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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Dec	artment o	f the Treasury	▶ Do not	enter Social	Securit	y numbers (on this form	as it may be	e made pu	ubli	c.	Open to Public		
Inte	rnal Rever	ue Service		nation about	Form 99	0 and its in	structions is	at www.irs	.gov/form	990	<u> </u>	Inspection		
A	For the	2014 cale	ndar year, or tax ye	ar beginning		07/01	410 <u>ھ</u>	and endin	9	07	/31	, 20 14		
В	Check if	applicable.	C Name of organization	Listen and	Talk					_	D Employe	er identification number		
	Address	change	Doing Business As									91-1728129		
	Name cl	hange	Number and street (o	rPO box if ma	ail is not d	lelivered to stre	eet address)	Room/su	te	ı	E Telephor	ne number		
	Initial ref	turn	8610 8th Avenue NE	.								206-985-6646		
	Termina	ted	City or town, state or	province, coun	try, and Z	IP or foreign p	ostal code							
	Amende	d return	Seattle, WA 98115							┙	G Gross re	ceipts \$		
	Applicat	ion pending	F Name and address of	principal office	er				H(a) Is this	s a gr	a group return for subordinates? 🔲 Yes 🗹 No			
			Suzanne Quigley	8610 8th A	venue N	E , Seattle,	WA 98115		H(b) Are all subordinates included? Yes					
<u></u>	Tax-exe	mpt status	✓ 501(c)(3)	501(c) () •	(insert no)	4947(a)(1) o	r 🗌 527		If "No," attach a list. (see instructions)				
<u>J</u>	Website	e: ► ww	w listentalk.org						H(c) Gro	oup	exemption	number ►		
K	Form of	organization	Corporation Trus	t 🔲 Associa	tion 🔲 C	other ▶	L	Year of format	ion 19	96	M State	of legal domicile WA		
F	art I	Summ	ary											
	1	Bnefly de	escribe the organiza	ation's miss	ion or n	nost signific	ant activitie	es: Listen	and Talk	tea	ches chil	dren who are deaf or		
9		hard of h	earing to communic	ate and learr	n throug	h listening a	and spoken l	language						
Activities & Governance														
ě	2	Check th	is box ▶ 🔲 if the o	rganization (discont	inued its op	erations or	disposed of	of more th	han	25% of i	its net assets.		
Ĝ	3	Number of	of voting members	of the gove	rning b	ody (Part VI	, line 1a) .				3	10		
مخ	4	Number of	of independent vot	ıng member	s of the	governing	body (Part	VI, line 1b)			4	10		
ties	5	Total nun	nber of individuals	employed ır	n calend	dar year 20°	13 (Part V, Iı	ne 2a) .			5	37		
ξį	6	Total nun	nber of volunteers	(estimate if i	necessa	ary)					6	400		
Ą	7a	Total unr	elated business rev	enue from l	Part VIII	, column (C), line 12				7a	0		
	b	Net unrel	ated business taxa	ible income	from Fo	orm 990-T,	line 34 .				7b	0		
	j								Prio	r Ye	ar	Current Year		
<u>o</u>	8	Contribut	tions and grants (P	art VIII, line	1h)			L			\$692,289	\$157,259		
Revenue	9	Program	service revenue (P	art VIII, line	2g) .			L		\$1	,335,573	\$55,927		
ě	10		nt income (Part VII	-				-			\$1,291	\$6		
ш	11		renue (Part VIII, col					_						
_	12	Total reve	enue-add lines 8 tl	hrough 11 (n	nust equ	ual Part VIII,	column (A),	line 12)		\$2	,029,153	\$213,192		
	13		nd sımılar amounts					L						
	14		enefits paid to or for members (Part IX, column (A), line 4)											
S	15		other compensation					es 5–10) 📙		\$1,647,098		\$178,829		
Š	16a	Profession	nal fundraising fee	s (Part IX, c	ဝါဂူဏ္ဍီဂျီ (A), line 116	·	-;						
Expenses	b	Total fund	draising expenses	(Part IX, coli	ու կ եչ (b)	i, [jĝ@ 2 5)ç▶	\$ 2014	181						
ш	17	Other exp	draising expenses penses (Part IX, co	lumn (A), lin	eși 11a-	·11d, 11f=2	4e) ८७.५.	121 .			\$400,094	\$96,584		
	18	Total exp	enses. Add lines 1	3–17 (must	equalP	arttX , colu	mn (A), line	<u>25</u>] · L			,047,192	\$275,413		
	19	Revenue	less expenses. Su	btract line 1	8 from	line 12) 🥌	MIT				-\$18,039	-\$62,221		
at Assets or	3								Beginning o			End of Year		
Seet Seet	20		ets (Part X, line 16)								\$735,516	\$992,609		
3 t 6	21		ilities (Part X, line 2	,							\$38,024	\$17,980		
ુ ¥કે			ts or fund balances	s. Subtract li	ine 21 f	rom line 20		<u> </u>			\$697,492	\$974,629		
	art II		ture Block											
												ny knowledge and belief, it is		
~—		t, and compr	ete. Declaration of prepare	arer (other than	onicer) is	based on all I	mormation of v	which prepare	nas any kn	T	ai il	14.1		
Sign		🔀	My (للِ	44.44	114		
الحج	gn	Sign	ature of officer	1	r		_	T	i	Da	te			
罗	ere		<u>suzanne</u>	Luigies	ر د	xecut	7-2	Diec	120					
E.			or print name and title		Drocas	do oranotivo		To			1	PTIN		
Pa	àid	Printily	pe preparer's name		reparer	's signature		0	ate		Check [#]		
Pr	epare	er			L						self-emp	pioyed		
Us	se On			 ~							's EIN ▶			
		Firm's a	ddress ►							Pho	ne no.			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Yes No Form **990** (2013)

Total program service expenses ▶

Form 99	D (2013)		ſ	Page 3
Part i	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		/
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	
14 a	· · · · · ·	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	V
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Fart	Checklist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		~
С	Schedule L, Part IV	28b 28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		-
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		~

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
	reportable gaming (gambling) winnings to prize winners?	1c		~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		~
4a	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)?	4a		>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ļ		l
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			.,
_	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	ŀ	_
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	1
10	Section 501(c)(7) organizations. Enter:	130		Ť
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1	ļ	
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		V
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	l
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	~
_	Note. See the instructions for additional information the organization must report on Schedule O.			Г
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand		L	<u>L</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		4

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See in:	for a	ions.
Secu	on A. Governing Body and Management		Yes	-No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	!	163	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	, 	,
40-	Did the average ten have level shouters by a still to 0	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			۰
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	v v	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		,
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14		~
а	The organization's CEO, Executive Director, or top management official	15a	,	ļ [,]
b	Other officers or key employees of the organization	15b	~	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		,
Secti	on C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶ WA		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	only)
19	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Listen and Talk. (206)985-6646. Seattle, WA 98115	of the	•	

Form **990** (2013)

Part VII	Compensation of Officers,	Directors, Tr	ustees, Ke	Employees,	Highest Com	pensated Employe	es, and
	Independent Contractors						

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C)			ļ		
(A)	(B)	/4	-4 -1	Pos		than o		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, i	unles	s pe dad	rson	ıs both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) William Cavender	1									
Board Member		-	<u> </u>	<u> </u>						
(2) Amy Cooley	1	,								
Board Member		-	ļ			-	_			· · ·
(3) Mike Hunter	1									
Board Member	 	~	├	-	<u> </u>		H			
(4) Deb Masters	1	"			l					
Board Member	 		├			_				
(5) Jay Rubenstein Board Member	1	<u> </u>								
(6) Steve Zwerin	1		⊢	_	⊢	 	\vdash	-		
Board Member	'	_								
(7) David Reese	1	۱Ť	┢		\vdash			 		
President	'			-		ļ				
(8) Paul Fenton	1		\vdash	Ť	\vdash		 			
Secretary			ĺ	·						
(9) Justin Marlowe	1	 	\vdash	t^-	T		H	1		
Treasurer]	l	~						
(10) Ramona Monroe	1		T		T		 			
Co-President				~				ł		
(11) Suzanne Quigley	40		t				T			
Executive Director				1	~	1		\$8,112		
(12)										
(13)										
(14)										

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd F	lighe	st C	ompensated E	mployees (<u>continu</u>	ued)		
					•	C)								
	(A)	(B)	(do n	ot ch		more	than o	one	(D)	(E)			(F)	
	Name and title	Average hours per	box,	unles	ss pe	rson	ıs both	n an	Reportable compensation	Reportab compensation			mated	_
		week (list any					or/trus	~	from	related		О	ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-N			ensatio m the	n
		organizations	ecto	l to	٩ ا	퓛	st c	[역	(W-2/1099-MISC)	(** 2 .000 !!		-	nization	1
		below dotted (ine)	7 2	nal t		loye	mg				1		related iization:	
			stee	ruste		•	ens					organ		•
				æ		1	ated							
(15)											\neg			
(16)														
(17)														
(18)														
		-										·		
(19)														
(20)														
(21)														
(22)								<u> </u>						
(23)						_								
(24)		ļ				<u> </u>								
(25)		-	ļ			_								
(23)														
1b	Sub-total		• •				•	>	\$8,112					
C	Total from continuation sheets to Part	•		•	•		٠	•						
d		<u> </u>						<u> </u>	\$8,112	L				
2	Total number of individuals (including bureportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000) of		
		-											Yes	No
3	Did the organization list any former of										nsated	d [
	employee on line 1a? If "Yes," complete										•	3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations													
_	Individual											4		~
5	for services rendered to the organization											" ₅		,
Section	on B. Independent Contractors											, 5		
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	ın \$100	0,000 of		
	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within	the org	ganızatıd	on's ta	ЭX
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
				•					-					
			_											
								_						
														
2	Total number of independent contractor	ors (includir	na hi	ıt n	ot	lımit	ed to	th	ose listed ah	ove) who				
-	received more than \$100,000 of compens								,	-,				

Part	VIII	Statement of Revenue	_		5		_
		Check if Schedule O contains a res	oonse or note to	(A) Total revenue	exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	0		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
s, G	С	Fundraising events 1c	0				
sifft: ar /	d	Related organizations 1d	0				
s, (mil	е	Government grants (contributions) 1e	0				
ion	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	\$157,259				
d d	g	Noncash contributions included in lines 1a-1f ⁻ \$					
a Co	h	Total. Add lines 1a-1f	•	\$157,259			
-en			Business Code				
Ven	2a	School Tuition & Fees	611600	\$55,927	\$55,927		
æ	b	•					
jc Jice	С						
Sen	d						
E	е						
Program Service Revenue	f	All other program service revenue.					
<u> </u>	g	Total. Add lines 2a-2f	▶	\$55,927			
	3	Investment income (including divident					
		and other similar amounts)	.	\$6	\$6		
	4	Income from investment of tax-exempt be	· · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses		1			
	C	Rental income or (loss)		1			
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	_						
	C	Gain or (loss)					
	d	Net gain or (loss)					
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a					
₹		Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities. See Part IV, line 19 a		ĺ			
		Less: direct expenses b					
		Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances					
	١.						
	b	Less: cost of goods sold b					
	<u>c</u>	Net income or (loss) from sales of inv	Business Code				
	44-	Miscella legas Deverine	Juaniesa Code	}			
	11a			 			
	C	o	<u> </u>	-	-1.		
	d	All other revenue		 			
	l e	Total. Add lines 11a–11d					
	٦.,٠	7-4-1		4040 400			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) -Management and - general expenses	(D) Eundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	\$21,558		\$8,452	\$13,106
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	\$107,458	\$107,458		
7 8	Other salaries and wages				
9	Other employee benefits	\$33,873	\$28,115	\$2,371	\$3,387
10	Payroll taxes	\$15,940	\$13,231	\$1,115	\$1,594
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	\$2,981		\$2,981	
12	Advertising and promotion				
13	Office expenses	\$2,672		\$2,672	
14	Information technology	_			
15	Royalties				
16	Occupancy	\$5,199	\$4,679	\$364	\$156
17	Travel	\$3,066		\$3,066	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				···
21	Payments to affiliates	ta1 020	\$28,646	¢2 220	\$955
22	Depreciation, depletion, and amortization .	\$31,829	\$28,040	\$2,228	<u> </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Maintenance	\$2,002	\$1,802	\$140	\$60
b	Bad Debt	\$48,835		\$48,835	
C		+ 10,550		+ 15,530	
d	ŀ				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	\$275,413	\$183,931	\$72,224	\$19,258
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year \$432,176 \$388,143 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net \$255,000 3 202,771 4 \$128,412 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 Inventories for sale or use \$4,040 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation Investments-publicly traded securities 11 \$202,586 11 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11... 14 14 Intangible assets 15 Other assets, See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . \$735,516 16 \$992,609 17 Accounts payable and accrued expenses \$38,024 17 \$17,980 18 18 Deferred revenue 19 19 20 20 Escrow or custodial account liability, Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 \$38,024 \$17,980 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. \$896,910 27 \$687,129 27 Temporarily restricted net assets \$139940 28 \$287,500 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds. 32 32 \$974,629 \$1,036,850 33 33 Total liabilities and net assets/fund balances . . . \$1,057,541 \$992,609

4

0,,,,		_			1 4	90 , _
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1_			\$21	3,192
2 3	Total expenses (must equal Part IX, column (A), line 25)	2			\$27	5,413_
3	Revenue less expenses. Subtract line 2 from line 1	3			-\$6	2,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			\$1,03	6,850
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6_				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			97	4,629
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			
	Schedule O.					
2a	The same and an arrangement and arrangement and arrangement and arrangement and arrangement and arrangement arrang			а	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled (or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		• 🗀	b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			-
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant'	? 2	c	'	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	ın 📗			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		ın		l	
	the Single Audit Act and OMB Circular A-133?		_	а		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		b		~
				orm	990	(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.

Department of the Treasury Internal Revenue Service ▶ 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

Name	Name of the organization Employer identification number							
	n and Talk		!	28129				
Par							ns.	
	he 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). ☑ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 							
2			•	ti	470/5)/4	1\/A\/;;;\		
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization						(iii). Enter the	
•	hospital's name, city, and state	•	5.1,a110.1011 VIII.1 a 1100,	J. (4, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,.	
5	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 govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				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 acquired by the organization a	to its exempt nt income and fter June 30, 197	functions—subject to unrelated business 75. See section 509(a	certain taxable ii a)(2). (Cor	exception ncome (I nplete Pa	ns, and (2) no more ess section 511 ta: art III.)	than 331/3% of its	
10	An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check	
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	-				
b	☐ Type II. A supporting organize control or management of the organization(s). You must control	e supporting org	janization vested in th			•		
С	☐ Type III functionally integra its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions).	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	-	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information	about the supp	oorted 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)								
(E)								
				}	l		ĺ	

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.)

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 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 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 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.						
	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 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						
	organization, check this box and stop her			<u></u>		<u> </u>	· · • U
	on C. Computation of Public Suppor Public support percentage for 2014 (line 6			4		144	0/
14 15	Public support percentage for 2014 (line of Public support percentage from 2013 Sch		-	1, COlumn (1))		15	<u> </u>
	331/3% support test—2014. If the organiz						
	box and stop here. The organization qual						
b	331/3% support test—2013. If the organ	•		_	r 16a, and line	15 is 33 ¹ /3%	
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	ganızation .		. ▶ □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
	Part VI how the organization meets the "forganization		imstances tes	_	ation qualifies	as a publicly s	upported
b	10%-facts-and-circumstances test – 20						, and line
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	eets the "fact	s-and-circums	tances" test. T			
18	Private foundation. If the organization distructions						

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.)

	ii the organization lans to quality	under the te	sts listed bei	ow, piease co	Jinpiete i ait	11. <i>j</i>	
	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						
_	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		ļ				
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						
_	_	_		l			
6 7a	Total. Add lines 1 through 5						
ı a	received from disqualified persons .		1				
_				······························			
b	Amounts included on lines 2 and 3 received from other than disqualified				1		
	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						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
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			_			
	Add lines 10a and 10b			ļ 			
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40	Other income. Do not include gain or			-	+	+	
12	loss from the sale of capital assets						
	(Explain in Part VI.)				1		
13	Total support. (Add lines 9, 10c, 11,		<u> </u>	 	 	 	
	and 12.)			1		ļ	
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line	B, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/2%, check this box						
b	331/3% support tests – 2013. If the organiz						
	line 18 is not more than 331/3%, check this	-	_	· ·	-		
$\alpha \alpha$	- Linuary tollingation, it the processories of	C DOT OBOOK O	DOV OD 1100 1/1	JUG OF TUR	COACY THE DAY	and coo ineffi	manne 🗩 🗀

Part IV Supporting Organizations

Section A. All 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.)

			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	i	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
	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.	3с		
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		
С	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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) 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? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	<u>5c</u>		
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_		
	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		

	E A (1 0111 330 01 330-122) 2014			-age J
Part	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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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. on B. Type I Supporting Organizations	110		
oecu	on b. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	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'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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II 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			
	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 the supported organization(s).		i	
		1		
Secti	on D. All Type III Supporting Organizations		V	Nia
	Did the conscient or avoide to each of the consented appropriate by the last day of the fifth month of the	$\overline{}$	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			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	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	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	i l	
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			
	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.	3		
Secti	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 i	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	struction	ons).
•	Ashahar Tank Assaura (1) and (1) to be		V	N.
2	Activities Test. Answer (a) and (b) below.		Yes	NO
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	<u> </u>		<u> </u>
-	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			
	activities but for the organization's involvement.	2b		Ì
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			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Funct	jan	izations	
1	tru	st on Nov. 20, 1970. See	instructions. All
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):			
a Average monthly value of securities	1a		
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):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	.=	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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-ın	tegrated Type III support	ing organization (see

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish					
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)			242		
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 whic	h 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					
Se	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					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:		·			
а						
<u>b</u>						
С						
d						
е						
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)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section					
	D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.			_ tt.		
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					
U	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					
e						

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.)

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number 91-1728 129

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	~	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		v
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b 4c 4d	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		~
b	Admissions policies?	5b		~
С	Employment of faculty or administrative staff?	5c		~
d	Scholarships or other financial assistance?	5d		~
е	Educational policies?	5e	_	~
f	Use of facilities?	5f	<u> </u>	~
g	Athletic programs?	5g	<u> </u>	~
h	Other extracurricular activities?	5h		-
C-	Describe expension receive any financial aid as appletones from a gavernmental agency?	60	1	
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	+	1
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	"	†	⇈
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	-	

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other 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.

OMB No. 1545-0047

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

June 30th, 2014.

Employer identification number 91-1728129

Form 990, Header, Line A- Listen and Talk has changed its fiscal year to August 1st through July 31st. Therefore, we are filing this short period return for July 1st, 2014 through July 31st, 2014. In addition to this, we recently filed a return for fiscal year July 1st, 2013 through

Form 990, Part VI Section B, Line 15- Each year the Board of Trustees determines the Executive Director's compensation. The Board gathers information on compensation of Executive Directors of similar sized Non Profit organizations within the region as well as Directors of other school for the deaf.

Form 990, Part VI, Section C, Line 19- These policies are available by a request made to the management of the organization

Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization	Employer identification number
	~ · · · · · · · · · · · · · · · · · · ·

24