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Form. 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-F7 and its instructions is at www.irs.gov/form990.

inte	mau Hever	nue Service	P IIII O III a BOOK I O III 3	W-CZ and its insula	700113 13 01 14 11				
ΑI	For the	2014 calend	ar year, or tax year beginning	January 1	, 2014,	and ending	De	ecembe	r , 20 14
В	Check if ap	oplicable.	C Name of organization				D Empl	oyer ide	ntification number
	Address c	hange	Giving Voice Project					26	-3933394
	Name cha	ınge	Number and street (or P.O. box, if mail is n	ot delivered to street ad	dress)	Room/suite	E Telep	hone nu	
	Initial retur	m							
	Final return	n/terminated	PO Box 5283 City or town, state or province, country, an	d ZIP or foreign postal o	nde		E Gra	ıp Exen	
_	Amended			a za or lotolga pootas o	333	1		nber. ▶	iption
Ц	Application	n pending	Burlington, VT 05402-0528						
		ting Method:	☑ Cash ☐ Accrual Other (spe	cify) ►					the organization is not
1 1	Nebsite	::► 					required	l to atta	ch Schedule B
JT	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c)	() ◀ (insert no.)	4947(a)(1) or	<u></u> □527	Form 9	90, 990	-EZ, or 990-PF).
K	Form of	organization:	☑ Corporation ☐ Trust	☐ Association	Other				
			7b to line 9 to determine gross receipts	s. If gross receipts are	\$200,000 or n	nore, or if total	assets		
			v) are \$500,000 or more, file Form 990					▶ \$	165
_	art I		e, Expenses, and Changes in			es (see the	nstru	rtions	
	a. c.		the organization used Schedule					3110110	
	14						<u>· · · · </u>	<u> </u>	
	1		ons, gifts, grants, and similar amou					-	165
	2		ervice revenue including governme		cts			2	0
	3	Membersh	ip dues and assessments					3	0
	4	Investment	tincome					4	0
	5a	Gross amo	ount from sale of assets other than	inventory	5a		0		
	b	Less: cost	or other basis and sales expenses		5b		0		
	C	Gain or (lo	ss) from sale of assets other than in	ventory (Subtract	ine 5b from li	ne 5a)		5c	0
	6		d fundraising events	, (,			
	-	-	ome from gaming (attach Sche	dule G if areater	than				
<u>é</u>	P "	\$15,000)		dale a li greater	· · 6a		_		
Revenue	⊉ .	•			استنسا				
×	h P		me from fundraising events (not in			contribution	5		
<u> </u>	P		aising events reported on line 1) (1 1				
C	₹	sum of suc	ch gross income and contributions	exceeds \$15,000)	· · 6b		0		
۲	⊉ c		t expenses from gaming and fundr		<u>[6c</u>		0	1	
-	∦ di	Net incom	e or (loss) from gaming and fundi	aising events (add	lines 6a and	l 6b and sub	tract	1	
	Γ	line 6c) .						6d	0
	1. 7a	Gross sale	s of inventory, less returns and allo	wances	7a		0		
Ţ	Н. Р		of goods sold		7b		0		
	- 0		it or (loss) from sales of inventory (Subtract line 7h fro	· · <u> </u>		<u>-</u>	7c	0
ς	78	•			•		• •	8	0
13			,						
-14)9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d				• -	9	165
`	/10		I similar amounts paid (list in Sched	iule O)			• •	10	
	11	Benefits pa	aid to or for members		<u> </u>	<u></u>	<u>,</u> ·	11	
63	12	Salaries, o	ther compensation, and employee	benefits		IVIED	- -	12	
nses	13	Profession	al fees and other payments to inde	pendent contracto		بناسا با		13	
þ	14		y, rent, utilities, and maintenance				ا ام	14	165
Expe	15		ublications, postage, and shipping		. ai iki .9 .º	7.2016 1	KS-020	15	
	16	• • •	enses (describe in Schedule O) .	[8]	JON . P.	7010	ر ارز	16	0
	17	-	nses. Add lines 10 through 16 .				T.	17	
			deficit) for the year (Subtract line 1	7 from line (1)	ÖĞÜİ	N HT			165
ş	18				Gran, and a series of		. .	18	0
386	19		or fund balances at beginning of		, column (A))	(musi agree	with		
Net Assets		=	r figure reported on prior year's ret	=			• •	19	200
<u>e</u>	20	Other char	iges in net assets or fund balances	(explain in Schedu	le O)			20	·
	21	Net assets	or fund balances at end of year. C	ombine lines 18 thi	ough 20 .	_ • . <u>•</u> • . •	. ▶	21	200

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2014)





	•					
						. 4
	990-EZ (2014)	C D AIN				Page 2
	Balance Sheets (see the instructions		nu augadian in this	Dort II		 1
	Check if the organization used Schedul	e O to respond to a	ny question in this	(A) Beginning of year	r :	(B) End of year
-	On the section of and the section and		 	200	22	
22	Cash, savings, and investments				23	200
23	Land and buildings				24	<u></u>
24 25	Other assets (describe in Schedule O)				25	200
26	Total liabilities (describe in Schedule O)) -		26	
27	Net assets or fund balances (line 27 of colum			200	_	200
Par						200
T CAT	Check if the organization used Schedul				l	Expenses
Wha	t is the organization's primary exempt purpose?					quired for section
				rogram conject		(c)(3) and 501(c)(4) anızations; optional for
	ribe the organization's program service accomp leasured by expenses. In a clear and concise t				othe	
	ons benefited, and other relevant information for e		o del vidoo pi o vidoo	i, the hamber of	1	
28			··-		1	T
				·	1	
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ □	28a	.1
29		<u> </u>			<u> </u>	
					1	
				- 	[
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🛘	29a	
30						
					ļ	t
					1	}
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ □	30a	i
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ □	31a	,)
32	Total program service expenses (add lines 28a				32	(
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	h one even if not com	pensated - see the in	nstruc	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		🗀
		(b) Average	(c) Reportable	(d) Health benefits,	Т.,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
Sara	n Kariko, President, Director					
		0	0	<u> </u>	0	0
Robe	rt Lair, Vice President					
	**************************************	-]o	0		0	0
Rhon	da Freed, Secretary					
	***	lo	0	ı	0	0
		1				
		1	L	<u> </u>		
_		1		1	_	
]	L			
]		
		1		<u> </u>	l	
					$\neg \neg \neg$	

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fait V) Check it the organization used schedule of to respond to any question in this	ı aıı	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		_✓_
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ► Vermont			
42a	J		1-6857	<u> </u>
	Located at ► P0 Box 5283, Burlington, VT At any time during the calendar year, did the organization have an interest in or a signature or other authority over	05402		N
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO.
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		/
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			▼
	Form 990-EZ (see instructions)	45b		

Form 95	10-EZ (ZI	U14)						r	aye ¬
								Yes	No
46 ·		ne organization engage, directty or ir ndidates for public office? If "Yes," o							√
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47-49b and	d 52, and co	omplete the	e tables f	or line	es
		Check if the organization used Scl	nedule O to respond	l to any question in	this Part VI		<u>.</u> .		
								Yes	No
47	year?	he organization engage in lobbying tilf "Yes," complete Schedule C, Par	tll				tax		✓
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule E		. 48		✓
49a		ne organization make any transfers t	•	_	nization? .		. 49a		✓_
b		s," was the related organization a se					. 49b	LI	
50		plete this table for the organization's							d key
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	h benefits, s to employee , and deferred ensation	(e) Estimate other com		
none			***************************************				· · · · · · · · · · · · · · · · · · ·		
								· ,	
			· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	·	·
f 51	Comp	number of other employees paid oven blete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independer	nt contractor	s who each	received	more	than
		Name and business address of each independ		(b) Type of se	prvice	(c)	Compensation	on	
none									
				<u> </u>		 	·		
								·	
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶	()		
52		he organization complete Scheduleted Schedule A	le A? Note. All se	ction 501(c)(3) org	anizations r		a .►☑ Yes		lo
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					owledge and	belief,	nt is
		Die Lot				7/nn/201	u		
Sign Here .	X	Signature of officer Smanh Kari Ka	ಲ		Da	te '			
		Type or print name and title							
Paid Prepa	2202	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ			
-									
llen 1	1	Firm's name ▶			Fin	m's ElN ▶			
Use (1	Firm's name ► Firm's address ►				m's EIN ▶ one no			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Givin	g Volce Project						33394
Par							ons.
The c	organization is not a private founda		,	-	-	•	
1	A church, convention of church			ibed in se	ection 17	'O(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative hospital						
4	A medical research organization		onjunction with a hosp	oital desc	nbed in s	section 170(b)(1)(A)	(III). Enter the
_	hospital's name, city, and state An organization operated for						al unit described in
5	section 170(b)(1)(A)(iv). (Com		college or university	owned o	operate	o by a government	at unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally						
	receipts from activities related						
	support from gross investme						x) from businesses
	acquired by the organization a				-		
	An organization organized and						
11	An organization organized and one or more publicly supported	operated exclusi	very for the benefit of, escribed in section 5	10 perion 0 (11/12/20	m me iun r section	500/s\/2\ See sect	ion 509/a)/3). Check
	the box in lines 11a through 11c	d that describes	the type of supporting	organiza	tion and	complete lines 11e. 1	1f, and 11g.
а							
_	the supported organization(s) the power to re	egularly appoint or ele				
b	organization. You must com Type II. A supporting organization	-		nection w	ith its su	pported organization	n(s), by having
	control or management of th						
	organization(s). You must co	omplete Part IV,	Sections A and C.				
c	—						y integrated with,
d	its supported organization(s) Type III non-functionally in	•	•				ted organization(s)
_	that is not functionally integra						
	requirement (see instructions						
9	Check this box if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type I	II, Type III
	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganizatio	n.	
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	orted organization(s).			· · · · · · · · · · · · · · · · · · ·	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganızatıon ır governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			(described on lines 1-9 above or IRC section		nent?	instructions)	instructions)
			(see instructions))	Yes	No		
				165			
(A)				i 			
(B)							
			···	<u> </u>			
(C)							
(D)							
(E)							
Total							

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
•	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			ļ	L		
2	Tax revenues levied for the						
	organization's benefit and either paid]	}]	
_	to or expended on its behalf			ļ			ļ
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			l	l		
	-				ļ		
4	Total. Add lines 1 through 3		 				
5	The portion of total contributions by		[[1	[
	each person (other than a						
	governmental unit or publicly supported organization) included on		j		1		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				<u> </u>		
	on B. Total Support	L	L	L	L	L	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(-) (-)	<u> </u>		13/23/2	7-7	(7.55
8	Gross income from interest, dividends,						·
	payments received on securities loans,					ľ	i 1
	rents, royalties and income from similar	ı			1		
	sources		J		J		
9	Net income from unrelated business						
	activities, whether or not the business						İ
	is regularly carried on		1				l
10	Other income. Do not include gain or						
	loss from the sale of capital assets						İ
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	·		· · · · ·	<u> </u>	<u> </u>	· · • 📗
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	<u>%</u>
15	Public support percentage from 2013 Sch 331/3% support test—2014. If the organiz				line 44 in 201	15	<u>%</u>
16a	box and stop here. The organization qua						
L	331/3% support test—2013. If the organ						. ► [
þ	check this box and stop here. The organi					15 15 55 7370	. ► <u></u>
a .	· · · · · · · · · · · · · · · · · · ·	•		• • •		406	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part VI how the organization meets the "f					•	•
	organization	acis-arid-circo	mistarices tes	it. The organiz	ation qualities	as a publicly s	. > []
L	•	· · · ·	nization did =:	at about a bas	on line 12 46	a 16h a-17a	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
						4000000000	. ► □
18	Private foundation. If the organization di				ı, or 17b. chec	k this box and	
	instructions						. ▶ □

Part III .Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees					j	
_	received. (Do not include any "unusual grants.")	1890	0	222	65	165	2342
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					ļ	
	organization's tax-exempt purpose	0	0	0	0	. 0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0		0	0
4	Tax revenues levied for the	ļ					
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	1890	0	222	65	165	2342
7a	Amounts included on lines 1, 2, and 3		ı				
	received from disqualified persons .	0	0	0	0	0	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000					_]	
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						
Sooti	on B. Total Support	1				1	2342
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1890	(0) 2011	222	(u) 2013 65	165	2342
10a	Gross income from interest, dividends,	1090		222	65	163	2342
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .	o	o	o	o	اه	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	اه ا	o	0	0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	0	ol	0	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,				,		
	and 12.)	1890	0	222	65	165	2342
14	First five years. If the Form 990 is for the	-	's first, secon	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her			· · · · ·			<u>· · ▶ □</u>
<u>Secti</u>	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8		•			15	100 %
16	Public support percentage from 2013 Sch			<u> </u>	<u></u>	_ 16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I		• • •	-		17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/x% support tests—2014. If the organi						
	17 is not more than 33½%, check this box a	-	-				
b	331/3% support tests - 2013. If the organization 19 is not more than 221/2% shock this h						
•-	line 18 is not more than 331/3%, check this b	-	_			• •	
20	Private foundation. If the organization die	a not check a b	oox on line 14,	19a, or 19b, c	neck this box	and see instruc	tions 🕨 🔲

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 F. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

Secti	ion A. All Supporting Organizations		<u>·/</u>	
			Yes	No
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.	1		
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).	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.	За		
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.	3ь		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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.	9b		
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.	9c		•
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.	10a		
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.)	10b		

Part	N Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ł		ł
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u></u>	<u> </u>
Secti	on B. Type I Supporting Organizations			,
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		ł
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	Ì	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ)	
	supervised, or controlled the supporting organization.]	
Souti	on C. Type II Supporting Organizations	2		
30Cu	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	[
	or management of the supporting organization was vested in the same persons that controlled or managed	-	1	
	the supported organization(s).	1		i
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		i	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	l	١.	
		3	L	
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructe	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
		[.03	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ĺ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each]	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	لببيا	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mpi		(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
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	i i		1
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		
Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Π		
instructions for short tax year or assets held for part of year):	İ		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		7
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		ı
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		
Section 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	y-in	tegrated Type III support	ing organization (see
instructions).		•	•

Part	V , Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5_	Qualified set-aside amounts (prior IRS approval required)			·
6	Other distributions (describe in Part VI). See instructions.	<u>,</u>		· · · · · · · · · · · · · · · · · · ·
	Total annual distributions. Add lines 1 through 6.		-7	
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive]
	(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	···		-
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	<u></u>		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
<u>b</u>				·
c				· · · · · · · · · · · · · · · · · ·
d				
- 0	From 2013	L		
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
g	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
<u>h</u>	Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
а	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 instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b			· · · · · · · · · · · · · · · · · · ·	
С				
d	Excess from 2013			
<u> </u>	Excess from 2014		· · · · · · · · · · · · · · · · · · ·	
			Cabadula	A /Earm 000 or 000 E71 2014

Schedule A (F	orm 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	


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