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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)

OMB No 1545-1150 2013

Department of the Treasury

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

Open to Public Inspection

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(Part II. column (6)) below) are \$500,000 or more. file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	K		_		<u> </u>												
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	SE	10	Grants and	sımılar amounts j	paid (list in Sc	chedule O)	- 1 0 2014	12				10					
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14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	Ųģ.	12	Salaries, oth	ner compensation	n, and employ	ee benefits	DEM, UT	7				12					
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	ase ase	13	Professiona	l fees and other p	payments to i	ndependent c	ontractors					13					
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	de de	14	Occupancy,	rent, utilities, and	d maintenand	æ						14					
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	٩	15	Printing, put	olications, postag	e, and shippi	ng						15					
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20	U	16	Other expen	ises (describe in	Schedule O)							16		15			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20		17	Total expen	expenses. Add lines 10 through 16							▶ 17		15				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 20,993		18	Excess or (c	deficit) for the year	ır (Subtract lı	ne 17 from line	e 9)					18		20,993			
end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 20 20,993	sets	19	Net assets of	or fund balances	at beginning	of year (from l	ine 27, column (A)) (must	agree w	/ith							
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 20 20, 993	Ass		end-of-year	figure reported o	n prior year's	return)						19	ļ				
21 Net assets or fund balances at end of year Combine lines 18 through 20	et	20	Other chang	jes in net assets	or fund balan	ices (explain ii	n Schedule O)					20					
	_	21	Net assets of	or fund balances	at end of yea	r Combine lin	es 18 through 2	0				▶ 21		20,993			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Form 990-EZ (2013) ·OLIVIA CALDWELL FOUN	DATION IN	C 46-42	09103		Page 2
Part II Balance Sheets (see the instructions for P	art II)				
Check if the organization used Schedule O to	o respond to any	question in this Part	l		
		(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments			0	22	20,993
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			0	25	20,993
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	ee with line 21)		0	27	20,993
Part III Statement of Program Service Accom	plishments (se	e the instructions for	Part III)		Expenses
Check if the organization used Schedule O to	respond to any	question in this Part I		(Re	quired for section
What is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
RAISE FUNDS FOR PEDIATRIC BRAIN CANCER RESEARCH	•				anizations and section
Describe the organization's program service accomplishments for	each of its three la	rgest program services,		494	7(a)(1) trusts, optional
as measured by expenses in a clear and concise manner, describ	e the services prov	vided, the number of		for	others)
persons benefited, and other relevant information for each program	n title				,
28 RAISED OVER \$20,000 FOR PEDIATRIC BRAIN CANCE	ER RESEARCH.				·-···
				li	
(Grants \$) If this amount includes	foreign grants, che	ck here	▶ 🗂	28a	
29	rorongin granito, once	OK HOTO		200	
(Grants \$) If this amount includes	foreian arants, che	ick here	▶ 🗂	29a	
30	toroign grants, one	ok nere		230	
(Grants \$) If this amount includes	foreign grante, che	ack horo	▶ 🗂	30a	
(Grants \$) If this amount includes 31 Other program services (describe in Schedule O)	ioreign grants, che	ck neie		Sua	
- · · · · · · · · · · · · · · · · · · ·	foreign grants, abo	al hara	▶ □	34-	
(Grants \$) If this amount includes		ck nere		31a 32	
32 Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E		h one even if not compe	nsated — see the		ctions for Part IV)
Check if the organization used Schedule O to resp	ond to any questic	on in this Part IV			ocione for y dictry
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Heath ben contributions to e	efits, molovee	(e) Estimated amount of
(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, deferred compe	and	other compensation
KATIE CALDWELL		(ii not paid, enter -0-)	deterred compe	iisalioii	
PRESIDENT	4.00	_		_	
BRETT CALDWELL	1.00	 			, <u> </u>
VICE PRESIDENT	4.00	o		C	0
RICHARD CHENOWETH	4.00				, , , , ,
TREASURER	4.00	o		C	o
CANDICE FRUDE	4.00	0			,
SECRETARY	4.00	0		c	0
MARYBETH CHENOWETH	4.00	<u> </u>			<u>'</u>
	4 00	_		_	
DIRECTOR	4.00	0			0
					
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	L	L	<u></u>		L <u></u>
DAA					Form 990-EZ (2013)

OLIVIA CALDWELL FOUNDATION INC 46-4209103 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		X
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		X
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		X
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		_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250		x
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		
50	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a		30		<u></u> -
b	Did the organization file Form 1120-POL for this year?	37b		x
38a	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?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	_		
40a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	1,5.		
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ KATIE CALDWELL Telephone no ▶ 30	7-32	1-7	935
	PO BOX 1112			
	Located at ▶ RAWLINS WY ZIP + 4 ▶ 82	301		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		x
	If "Yes," enter the name of the foreign country		1	
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
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	ļ	X
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		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	111	1	
	explanation in Schedule O	44d	 	7,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45b	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	4		х
DAA	Form 990-EZ (see instructions)	45b orm 99	1 0-F7	
DAA	F	UIIII 33		(2013)

Form	990-EZ (201	3) · OL:	IVIA CA	LDWELL FOU	UNDATIO	N IN	C	46-42	09103				P	age 4
46				or indirectly, in polit s," complete Schedi		activitie	s on beh	alf of or in oppo	sition			46	Yes	No : X
Pa	rt VI	Section 50 All section 5 50 and 51	01(c)(3) or 501(c)(3) or	ganizations onl ganizations must a	y answer quest					tables fo	or lines	_ +0_	I	
		Check if the	organizatio	n used Schedule	O to respond	to any	questio	n in this Part	VI					
47	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									47	Yes	No X		
48	8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										48		Х	
49a											49a		X	
50			-	i a section 527 orgai ion's five highest coi		nlovoos	(athor th	an officers dire	actors trus	oos and k	.01	49b		L
00			-	than \$100,000 of c	•		•				Су			
			I title of each ea		(b) Ave hours pe devoted to	erage r week	(c)	Reportable mpensation W-2/1099-MISC)	(d) Hea contribution benefit	Ith benefits, ns to employ plans, and compensation	yee (e) to	(e) Estimated amount of other compensation		
NC	ONE													
f 51	Complete	this table for	the organizat	id over \$100,000 ion's five highest coi				ctors who each	received m	_ nore than				
				organization If there s of each independent		r "None		(b) Typ	e of service		(c)	Compe	nsation	1
NO	NE													
											:			
				· · · · · · · · · · · · · · · · · · ·										
	Takel	h				0.000								
d 52	Did the or	ganization co	mplete Sched	ontractors each rece lule A? Note . All sec ach a completed Sc	ction 501(c)(3)		ations an	d 4947(a)(1)			▶ 3	Yes		No
				examined this return, in arer (other than officer)							owledge a	ind belie	ef, it is	
9:~-		KUt	u ala	well					8/5/14					
Sign Here		Signature of of KATI	E CALDW	ELL				PRESIDE	NT					
	Prin	t/Type preparer's		 .	Preparer's signati	ure			Date		🗀	PTIN	ļ	
Paid	ттм	ютну ногм	ANN			<u>` </u>			00/		heck i	.	05586	. 6
Prep		n's name		R & HOFMAN	N PC	ナ			1 087	Firm's EIN		15.00	454	
Use	Only	r's address 🕨	211 W	CEDAR ST	301					Phone no	307-			
May	the IRS dis	cuss this retu	urn with the pi	eparer shown above	e? See instruct	tions					>		es	No
											Fo	_{ırm} 99	0-EZ	(2013)

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.

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

Open to Public

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

OLIVIA CALDWELL FOUNDATION INC

Employer identification number

46-4209103 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{X} 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III–Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(n)

(III) A 35% C	ontrolled entity of a person	described in (i) or (ii) above?							[11g(iii)]
h Provide the f	ollowing information about	the supported organization(s)	_						
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (I) li	organization isted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) is the organization in col (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total					·				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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)

Sec	tion A. Public Support											
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		-,			21,008	21,008					
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 furnished by a governmental unit to the organization without charge											
4	Total. Add lines 1 through 3					21,008	21,008					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				**************************************							
6	Public support. Subtract line 5 from line 4						21,008					
Sec	tion B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
7	Amounts from line 4					21,008	21,008					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 IV)											
11	Total support. Add lines 7 through 10	L		<u> </u>	<u> </u>	I	21,008					
12	Gross receipts from related activities, etc	(see instructions)				12						
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)						
	organization, check this box and stop her						•					
Sec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					 					
14	Public support percentage for 2013 (line 6		•	nn (f))		14	100.00%					
15	Public support percentage from 2012 Scho					15	<u>%</u>					
16a	33 1/3% support test—2013. If the organ				33 1/3% or more, o	check this	▶ X					
	box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,											
b	• • • • • • • • • • • • • • • • • • • •				15 is 33 1/3% or m	ore,	▶ □					
47-	check this box and stop here. The organization	•		-	Ca as ACh and line	. 4.4						
17a	10%-facts-and-circumstances test—201	_										
	10% or more, and if the organization meet Part IV how the organization meets the "fa											
	<u>*</u>	icis-and-circumsia	nces test the or	gamzation qualine	s as a publicly sup	ported	▶ □					
b	organization											
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line											
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly											
	supported organization	ecis ilic Tacis-dilu	-Circumstances to	sac The Organizati	on quannes as a pi	ионову	▶ □					
18	Private foundation. If the organization did	d not check a boy	nn line 13 16a 16	Sh 17a or 17h ch	eck this hov and se	26	- _					
10	instructions	a not check a box (on mie 13, 10a, 10	,, 17a, 01 17b, 011	CON THIS DOX BING SE		▶ □					
	man deligna						<u> </u>					

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)

Sec	tion A. Public Support			<u> </u>			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				1		
<u></u>	line 6)				<u> </u>		
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	(-) 0000	(5) 2040	(-) 0044		T () 2010	
9	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
						1	
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 (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
Sec	tion C. Computation of Public Su		itage			 	
15	Public support percentage for 2013 (line 8			nn (fl)		15	%
16	Public support percentage from 2012 Sch		=	(1))		16	
	tion D. Computation of Investme			·			.,,
17	Investment income percentage for 2013 (I			3, column (f))		17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17	• • • • • • • • • • • • • • • • • • • •		18	%
19a	33 1/3% support tests—2013. If the orga	nization did not ch	neck the box on lin	e 14, and line 15 is	s more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this be						▶ [
b	33 1/3% support tests—2012. If the orga						. —
45	line 18 is not more than 33 1/3%, check th		_		• • •	-	<u> </u>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	ions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2013 OLIVIA CALDWELL FOUNDATION INC

46-4209103

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Part IV 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)

SCHEDULE O (Form 990 or 990-EZ) 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.

2013

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

OLIVIA CALDWELL FOUNDATION INC

Employer identification number

46-4209103

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION

AMOUNT

EXPENSES

OFFICE

\$ 15

TOTAL \$

15