99	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization organization, check this box and stop here. ion C. Computation of Public Support Perublic support percentage for 2013 (line 8, column (f) Public support percentage from 2012 Schedule A, Paion D. Computation of Investment Income Investment income percentage from 2012 Schedule A 33 1/3% support tests—2013. If the organization did	on's first, second or control of the	0 l, third, fourth, or	of fifth tax year as	0 a section 501(c)	0 0 15 16 17 18	0 0 0 ▶ □ 0.00% 0.00%
112 113 114 115 116 117 118 118 119 119	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization organization, check this box and stop here. ion C. Computation of Public Support Perublic support percentage for 2013 (line 8, column (f) Public support percentage from 2012 Schedule A, Paion D. Computation of Investment Incom	on's first, second correctage divided by line rt III, line 15 re Percentage umn (f) divided by A, Part III, line 17 not check the by The organization	ol, third, fourth, or	of fifth tax year as fifth tax years and year as fifth tax years and year as fifth tax years and year	a section 501(c)	0 (3)	0 0 0 0 ▶ □ 0.00% 0.00%

Schedule A (Forr	m 990 or 990-EZ) 2013	Miss Amazing, Inc.			45-2841732 Page 4
Part IV	Supplemental	Information. Provide	the explanations require	ed by Part II, line 10;	Dort II line 170 or 17h.
	and Part III, lin	e 12. Also complete thi	s part for any additional	information. (See in	structions).
				A	
				1	
CONTROL CONTROL VILLE CONTROL					
				And the second	
				1500	
					The service for the service of the s
			13.7		
		a supplied and Albertation Property Community			
			Mar.		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

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

Miss	Amazing, Inc.										ation	number		
Par	Excess Bene	fit Transaction	s (section 501	(c)(3)	and soc	tion 501(a)	(1) 000		284173					
	Complete if the	e organization	answered "Yes	s" on	Form 990	non sor(c) Dart IV li	(4) org	anizations only	y). rm 000) E7 [7-4	V . E	401	
4			(b) Relationship b	etweer	disqualified	d porson and	110 200	201 200, 01 10	1111 990	J-EZ, I	an	v, iine	Market State	
1	(a) Name of disquali	fied person	(a) Holddorlonip L	organi		person and		(c) Descript	ion of tra	nsactio	n		(d) Co	rrected
(1)					DIA ENGLISHED		+-						Yes	No
(2)							-				_			
(3)							-							
(4)														
(5)														
(6)							-							
2	Enter the amount o	f tax incurred by	the organization	tion m	onogoro	on all and the	C							
	under section 4958	· · · · · · ·	y the organiza	lion n	lanagers	or disquali	fied pe	rsons during the	ne yea	r				
3			53								•	\$		
•	Enter the amount o	i tax, ii any, on	line 2, above,	reimb	ursed by	the organiz	zation				•	\$		
Part	Loans to and	or From Intere	sted Porsons									80.		Value Bi - val
	Complete if the	e organization a	answered "Yes	" on F	Form 000	E7 Dort	/ Dan /	20- E 06						
	organization re	eported an amo	unt on Form 9	90. Pa	art X. line	5 6 or 22	, iine 、	38a or Form 99	90, Par	t IV, li	ne 2	6; or if	the	
(a) N	ame of interested person													
(4) 11	and of interested person	(b) Relationship with organization	(c) Purpose of loan	1 2 3	Loan to or om the	(e) Origi		(f) Balance due	(g) In	default?	(h) /	Approved	(i) W	ritten
			3.10411		anization?	principal ar	nount					board or	agree	ment?
				То	Г	- 102					CON	nmittee?		
(1)				10	From				Yes	No	Yes	No No	Yes	No
(2)			-			>			_					
(3)														
(4)							_							
(5)			A 1											
(6)					-									
(7)				-										
(8)						-								
(9)						-								
(10)														
Total .							> 0							
Part I	II Grants or Ass	istance Benefi	ting Intereste	d Por	cono		▶ \$							
	Complete if the	organization a	nswered "Yes'	on F	orm 990	Part IV lin	10 27							
(a)	Name of interested person		hip between intere	000	V Was Street						_			
0.000			nd the organization	sieu	(C) Amount o	of assistance	(0) Type of assistant	ce	(e)	Purp	ose of as	ssistanc	e
(1)														
(2)		47		-										
(3)														
(4)														
(5)														
(6)														
(7)				-										
(8)						1 01								No. of the last of
(9)	1			_										

(10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
7.77					Yes	No
(1)						
(2)						
(4)						
(5)			100.00		_	
(6)						
(7)						
(8)						
(9)			-			
10)	Complemental lafa and the					
Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule I. (see i	netructions)		
		To responded to questions t	on ochedule L (see ii	istractions).		
				7		
		and the second s	\			
			lls.			
				The state of the s		
			·			
			55.5			

1 Contributions	38,403
2 Noncash contributions	
weribership dues and assessments (contributions from the nublic)	
Government contributions (grants)	
Commercial co-venture	-
6 Special events contributions (Line 6 - Special Events). 6 Associated organization contributions	
7 Associated organization contributions	0
8	-
9	
Total	
Total	38.403
	00,100
art I, Line 4 (990-EZ) - Investment Income Interest on savings and temporary cash investments	
art I, Line 4 (990-EZ) - Investment Income Interest on savings and temporary cash investments	7
art I, Line 4 (990-EZ) - Investment Income Interest on savings and temporary cash investments	7
art I, Line 4 (990-EZ) - Investment Income Interest on savings and temporary cash investments	7