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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Open to Public Inspection

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

Ā	For the	2014 calend	ar year, or tax year beginning , 2014, and ending			, 20
В	Check if a	pplicable	C Name of organization	D Emp	loyer ide	entification number
	Address	change	Love Light Compassion Foundation		4	6-4282388
Ļ	Name ch	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tele	ohone nu	umber
F	initial retu		PO Box 1076			
늗	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	mption
Ē		on pending	Shelburne, VT 05482-1076	Nur	nber 🕨	•
G	Accoun	ting Method		Check	▶ 🗍 if	f the organization is not
	Website	•	ghtcompassion.org			ach Schedule B
J	Tax-exer		ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990)-EZ, or 990-PF)
_		forganization				
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
(P:	art II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	41,175
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions	for Part I)
_		Check if	the organization used Schedule O to respond to any question in this Part	<u>l</u>		
	1	Contribution	ins, gifts, grants, and similar amounts received		1	38,405
	2	Program se	ervice revenue including government fees and contracts		2	<u> </u>
	3	Membersh	p dues and assessments		3	
	4	Investment	income		4	
	5a	Gross amo	unt from sale of assets other than inventory 5a		334	
	b	Less: cost	or other basis and sales expenses		25	
D)	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
ව ව	6	Gaming an	d fundraising events		798 W	
J	а	Gross inco	ome from gaming (attach Schedule G if greater than		100	
9	:	\$15,000) .				
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution)	ns		
ğ	:	from fundr	aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
)	С	Less: direc	t expenses from gaming and fundraising events . 6c		採	
!	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract		
		line 6c) .			6d	
	7a	Gross sale	s of inventory, less returns and allowances	2,770	11/25	
	Ь		of goods sold	1,385	1 , 1	
	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1,385
	8	Other rever	nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	39,790
	10		similar amounts paid (list in Schedule O)		10	2,477
	11	Benefits pa	ild to or for members	1	11	
S	12	Salaries, ot	her compensation, and employee benefits . \	1	12	
Expenses	13	Professiona	al fees and other payments to independent contractors 2015 .	6)	13	7,501
g	. 14	Occupancy	r, rent, utilities, and maintenance [2] . AUG 1 9 2013	到.	14	
ũ	15	Printing, pu	inlications nostage and shipping	1	15	
	16	Other expe	nses (describe in Schedule O)	. لم	16	6,339
	17	Total expe	nses (describe in Schedule O)	. ▶	17	16,317
Ś	18		deficit) for the year (Subtract line 17 from line 9)		18	23,473
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		
As		end-of-yea	r figure reported on prior year's return)		19	0
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	
_	21	Net assets	or fund balances at end of year Combine lines 18 through 20	. ▶	21	23,473

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2014



Pa	rt II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	(B) End of year
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		· · · · ·		22 23	2,675
23	Land and buildings		-		23 24	20,798
24 25	Total assets				25	23,473
26	Total liabilities (describe in Schedule O)		-		26	0
27	Net assets or fund balances (line 27 of column		_		27	23,473
	t III Statement of Program Service Accom					
	Check if the organization used Schedule				-	Expenses
Wha	t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title	e services provided	, the number of		anizations, optional for
28	The Love Light Compassion Foundation is a charitab					
	line whose mission is to bring comfort, peace, love a			ur global		
	community by providing emergency financial assista (Grants \$ 38,405) If this amount				28a	20.405
20	, , , , , , , , , , , , , , , , , , ,				200	38,405
29						
	(Grants \$) If this amount	ıncludes foreign gra	nts check here	▶ □	29a	
30	· · · · · · · · · · · · · · · · · · ·					
•						
		includes foreign gra	nts, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		ıncludes foreign gra			31a	<u> </u>
32	Total program service expenses (add lines 28a t				32	
Par					stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar				<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		Estimated amount of other compensation
Tracy	y Appleton Tarrant				Ì	
	ounder, President	40	0		ַ ב	0
	on O'Connor				İ	
	ounder, Vice President	5	0)	0
	on Abry	 -				
Co-F	ounder, Secretary	5	0		<u> </u>	0
					ļ	
					╁	
			-			
					\top	
					Т	
					+	
					+	

Part	unstructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Tait	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	103	√
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		→
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c	✓	
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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		√ √
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
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		√
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ Vermont			
42a	The organization's books are in care of ▶ Alison S Abry, CPA Telephone no ▶			
	Located at ▶ 20 Winooski Falls, 5th Floor, Winooski, VT ZIP + 4 ▶	054	104	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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: ► 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.?	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	• •	, I	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	NO ✓
b	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		√
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		1

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								Yes	No
46	Did the organization engage, d	rectly or in	directly, in political c	ampaign activities	on behalf of	or in oppositi	on 🗌		
	to candidates for public office?	If "Yes," c	omplete Schedule C	, Part I			46		1
Part	VI Section 501(c)(3) orga	nizations	only						
	All section 501(c)(3) org	ganizations	s must answer que	stions 47-49b ar	nd 52, and c	omplete the	tables f	or lin	es
	50 and 51.		·						
	Check if the organization	n used Sch	edule O to respond	I to any question i	n this Part VI				
			· · · · · · · · · · · · · · · · · · ·	,				Yes	No
47	Did the organization engage in year? If "Yes," complete Scheo			section 501(h) elec			ax 47		
40	·						48	+	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
48	Is the organization a school as o						49a	┼	
49a	Did the organization make any		·						-
b	If "Yes," was the related organi						49b		<u> </u>
50	Complete this table for the org								
	employees) who each received	more than	\$100,000 of comper	isation from the org			, enter "N	ione."	
			(b) Average	(c) Reportable	1 ''	h benefits, s to employee	(e) Estimate	ad amoi	unt of
	(a) Name and title of each employee		hours per week devoted to position	compensation (Forms W-2/1099-MIS	honofit plans	, and deferred	other con		
			devoted to position	(FOITIS VV-2/1099-WIG	compe	ensation			
None									
_	· · · · · ·								
		`							
		-							
51	Total number of other employed Complete this table for the org \$100,000 of compensation from	ganization's m the organ	s five highest compenization. If there is no	ensated independe one, enter "None."	nt contractor	T .		_	than
	(a) Name and business address of e	ach independe	ent contractor	(b) Type of s	ervice —————	(c)	Compensati	on 	
None									
		· · · · · · · · · · · · · · · · · · ·							
						ł			
			-			L			
	Total number of other independ		•	· ·					
52	Did the organization complet	e Schedul	e A? Note . All se	ction 501(c)(3) or	ganizations r		_		
	completed Schedule A	<u> </u>	· · · · ·		· · · ·	· · · · ·	► ✓ Yes		No
Under p	penalties of perjury, I declare that I have ex rrect, and complete Declaration of prepar	camined this re	eturn, including accompan	ying schedules and state	ements, and to the	e best of my kno	wledge and	i belief,	ıt ıs
Tue, coi	rrect, and complete Declaration of prepar	er (other than		which prepare	er nas any knowi				
C:) (llean		lles						
Sign	Signature of officer	٥,١	0		Da	1 1	c		
Here	Alison 5	s Abr	y Jecrete	4		8 14 1:	<u>ی</u>		
	Type or print name and title		•	·					
Paid	Print/Type preparer's name		Preparer's signature		Date	Check	PTIN		
Prep	arer		<u></u>			self-employe	ed		
Use	1				Fire	m's ElN ▶			
	Firm's address ▶				Ph	one no			
May th	ne IRS discuss this return with th	e preparer	shown above? See।	nstructions		•	· ☐ Yes		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

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Love	Light Compassion Foundation					46-42	
Pa	rt I Reason for Public Char						ns.
The	organization is not a private founda						
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative hos	pital service org	janization described ii	n section	170(b)(1)(A)(iii). 	::::\ Fatautha
4	A medical research organization		onjunction with a nosp	oitai desc	ribea in s	ection 170(b)(1)(A)(iii). Enter the
_	hospital's name, city, and state						al unit described in
5	An organization operated for t section 170(b)(1)(A)(iv). (Compared to the section 170(b)(1)(b)(1		college or university	ownea o	r operate	ed by a government	ar unit described in
6	☐ A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)(port from	a gover	nmental unit or from	the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally in receipts from activities related support from gross investment acquired by the organization at	I to its exempt int income and	functions—subject to unrelated business t	certain taxable ii	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety S	See sect i	on 509(a)(4).	
11	An organization organized and one or more publicly supported	operated exclusions de	vely for the benefit of, escribed in section 5 0	to perfori	m the fun r section	ctions of, or to carry 509(a)(2). See secti	out the purposes of on 509(a)(3). Check
	the box in lines 11a through 11c	that describes t	the type of supporting	organizat	tion and o	complete lines 11e, 1	1f, and 11g.
а	the supported organization(s) organization You must com	the power to re	egularly appoint or ele	led by its ct a majo	supporterity of the	ed organization(s), ty e directors or trustee	pically by giving es of the supporting
		-		acetion w	uth ite ein	pported organization	n(e) by having
b	control or management of the organization(s). You must co	e supporting org	janization vested in th	e same p	ersons th	nat control or manag	ge the supported
c		ted. A supportin	ng organization operat	ted in cor te Part I\	nection v	with, and functionall ns A, D, and E.	y integrated with,
d		egrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)
	that is not functionally integra requirement (see instructions						an attentiveness
е	Check this box if the organization functionally integrated, or Type						I, Type III
f							
g		•	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			, , , , , , , , , , , , , , , , , , , ,	Yes	No		
(A)							
(B)							
(C)	-				**-		
(D)		~ <u>-</u>					
(E)							

Part II

Part	I Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	<u>, </u>
	(Complete only if you checked the						
	Part III. If the organization fails to						•
Sect	on A. Public Support				•	<u> </u>	
	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 ")						
2	Tax revenues levied for the						
	organization's benefit and either paid]		
•	to or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	-	 					
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						ł
	supported organization) included on			l P			
	line 1 that exceeds 2% of the amount	i		<u>}</u>			
	shown on line 11, column (f)					- 	
6_	Public support. Subtract line 5 from line 4.			<u> </u>	<u> </u>		<u></u>
	on B. Total Support	-	,			 	·
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			_			
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar			ļ			
	sources						
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 assets						,
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
01	organization, check this box and stop he				• • • •		<u>.</u> ▶ ∐
	on C. Computation of Public Suppor			4		44	
14 15	Public support percentage for 2014 (line 6) Public support percentage from 2013 Sci		•			14	<u>%</u>
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2013. If the organ	•	•	-			_
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test-20	D14. If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and	
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	ımstances" tes	st The organiz	ation qualifies	as a publicly s	upported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				•	n qualifies as a	·
18	supported organization						· · ► 📙
10	unstructions	u not check a	DOX OH IINE 13,	, 10a, 10b, 172	a, or 170, chec	k uns box and	>ee

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					264.56	20405
	received (Do not include any "unusual grants.")					38,405	38,405
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					1 222	2.770
	organization's tax-exempt purpose					2.770	α.110
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513					ļ. — — — — — — — — — — — — — — — — — — —	
4	Tax revenues levied for the						
	organization'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						
6	Total. Add lines 1 through 5			-		41,175	41,175
	Amounts included on lines 1, 2, and 3					11,113	1.1112
-	received from disqualified persons .						Ö
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
С	Add lines 7a and 7b					0	
8	Public support (Subtract line 7c from					41,175	14.5-
	line 6.)					11111	41,175
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					41,175	41.175
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						
С	Add lines 10a and 10b					 	
11	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 assets					1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					41,175	41,175
	and 12.)		<u></u>				
14	First five years. If the Form 990 is for the	-			-		
Cact.	organization, check this box and stop he					<u> </u>	<u>· · ▶ 🛛</u>
	on C. Computation of Public Suppor			2 ook (mm (f))		45	
15 16	Public support percentage for 2014 (line 8 Public support percentage from 2013 Sch						<u>%</u> %
	on D. Computation of Investment In			<u> </u>		10	
17	Investment income percentage for 2014 (v line 13. colur	nn (f))	17	
18	Investment income percentage from 2013						%
19a	331/3% support tests - 2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this l	oox and stop h	ere. The organi	zation qualifies	as a publicly s	supported organi	zation 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14.	19a, or 19b, c	heck 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 E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support 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," ansi (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c (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") "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the fore supported organization? If "Yes," describe in Part VI how the organization had such control and discrete despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinate under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2 purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Year answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such acti (III) the authority under the organization's organizing document authorizing such action, and (IV) how the act 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 alredesignated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities anyone other than (a) its supported organizations; (b) individuals that are part of the charitable cl benefited by one or more of its supported organizations; or (c) other supporting organizations that a support or benefit one or more of the filing organization's supported organizations? If "Yes," provide deta Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substant contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-perc controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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 m disqualified persons as defined in section 4946 (other than foundation managers and organizations describ 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 wh the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal ber 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 494 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated support organizations)? If "Yes," answer (b) below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 determine whether the organization had excess business holdings)

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11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, after alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A After controlled entity of a person described in (g) or (g) above? If "Yes" to a, b, or c, proude detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization and voltage in Part VI how the supported organization share than power to regularly appoint or elect at least a majority of the organization's effectively operated, supervised, or controlled the organization and voltage in Section or It was supported organizations and what controlled resonations, if any, applied of such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization or unanagement of the supporting organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's unanagement of the supporting organization. 1 Did the organization supported organization's very supported organization's provided the supported organization's provided the organization's provided the organization's provided the organization's provided the	Part	Supporting Organizations (continued)		Vac	- No
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 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 	D		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current 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 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			
instructions for short tax year or assets held for part of year).			
Average monthly value of securities	1a	<u>.</u>	
b Average monthly cash balances	1b		
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):			\(\frac{7}{3}\)
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	<u> </u>	
8 Minimum Asset Amount (add line 7 to line 6)	8	<u></u> .	
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-functionall instructions).	ly-ınt	egrated Type III support	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Secti	on 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						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
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	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6	<u> </u>					
10_	Line 8 amount divided by Line 9 amount		(ii)	(iii)			
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable 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.						
a							
<u>b</u>							
<u>c</u>							
<u>d</u>	5 0040						
<u>e</u> _	From 2013						
<u>f</u>	Total of lines 3a through e						
<u>g</u> h	Applied to underdistributions of prior years Applied to 2014 distributable amount						
<u>;;</u>	Carryover from 2009 not applied (see instructions)						
-	Remainder Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
7	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
	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	<u> </u>						
b							
C							
<u>d</u>	Excess from 2013						
<u>e</u>	Excess from 2014						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
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