EXTENDED TO MAY 16, 2016

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning JUL 1, 2014and ending JUN 30, 2015 B Check if applicable: C Name of organization D Employer identification number Address change FROM THE TOP, INC. Name Ichange Doing business as 04-3583756 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 295 HUNTINGTON AVENUE, SUITE 201 617-437-0707 termi ated City or town, state or province, country, and ZIP or foreign postal code 4,078,650 G Gross receipts \$ Amended BOSTON, MA 02115 H(a) Is this a group return Applica-F Name and address of principal officer: JENNIFER HURLEY-WALES for subordinates? Yes X No pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) (527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► FROMTHETOP.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2002 M State of legal domicile; MA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 35 Total number of volunteers (estimate if necessary) 40 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,436,311. 3,373,592. 9 Program service revenue (Part VIII, line 2g) 816,815. 639,847. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 705. -16. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -45,693.-53,846. 3,208,138. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,959,577. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 213,806. 191,068. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,975, 724. 545. 2,151, 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,085,619. 1,037,213. 3,226,743. 3,428,232. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 -18,605. 531,345. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,194,533. 2,700,742. 21 Total liabilities (Part X, line 26) 287,709. 320,186. Net assets or fund balances. Subtract line 21 from line 20 1,906,824. 2,380,556. 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 is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JENNIFER HURLEY-WALES, CO-CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid EDWARD MCNEIL "self-employed | P00090108 Firm's name COHNREZNICK LLP Preparer Firm's EIN > 22-1478099 Use Only Firm's address NONE BOSTON PLACE, SUITE 500

BOSTON, MA 02108

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

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Phone no. 617-648-1400

X Yes

Form 990 (2014)

	n 990 (2014) FROM THE TOP, INC. 04-	-3583756	Page 2
Pa	rt III Statement of Program Service Accomplishments	***************************************	1 490
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	FROM THE TOP CELEBRATES THE POWER OF MUSIC IN THE HANDS OF		
	EXTRAORDINARY YOUNG PEOPLE BY: 1) UNLEASHING THE POTENTIAL (TE VOIDIO	
	MUSICIANS AS LEADERS IN THE ARTS; 2) TRUMPETING THE ROLE OF	MIGTO TO	
	IMPACT AND ENRICH LIVES; AND 3) INSPIRING AND BUILDING NEW A	MUSIC TO	,
		TODIENCES	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on	·	
	the prior Form 990 or 990-EZ?	Yes	No X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	No X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	red by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, a	and
	revenue, if any, for each program service reported.	. ,	
4a	(Code:) (Expenses \$1, 162, 443. including grants of \$) (Revenue \$	641,	249.)
	FROM THE TOP PRODUCES FROM THE TOP WITH HOST CHRISTOPHER O'F	RILEY, TH	
	MOST POPULAR ONE-HOUR CLASSICAL MUSIC PROGRAM ON PUBLIC RADI	O AND	<u> </u>
	FEATURES TALENTED AND INSPIRING YOUNG MUSICIANS IN UNIQUE ON	II.TNE VIT)EOC
	ON ITS YOUTUBE CHANNEL AND ON OTHER SOCIAL MEDIA NETWORKS.	WIE CAM	WILE COD
	CONTINUATION OF NEW VIDEO PROJECTS, AND ANOTHER SEASON OF HI	TTO SAW	THE
	RADIO RECORDINGS AND BROADCASTS. KEY ACCOMPLISHMENTS IN FY15	-GH-QUALI	. T'Y
	MADIO RECORDINGS AND DROADCASIS. REI ACCOMPLISHMENTS IN FYIS	· TNGPODE	:
	* SHOWCASED THE EXCEPTIONAL TALENTS OF 217 DDE COLLECTATE OF		
	DHOWCHDED IND EXCELLIONAL LABERTS OF SI/ PRE-COLLEGIATE, (LASSICAL	1
	MUSICIANS, AGES 8 TO 18, ON NPR'S FROM THE TOP WITH HOST CHE	LISTOPHER	
	O'RILEY, RECORDED IN 15 CITIES AROUND THE COUNTRY.		
	* RECORDED THE 300TH EPISODE OF NPR'S FROM THE TOP.		
	* BROADCAST FROM THE TOP WEEKLY EPISODES ON 223 NPR RADIO ST	'ATIONS	
4b	(Code:) (Expenses \$ 448,687. including grants of \$) (Revenue \$)
	FROM THE TOP ENCOURAGES ITS YOUNG MUSICIANS TO BE LEADERS IN	THEIR	
	COMMUNITIES AS ADVOCATES, TEACHERS, AND SPOKESPEOPLE FOR THE	ARTS.	
	FROM THE TOP MUSICIANS HAVE OPPORTUNITIES TO SHARE THEIR MUS	IC IN A	
	VARIETY OF SETTINGS, DEVELOPING SKILLS TO ENGAGE NEW AUDIENC	'ES AND	
	CREATE POSITIVE CHANGE THROUGH MUSIC. THIS YEAR, FROM THE 1		
		<u> </u>	
	* PROVIDED ABOUT 300 YOUNG MUSICIANS WITH LEADERSHIP TRAININ	IC THROIIC	LI
	THE ARTS LEADERSHIP WORKSHOP.	id TIIKOOG	111
	* PRESENTED 70 OUTREACH PROGRAMS LED BY FROM THE TOP PERFORM	(EDC	
	REACHING MORE THAN 5,000 SCHOOL CHILDREN, ADULTS, SENIORS, A	IEIVO	
	UNDERSERVED AUDIENCES AROUND THE COUNTRY.	מאדי	
	* INVOLVED 47 BOSTON AREA MUSICIANS, AGES 14-21, IN FROM THE	I mon la	
4c	(Code:) (Expenses \$354,209. including grants of \$191,068.) (Revenue \$	TOP S	
40	(Code:) (Expenses \$ 354,209. including grants of \$ 191,068.) (Revenue \$ CTNCE 2005. EDOM THE TION AND THE TACK KNAME CONTROLLED)
	SINCE 2005, FROM THE TOP AND THE JACK KENT COOKE FOUNDATION	HAVE	
	PARTNERED TO AWARD A TOTAL OF APPROXIMATELY \$2.2 MILLION IN		
	SCHOLARSHIPS TO YOUNG MUSICIANS WITH FINANCIAL NEED. IN FY15	FROM T	HE
	TOP:		
	* AWARDED 20 SCHOLARSHIPS TO 20 STUDENTS FROM 15 CITIES AROU	ND THE	
	COUNTRY.		
	* CELEBRATED 10 YEARS OF PARTNERSHIP WITH THE JACK KENT COOK	E	
	FOUNDATION AT A SPECIAL "ALL-SCHOLARSHIP-RECIPIENT" RECORDIN	IG AT GEO	RCE
	WASHINGTON UNIVERSITY'S LISNER AUDITORIUM IN WASHINGTON, DC,	FOLLOWE	D
	BY EDUCATIONAL OUTREACH AT RIVER BEND MIDDLE SCHOOL.	TODDOME	
	TO THE POLICE OF		
⊿ .d	Other program services (Describe in Schedule O.)		
- u	F21 010		
10)	
4e	Total program service expenses ▶ 2,496,556.		
432002	GEE GGHEDH E O HOD GOMETHUR TOY (G)	Form 9	990 (2014)

Form 990 (2014) FROM THE TOP, INC. 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)?			
	If "Yes," complete Schedule A	1_1_	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		_X_
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	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		_X_
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	- WAN	1 (1.5%) 1 (1.5%) 2 (1.5%)	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		X
С	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	11c		X
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	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? f "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
٠.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

From 990 (2014) FROM THE TOP, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			110_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	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			
	Schedule J	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	b and the delicase			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1. And 1.	
	instructions for applicable filing thresholds, conditions, and exceptions):	1.27	121	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
D -	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	_X_
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
31	contributions? If "Yes," complete Schedule M	30		<u>X</u>
01		l		77
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_31		<u>X</u>
OZ.	Schedule N, Part II			7.7
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		-	v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u>X</u>
٠.	Part V, line 1		İ	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25.6		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	20		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990	2014

	990 (2014) FROM THE TOP, INC.		04-3583	756	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
	Shook it contents to contain a response of note to any line in this rate v					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	38		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	12.5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
·	(gambling) winnings to prize winners?	•	9	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Ŀ		
	filed for the calendar year ending with or within the year covered by this return	2a	35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the appropriation from constant at the street of the s			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	tv over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
b	If "Yes," enter the name of the foreign country:				- 1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			45.65	43.4	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e		184	
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		1.25		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b			2.5	
	Enter the amount of reserves on hand	13c			-	
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	е <i>О</i>		14b		L
				Form	990	(2014)

Form 990 (2014) FROM THE TOP, INC. 04-3583756 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 or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 17 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. 16 b Enter the number of voting members included in line 1a, above, who are independent ______ 2 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? X 2 3 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? Х d8 9 Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code,) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? X 14 15 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 Х 15a b Other officers or key employees of the organization Х 15b 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 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availab
	for public inspection. Indicate how you made these available. Check all that apply.

tot br	ublic inspection.	indicate now	you made	mese ava	aliable. (oneck all	tnat	appıy
	Own website	Anc	ther's web	site	X	loon rear	iest	

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

20	State the name, address, and telephone number of the person who possesses the organization's books and records:	ŀ
	JENNIFER HURLEY-WALES - 617-437-0707	·

295 HUNTINGTON	AVENUE,	SUITE	201,	BOSTON,	MA (02115-44	333،

Form 990 (2014)

Other (explain in Schedule O)

Form 990 (2014) FROM THE TOP, INC. 04-3 Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a 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 organization (A)	(B)	I	IIIZG		C)	ipei	Jac	(D)	(E)	(F)
Name and Title	Average			Pos	ition)		Reportable	Reportable	Estimated
Trains and Trais	hours per	(do box	not c	heck i ss per	more son i	than d s both	ne an	compensation	compensation	amount of
	week	offi	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	director -						the	organizations	compensation
	hours for		98		ĺ	ated		organization	(W-2/1099-MISC)	from the
	related	trustee (truste		96	suadi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		płey	t com				and related
	line)	Individual t	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANTHONY WOODCOCK	1.00	Ē	_=)	<u> </u>	1 0	<u>u.</u>			
DIRECTOR		x						0.	0.	0.
(2) BETH S. KLARMAN	1.00							·	0.	0.
DIRECTOR		x						0.	0.	0.
(3) CORINNE FERGUSON	1.00						_		0.	
DIRECTOR		x						0.	0.	0.
(4) DAVID FEIGENBAUM	1.00									
DIRECTOR		x						0.	0.	0.
(5) DEBORAH CHIPMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ELAINE LINDLEY LEBUHN	4.00									
DIRECTOR		Х						0.	0.	0.
(7) GERALD SLAVET	32.00									
CO-CEO/EXEC PRODUCER		Х		Х				0.	0.	0.
(8) GLORIA ROSE	1.00									
DIRECTOR		x						0.	0.	0.
(9) JANET WHITLA	1.00									
DIRECTOR		X						0.	0.	0.
(10) JEFFREY RAYPORT	4.00									
CHAIRMAN		Х		X				0.	0.	0.
(11) JENNIFER HURLEY-WALES	32.00									
CO-CEO/EXEC PRODUCER		Х		X				144,147.	0.	2,400.
(12) JOHN PATTILLO	4.00									
TREASURER/VICE CHAIR		X		Х				0.	0.	0.
(13) KENT BAUM	1.00									
DIRECTOR		X						0.	0.	0.
(14) MARIE LLEWELLYN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SALWA SMITH	1.00									
DIRECTOR		X			L			0.	0.	0.
(16) STEPHEN SHAPIRO	1.00									FA.00
DIRECTOR		Х						0.	0.	0.
(17) STEPHEN SYMCHYCH	1.00]								
CLERK		X	_ '	X				0.	0.	0.

432007 11-07-14

Form 990 (2014)

Form 990 (2014)

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under sections 512 - 514 (C) Unrelated Total revenue Related or exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 467,922 d Related organizations 1d e Government grants (contributions) 158,300. 1e f All other contributions, gifts, grants, and 747,370 similar amounts not included above 39,920. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 373,592 Business Code 2 a CARRIAGE FEES 515100 335,022. 335,022. b ROAD SHOW FEES 711190 304,823. 304,823. 711190 f All other program service revenue 2. 639,847. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 110. 110. Income from investment of tax-exempt bond proceeds Royalties 2,655 2,655. (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 39,794. assets other than inventory b Less: cost or other basis 39,920. and sales expenses c Gain or (loss) -126.d Net gain or (loss) -126.-126. 8 a Gross income from fundraising events (not Revenue including \$467,922. of contributions reported on line 1c). See Part IV, line 18 _____a 21,250. b Less: direct expenses c Net income or (loss) from fundraising events -57,903 -57,903. 9 a Gross income from gaming activities. See Part IV, line 19 _____ a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 1,402. b Less: cost of goods sold 0. c Net income or (loss) from sales of inventory 1,402 1,402 Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. ▶ 3,959,577. 641,249. -55,264. Form 990 (2014)

Form 990 (2014) FROM THE TOP, INC. Part IX | Statement of Functional Expenses

<u>5600</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses.	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	191,068.	191,068.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				[조기] [[[[[[[[[[[[[[[[[[[
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	251 727	06 050	125 005	00 050
^	trustees, and key employees	251,737.	86,859.	135,925.	28,953.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,600,260.	1,125,247.	140 026	224 007
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,000,200.	1,140,441.	140,026.	334,987.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	151,415.	118,811.	12,747.	10 057
10		148,133.	95,842.	23,271.	19,857. 29,020.
11	Payroll taxes Fees for services (non-employees):	T40, T33.	73,044.	45,411.	29,020.
	Management				
	Accounting	11,115.		11,115.	
	Lobbying		A	<u> </u>	
	Professional fundraising services. See Part IV, line 17				
	· .			Annan i L	
	column (A) amount, list line 11g expenses on Sch O.)	44,605.	37,540.	5,565.	1,500.
12	Advertising and promotion	24,189.	24,189.		2,2001
13	Office expenses	192,006.	107,489.	37,008.	47,509.
14	Information technology	13,478.	8,508.	2,436.	47,509. 2,534.
15	Royalties				
16	Occupancy	62,513.	39,592.	11,708.	11,213.
17	Travel	283,900.	259,348.	9,647.	14,905.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,015.	6,015.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,435.	18,490.	4,328.	4,617.
23	Insurance	17,317.	11,312.	<u>5,157.</u>	848.
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	PRODUCTION COSTS	326,631.	326,631.		
b	MARKETING	68,128.	34,360.	5,938.	27,830.
C	MAINTENANCE & REPAIR	8,287.	5,255.	1,467.	1,565.
d	All II		******		
	All other expenses	2 420 222	2 406 556	406.000	FOR 555
25	Total functional expenses. Add lines 1 through 24e	3,428,232.	2,496,556.	406,338.	525,338.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	·			
	educational campaign and fundraising solicitation.				
40002	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2014)

Part 7	^	Balance Sneet					· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or not	e to any	line in this Part X			1
					(A) Beginning of year		(B) End of year
Τ.	1	Cash - non-interest-bearing			606,073.	1	1,407,086
- 1		Savings and temporary cash investments			522,581.	2	522,475
- 1 '		Pledges and grants receivable, net			195,765.	3	140,500
	4	Accounts receivable, net	•••••		750,608.	4	498,425
		Loans and other receivables from current and for					170, 423
`		trustees, key employees, and highest compensa					
		Part II of Schedule L		,		5	the second of the second of the second
6		Loans and other receivables from other disquali				J	
		section 4958(f)(1)), persons described in section	•	•			
		employers and sponsoring organizations of sect				10.00	
,		employees' beneficiary organizations (see instr).		· · · · · •		6	
7 7		Notes and loans receivable, net				7	·
₹ ₹		Inventories for sale or use				8	
1		- · · · · · · · · · · · · · · · · · · ·			42,217.	9	74,456
10		Land, buildings, and equipment; cost or other				Ĭ	
İ		basis. Complete Part VI of Schedule D	10a	359,424.		1.40	
		Less: accumulated depreciation		301,624.	77,289.	10c	57,800
1.					***************************************	11	
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11		15			
16		Total assets. Add lines 1 through 15 (must equ	2,194,533.	16	2,700,742		
17		Accounts payable and accrued expenses	120,979.	17	112,694		
18		Grants payable				18	
19	9	Deferred revenue			117,490.	19	146,318
20						20	
2	1	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
22	2	Loans and other payables to current and former	officers	, directors, trustees,			
<u> </u>		key employees, highest compensated employee	s, and c	lisqualified persons.			
		Complete Part II of Schedule L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	
i 23		Secured mortgages and notes payable to unrela				23	
24	4	Unsecured notes and loans payable to unrelated	d third p	arties		24	
25	5	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X of			
		Schedule D			49,240.	25	61,174
26	6	Total liabilities. Add lines 17 through 25			287,709.	26	320,186
Ì		Organizations that follow SFAS 117 (ASC 958		chere 🕨 🐰 and			
g		complete lines 27 through 29, and lines 33 an					
27		Unrestricted net assets			936,508.	27	789,025
ğ 28					970,316.	28	1,591,531
= 29	9			[29	
3		Organizations that do not follow SFAS 117 (A	SC 958), check here			
5		and complete lines 30 through 34.					
3 30		Capital stock or trust principal, or current funds				30	
g 3		Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Retained earnings, endowment, accumulated in			1 000 001	32	
"		Total net assets or fund balances			1,906,824.	33	2,380,556
34	4	Total liabilities and net assets/fund balances .			2,194,533.	34	2,700,742

Form 990 (2014)

	990 (2014) FROM THE TOP, INC.	04 - 3	583756	Pag	ae 12
Pa	rt XI Reconciliation of Net Assets				,0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,959	,5	77.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,428	3,2	32.
3	Revenue less expenses. Subtract line 2 from line 1	3	531	.,34	$\overline{45}$.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,906	5,8	$\overline{24.}$
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-57	7,6:	$\overline{13.}$
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	2,380	5!	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	garante and the state of the st		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		- 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ₍	2014)

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

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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

Name	Name of the organization Employer identification number									
<u> </u>	FROM	THE TOP,	INC.				0	4-3583756		
Part						ee instructions	S			
	ganization is not a private found									
1 _	A church, convention of ch			in section	on 170(b)(1)(A)(i).				
2 _	A school described in sec									
3										
4 ∟	A medical research organia	zation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
	city, and state:									
5	The state of the s									
_ [-	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 _	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 🛚	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
۰.	section 170(b)(1)(A)(vi). (0									
8 _	A community trust describ									
9	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from (contributio	ns, membersh	nip fees, an	nd gross receipts from		
	activities related to its exer	npt tunctions - subje	ct to certain exceptions,	and (2) no	more than	1 33 1/3% of it	s support	from gross investment		
	income and unrelated busi		(less section 5 i i tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.		
10	See section 509(a)(2). (Co	. ,	ivaluta taat far mublis se	4-4 O		201 111				
11	An organization organized							_		
11 1	 An organization organized more publicly supported or 	anu operateu exclus ragnizatione describe	od in section FOO(s)(1) o	penomi	ne iunctioi	ns or, or to ca	ry out the	purposes of one or		
	lines 11a through 11d that							check the box in		
a	Type I. A supporting orga							ati da a		
	the supported organization	on(s) the power to re	gularly appoint or elect a	maiority c	of the direc	arrization(s), ty	pically by	giving		
	organization. You must	complete Part IV. Se	ections A and B.	i majority c	or and and	tors or trusted	55 OI 1116 St	pporting		
b	Type II. A supporting org			tion with it	s supporte	ed organization	n(s) hy hav	ina		
	control or management of									
	organization(s). You mus					The state of the state of	o the eap	Jortog		
С	Type III functionally inte			in connec	tion with. a	and functional	v integrate	ed with		
	its supported organizatio						,tograco	or tridity		
d	Type III non-functionally						ted organiz	zation(s)		
	that is not functionally int									
	requirement (see instruct									
е	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	i, Type III			
	functionally integrated, o									
	nter the number of supported o									
g P	rovide the following information			I		PART				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization in your		•	(vi) Amount of		
	organization		above or IRC section	governing	document?	support Instructi	-	other support (see		
			(see instructions))	Yes	Nò	manach		Instructions)		
		İ								
					<u> </u>					
					-					
Total										
		I	I	L	1			I		

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 FROM THE TOP, INC. 04-3583 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014 .	(f) Total
1	Gifts, grants, contributions, and					17/2	11) / 5 (4)
	membership fees received. (Do not						
	include any "unusual grants.")	2606698.	1982452.	2680104.	2436311.	3373592.	13079157.
2	Tax revenues levied for the organ-						
	ization'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	2606698.	1982452.	2680104.	2436311.	3373592.	13079157.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						i
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3710536.
	Public support. Subtract line 5 from line 4.						9368621.
	ction B. Total Support	Ţ·					
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	2606698.	1982452.	2680104.	2436311.	3373592.	13079157.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.72		400			
_	and income from similar sources	973.	349.	428.	3,536.	2,765.	8,051.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	21 250	21 (25	04 075	20 050	54 5-5	
	assets (Explain in Part VI.)	21,250.	21,625.	24,875.	32,250.		
	Total support. Add lines 7 through 10	A ALMSSAND		The process of the first			13208458.
12	Gross receipts from related activities,						,574,871.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage	,			>
14	Public support percentage for 2014 (I	ine 6, column (f) di	/ided by line 11. co	olumn (fi)		14	70.93 %
	Public support percentage from 2013		I the second of		1	15	75.26 %
	33 1/3% support test - 2014. If the	·					
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2013. If the o			ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10% (or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		▶ □
b	10% -facts-and-circumstances test	- 2013. If the org	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. 7	he organization qu	ualifies as a publicl	ly supported orgar	nization	>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions	>
					Sche	dule A (Form 990	or 990-E7\ 2014

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and			197	(4) 2.5 15	10/2014	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				-	 	
Ü	are not an unrelated trade or bus-				•		
	iness under section 513						
4	***********				 		
4	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to						
_	or expended on its behalf		-				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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				j		
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						-
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						1.7
10a	Gross income from interest,						· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		1				
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on	,				'	
12	Other income. Do not include gain				 		
.~	or loss from the sale of capital						
40	assets (Explain in Part VI.)				<u> </u>	ļ ·	
	Total support. (Add lines 9, 10c, 11, and 12.)	L	<u></u>		<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ition,
<u>e</u>	check this box and stop here	- 0			<u></u>		>
	tion C. Computation of Publi						
15	Public support percentage for 2014 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))	•••••	15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15	·····		16	%
	tion D. Computation of Inves					T	
	Investment income percentage for 20			ne 13, column (f))	***************************************	17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box an	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	, —
b	33 1/3% support tests - 2013. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3% a	
	line 18 is not more than 33 1/3%, check	ck this box and s	top here. The orga	anization qualifies	as a publicly sunr	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b. check th	nis box and see in	structions	
	3 09-17-14			.,,	0-		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes, " explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	1.3,327	2 (4) 4 (4)
1.3		
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2.44		
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3a		
	3.53	
3b		
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4a		<u> </u>
4b		
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Sch	edule A (Form 990 or 990-EZ) 2014 FROM THE TOP, INC.	Ou	0-	4-3583756 Page 6
1	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyin			
'	other Type III non-functionally integrated supporting organizations must co			ctions. All
Sec	tion A - Adjusted Net Income	nipiete C	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		H
Sect	ion B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			그림 사람이 많은 전쟁이 되었다.
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting organ	ization (see
	instructions).	,	The surface and order	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 FROM THE TOP, INC. 04-3583756 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: а b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j and 4c. 8 Breakdown of line 7: b d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Also complete this p	part for any additional inform	nation. (See instruct	ions).	; Part II, line 17a or 17b;	
			·		

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Name of the organization

FROM THE TOP, INC.

Employer identification number 04 - 3583756

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Ра	rt II Conservation Easements. Complete if the org		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		
α	Number of conservation easements included in (c) acquired a		
•			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
4	year	amont is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it	_	
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************	Yes No
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and halance sheet and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2014

_	edule D (Form 990) 2014 FROM TH	E TOP, INC	•				(04-35	8375	6 г	age 2
Ра	rt III Organizations Maintaining C	collections of Ar	t, His	torical Tre	easures, oi	Other	Similar	Assets	S (conti	inued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, chec	ck any of the	following that	are a sign	ificant u	se of its o	collection	ı item:	3
	(check all that apply):			_							
а	Public exhibition	(d 🖳		hange progra						
b	Scholarly research	•	е 崖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or othe	r similar as	ssets				
Da	to be sold to raise funds rather than to be m	aintained as part of t	he orga	anization's co	llection?				Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if th	ne organizatio	n answered "	Yes" to Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								_		
	on Form 990, Part X?			•••••				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
	-								Amour	ıt	
С.	Beginning balance	***************************************			• • • • • • • • • • • • • • • • • • • •		1c		**		
d	Additions during the year				•••••••••		1d				
e	Distributions during the year						1e				
f	Ending balance				••••••	•••••	1f				
	Did the organization include an amount on F						?	L_	Yes		No
Pai	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planati	on has been	provided in P	art XIII <u>.</u>					
1 4	t V Endowment Funds. Complete	1	1		ŀ						
4.	Designation of the later	(a) Current year	(b)	Prior year	(c) Two year	s back (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions								ļ		
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		L		L						
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment	%									
0-	The percentages in lines 2a, 2b, and 2c should be the second and the second sec										
за	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administere	ed for the o	organiza	tion	4		
	by:									Yes	No
	(i) unrelated organizations	•••••		•••••	• • • • • • • • • • • • • • • • • • • •				3a(i)		
	(ii) related organizations								3a(ii)		
D	If "Yes" to 3a(ii), are the related organizations				••••••		·····		3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endo	wment	tunds,			·				
	Complete if the organization answered		Doub II	/ Kaadda O.		D (V)	40				
	Description of property										
	Description of property	(a) Cost or o basis (investr		1	or other (other)		umulate	d	(d) Boo	k valu	е
10	Land		neny	Dasis	(Odle)	uepre	ciation				
	Land Buildings			-							
n	Buildings			7	1 522		2 62			1 0	0.4
					4,532. 6,208.		$\frac{32,63}{10,0}$			$\frac{1,8}{7,7}$	
	Equipment Other		~~~~		8,684.		08,50 70,48			$\frac{7,7}{2}$	
	. Add lines 1a through 1e. (Column (d) must e		V solve				0,40	2.		8,2 7,8	

Schedule D (Form 990) 2014

432053 10-01-14

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 FROM THE TOP, INC. Part XIII Supplemental Information (continued)	04-3583756 Page 5
Part XIII Supplemental Information (continued)	
DADEL VIII A TANK AD CONTED AD TWO THE CONTENT OF	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT EVENT EXPENSE	-79,153.
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service	Information a	e organization answered "Yes" to organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	5,000 O or Fo	on For rm 99	rm 990-EZ, line 6a. 0-EZ.	·	2014 Open to Public Inspection
Name of the organization	ו	E TOP, INC.					identification number
Part I Fundrais	ing Activities.	Complete if the organization answer	ered "Y	es" to	Form 990, Part IV, li		
Indicate whether the a Mail solicitate Mail solicitate Internet and c Phone solicite In-person soes a Did the organization key employees list	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P n highest paid indi	eed funds through any of the following and the following and the following art VII) or entity in connection with prividuals or entities (fundraisers) pursuits	ation of ation of I fundra I (includer professi	non-g gover aising ding of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No to be
(i) Name and address or entity (fund		(ii) Activity	have o	Did alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained I fundraiser listed in col. (to (or retained by)
			Yes	No			
Page 1						4	

				`.			
							
			-		Madu.	·	
			-				
Total				<u> </u>			
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from	n registration
		****			······································	N	

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Schedule G (Form 990 or 990-EZ) 2014

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	edu art	le G (Form 990 or 990-EZ) 2014 FROM TH		LIIVIII- F 000 D. I	04-	3583756 Page 2
F 6	as. c. ;	S Complete in a				
	r—	of fundraising event contributions and gr	(a) Event #1			ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CATA		NONE	(add col. (a) through
			GALA			col. (c))
ā		•	(event type)	(event type)	(total number)	
Revenue	_ ا	Overage and state	100 170			400 170
Re	1	Gross receipts	489,172.		······································	489,172.
	2	Less: Contributions	467,922.			167 022
	_	Less. Outuibuions	±01,544.			467,922.
	3	Gross income (line 1 minus line 2)	21,250.			21,250.
	۲	Creso moonie (mio 1 minas mio 2)	1 22,230.			21,250.
	4	Cash prizes				
	•	54511 p. 1256			····	
	5	Noncash prizes		•		
S						
Direct Expenses	6	Rent/facility costs	4,616.			4,616.
.xb	Ĭ		7			4,010.
出出	7	Food and beverages	33,980.			33,980.
j.	-		1			33,300.
ш	8	Entertainment	23,487.			23,487.
	9	Other direct expenses				17,070.
	10				>	79,153.
	11	Net income summary. Subtract line 10 from				-57,903.
Pa	irt l	II Gaming. Complete if the organization				0.75000
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Pingo	(b) Pull tabs/instant	(a) Other reserving	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
_m	1	Gross revenue				
ģ	2	Cash prizes				
Expenses						
xbe	3	Noncash prizes				
出						
Direct	4	Rent/facility costs				
Ц				·		
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No ·	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			<u></u>
	_					
9	En¹	ter the state(s) in which the organization cond	ucts gaming activities: _			
		he organization licensed to conduct gaming a				Yes No
b	it "	No," explain:				
۰.	141					
		ere any of the organization's gaming licenses r			ear?	Yes No
b) IT "	Yes," explain:				
						
4320	82 DE	1-28-14			Schodulo C (Fo	rm 990 or 990 EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 FROM THE TOP, INC.		583756	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	med		
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	9
b An outside facility		13b	9
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	d records:		<u>-</u>
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revent	0		
10a Does the organization have a contract with a tillid party from whom the organization receives gaining revent		L res	∟ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Nama 🏊			
Name ▶			
Address >		7.70	
16 Gaming manager information:			
o daming manager information.			
Name			
Gaming manager compensation 🕨 \$			
Description of services provided			
Director/officer Employee Independent contractor			
47 Manualatana diakaharan			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		г 	
retain the state gaming license?		Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the		
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iiii)			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (vincolon, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	/), and Part III, lir	nes 9, 9b, 10l	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	•		•
		77.6.4	
32083 08-28-14 Sg	chedule G (Forn	n 990 or 990	-F7) 201/

Schedule G (Form 990 or 990-EZ) FROM THE TOP, INC.	04-3583756 Page
Schedule G (Form 990 or 990-EZ) FROM THE TOP, INC. Part IV Supplemental Information (continued)	
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	70.00 Marketine
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ž [Schedule I (Form 990) (2014) Employer identification number 04-3583756 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, EMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table INC General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FROM THE TOP 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part [Part II

Page 2 (f) Description of non-cash assistance 04-3583756 (e) Method of valuation (book, FMV, appraisal, other) FROM THE TOP REVIEWS THE FOLLOWING INFORMATION PROVIDED BY STUDENTS BEFORE Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. AS APPLICATION, MUSICAL AUDITION PERFORMANCE, EVIDENCE OF FINANCIAL NEED MAKING SELECTION OF SCHOLARSHIP RECIPIENTS: COMPLETE SCHOLARSHIP (d) Amount of non-cash assistance 0 191,068, (c) Amount of cash grant (b) Number of recipients 20 FROM THE TOP, INC. WELL AS ACADEMIC ACHEIVEMENTS (a) Type of grant or assistance Schedule I (Form 990) (2014) PART I, LINE TUITION AND FEES Part III

Schedule I (Form 990) (2014)

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public

OMB No. 1545-0047

Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

FROM THE TOP, INC.

Inspection Employer identification number

04-3583756

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermini		3
1	Art - Works of art						-	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		TABLE A S					
5	Clothing and household goods		343, 404, 34					
6	Cars and other vehicles		*******			~~~~		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	6	39,920.	FMV			
10	Securities - Closely held stock			33/3201	127			
11	Securities - Partnership, LLC, or							
••	trust interests	İ						
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	And the second s							
14	Historic structures Qualified conservation contribution - Other							
15								
16	Real estate - Residential Real estate - Commercial							
17								
	Real estate - Other							
18 19	Collectibles							
	Food inventory							
20	Drugs and medical supplies	-						
21	Taxidermy							
22	Historical artifacts			, , , , , , , , , , , , , , , , , , , ,				
23	Scientific specimens			· · · · · · · · · · · · · · · · · · ·				
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>	l	<u> </u>				
29	Number of Forms 8283 received by the organi						•	
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29	· · · · · · · · · · · · · · · · · · ·			
							Yes	No
30a	During the year, did the organization receive b	•			•			
	must hold for at least three years from the date		ll contribution, and	which is not required to be	used for	150		
	exempt purposes for the entire holding period	?		***************************************		30a		X
b	If "Yes," describe the arrangement in Part II.							1
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contribu	tions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							1.5
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.						<u> </u>	<u></u>
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule N	/ (Form	990) (2014)

Schedule M (Form 990) (2014) FROM THE TOP, INC.	04-3583756	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	32b, and 33, and whether the organizati	on.
SCHEDULE M, PART I, COLUMN (B):		
AMOUNTS INCLUDED IN COLUMN B REPRESENT THE NUMBER OF	CONTRIBUTORS	
SCHEDULE M, LINE 32B:		
A THIRD PARTY IS USED TO SELL DONATED SECURITIES		

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· · · · · · · · · · · · · · · · · · ·	·	
· · · · · · · · · · · · · · · · · · ·		<u></u>

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Schedule M (Form 990) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

Name of the organization

FROM THE TOP, INC.

Employer identification number 04-3583756

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BASED IN BOSTON, FROM THE TOP IS AMERICA'S LARGEST NATIONAL PLATFORM
CELEBRATING THE STORIES, TALENTS, AND CHARACTER OF CLASSICALLY-TRAINED
YOUNG MUSICIANS. THROUGH LIVE EVENTS, NPR AND YOUTUBE BROADCASTS,
SCHOLARSHIPS, AND LEADERSHIP PROGRAMS, FROM THE TOP EMPOWERS THESE
EXTRAORDINARY YOUNG PEOPLE TO ENGAGE AND INSPIRE MUSIC LOVERS OF ALL
AGES. DURING FY15, FROM THE TOP'S OPERATING BUDGET WAS \$3.8 MILLION,
WITH APPROXIMATELY 79% OF REVENUE DERIVED FROM CONTRIBUTED INCOME AND
21% FROM EARNED SOURCES.
,
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH A DEEPER APPRECIATION FOR CLASSICAL MUSIC.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
NATIONWIDE-DELIVERING ENTERTAINMENT TO MORE THAN 700,000 LISTENERS.
* PRODUCED 45 VIDEOS FEATURING FROM THE TOP ALUMNI AND PERFORMERS, AND
RECEIVED MORE THAN 347,000 VIEWS ON THE FROM THE TOP YOUTUBE CHANNEL,
AN INCREASE OF OVER 50% FROM PRIOR YEAR. ONE SUCH VIDEO, A
COLLABORATION WITH CLASSICAL MUSICIANS, SINGERS, AND A BOSTON RAPPER,
BECAME THE THIRD MOST VIEWED VIDEO IN FROM THE TOP'S YOUTUBE CHANNEL
HISTORY.
,
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTER FOR THE DEVELOPMENT OF ARTS LEADERS. THE ARTS LEADERS DONATED

HUNDREDS OF HOURS OF MUSIC-RELATED COMMUNITY SERVICE, WHICH INCLUDED

TEACHING AFTER SCHOOL PROGRAMS AT UNDERSERVED ELEMENTARY SCHOOLS, AS

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Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number 04-3583756

WELL AS A PERFORMANCE SERIES OF LIVE, FREE CONCERTS FOR SENIORS,

FAMILIES, HOSPITAL PATIENTS AND OTHERS. IN TOTAL, MORE THAN 1,500

SCHOOL CHILDREN, PATIENTS, AND SENIORS IN FIVE (5) BOSTON-AREA

NON-PROFITS BENEFITED FROM THEIR EFFORTS.

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

MARKETING AND PR EFFORTS FOR THE NATIONAL TOUR OF NPR'S FROM THE TOP

WITH HOST CHRISTOPHER O'RILEY, AND GROWING YOUNGER ONLINE AUDIENCES VIA

YOUTUBE, SOCIAL MEDIA, AND THE FROM THE TOP WEBSITE. KEY ACHIEVEMENTS

THIS YEAR INCLUDE:

- * GROWING YOUTUBE VIEWS BY 52.38%, AND SUBSCRIBERS BY 63.64%. THESE AUDIENCES WERE 58% MALE, WITH 64.5% UNDER THE AGE OF 35.
- * LAUNCHED A NEW RESPONSIVE AND MOBILE FRIENDLY WEBSITE IN DECEMBER

 2014. INCREASED WEBSITE SESSIONS BY 17.84%. WEBSITE AUDIENCES WERE

 55.8% MALE AND 33.21% UNDER THE AGE OF 35.
- * DRAMATIC INCREASES IN SOCIAL MEDIA REACH, INCLUDING 68% GROWTH IN

 FACEBOOK FANS AND MORE THAN 76% OF SAID FANS UNDER THE AGE OF 55.

 EXPENSES \$ 459,846. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ADMISSIONS & ALUMNI RELATIONS DEPARTMENT WAS A NEW ADDITION TO FROM

THE TOP IN FY15. THE MISSION OF THE DEPARTMENT IS TO FACILITATE THE

APPLICATION, REVIEW, AND SELECTION PROCESS OF MUSICIANS FOR NPR'S FROM

THE TOP WITH HOST CHRISTOPHER O'RILEY, AND ESTABLISH AN ALUMNI

RELATIONS PROGRAM TO SERVE THE NEARLY 3,000 FORMER FROM THE TOP

PERFORMERS. KEY ACCOMPLISHMENTS THIS YEAR INCLUDE:

* EVALUATED 733 APPLICATIONS

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Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number FROM THE TOP, INC. 04-3583756 * HELD 11 LIVE AUDITIONS IN LOCATIONS AROUND THE COUNTRY * ESTABLISHED A DIGITAL ARCHIVE OF ALL FROM THE TOP APPLICATIONS SINCE 2013 * HOSTED FOUR(4) ALUMNI GATHERINGS * PRODUCED 25 ALUMNI-CENTERED BLOG POSTS * HELD AN ALUMNI FOCUS GROUP TO HELP GUIDE FROM THE TOP ALUMNI RELATIONS STRATEGY EXPENSES \$ 71,371. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS 17 VOTING MEMBERS FORM 990, PART VI, SECTION B, LINE 11: ONCE THE FORM 990 HAS BEEN PREPARED BY THE AUDIT FIRM IT IS REVIEWED INITIALLY BY THE DIRECTOR OF FINANCE AND ADMINISTRATION. ONCE SATISFIED, IT IS FURTHER REVIEWED BY THE CEO AND AFTER THAT THE FORM 990 IS SENT TO THE AUDIT COMMITTEE FOR FINAL REVIEW AND APPROVAL.

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

EACH YEAR THE BOARD OF DIRECTORS ARE ASKED TO SIGN OFF AND DISCLOSE ALL CONFLICTS OF INTERESTS. THESE DISCLOSURE FORMS ARE REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

FROM THE TOP UTILIZES DATA FROM CONSULTANTS AND MARKET CONDITIONS TO

DETERMINE APPROPRIATE COMPENSATION FOR KEY EMPLOYEES. OFFICERS AND BOARD

MEMBERS ARE UNPAID POSITIONS WITHOUT COMPENSATION, WITH THE EXCEPTION OF

JENNIFER HURLEY-WALES, THE CO-CEO/EXECUTIVE PRODUCER.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization FROM THE TOP, INC.	Employer identification number 04-3583756
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST AT THE
ORGANIZATION'S OFFICE.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THE OVERSIGHT PROCESS AND SELECTION	N PROCESS
HAVE NOT CHANGED DURING THE YEAR.	
·	