

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

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 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
PACHYONYCHIA CONGENITA FUND

D Employer identification number
68-0567493

E Telephone number
877-628-7300

F Name and address of principal officer:
MARY SCHWARTZ
2386 EAST HERITAGE WAY, SUITE B
SALT LAKE CITY UT 84109

G Gross receipts \$ **532,859**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PACHYONYCHIA.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2003** **M State of legal domicile:** **UT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEDICAL RESEARCH - PACHYONYCHIA CONGENITA		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	400,562	466,491
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,398	53,267
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107	127
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	944	600
		469,011	520,485
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	81,199	62,573
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,860		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	206,366	227,287
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	287,565	289,860	
19 Revenue less expenses. Subtract line 18 from line 12	181,446	230,625	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	342,294	582,132
	22 Net assets or fund balances. Subtract line 21 from line 20	15,671	24,983
	326,623	557,149	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **MARY SCHWARTZ** **TRUSTEE** Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **BRYAN W. WRIGHT, CPA** Preparer's signature: *Bryan Wright* Date: **05/14/14** Check if self-employed PTIN: **P00729641**

Firm's name: **MANTYLA MCREYNOLDS, LLC** Firm's EIN: **80-0021232**

Firm's address: **178 S RIO GRANDE ST STE 200 SALT LAKE CITY, UT 84101** Phone no.: **801-269-1818**