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Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2014 calenda	ar year, or tax year beginning January 1 , 2014, and ending C	ecembe	r 21 , 20 14	
В	Check If ap	plicable:	C Name of organization D Er	nployer id	entification number	
	Address c	hange	20-1417388			
	Name cha	_	B E Telephone number			
H	Initial retur	Y	Post Office Box 128	78	1-862-3011	
$\overline{}$	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Exe	mption	
=	Application		Lexington, MA 02420-0002	lumber l	>	
G	Account	ing Method:	✓ Cash	k ▶ 🔲	if the organization is not	
	Nebsite			red to att	ach Schedule B	
J T	ax-exen	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form	n 990, 99	0-EZ, or 990-PF).	
K	Form of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts		
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. - \$;	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions	s for Part I)	
			the organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received		184,692	
	2		ervice revenue including government fees and contracts	2	0	
	3	-	ip dues and assessments	. 3	0	
	4	Investment	t income	. 4	0	
	5a	Gross amo	ount from sale of assets other than inventory 5a	0	*	
	Ь		or other basis and sales expenses	0		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	•	nd fundraising events			
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
ae	1	\$15,000)		0		
Revenue	Ь	Gross inco	me from fundraising events (not including \$ 0 of contributions	7		
é		from fundr	aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direc	et expenses from gaming and fundraising events 6c	0		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t		
	1	line 6c)		6d	0	
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	c	Gross prof	it or (loss) from sales of inventory (Subtract line 7b, from the table 1)	. 7c	0	
	8	Other reve	nue (describe in Schedule O)	. 8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	184692	
	10		d similar amounts paid (list in Schedule O) MAY 13. 2015	. 10	168,339	
	11	Benefits pa	aid to or for members	. 11	0	
es	12	Salanes, o	ther compensation, and employee benefits	. 12	0	
Expenses	13	Profession	al fees and other payments to independent contractors .U.Q.D.L.V.	. 13	0	
9	14			. 14	0	
ΩÌ	1 .0	_	ublications, postage, and shipping	. 15	1351	
	16	-	enses (describe in Schedule O)	. 16	3686	
	17		enses. Add lines 10 through 16	17	173,376	
Ø	18		(deficit) for the year (Subtract line 17 from line 9)		11316	
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			
As	1	•	ar figure reported on prior year's return)	19	6773	
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	. 20		
	21		or fund balances at end of year. Combine lines 18 through 20	21	18089	
Fo	r Paper	work Reduct	tion Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2014)	

SCANNED JUN 0 5 2015

Pa	Balance Sheets (see the instructions to	•	avantian in M in	Dort II		-
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	6773	221	18,08
23	Land and buildings				23	10,08
24	Other assets (describe in Schedule O)		,		24	
25	Total assets		The state of the s	6773		18,089
26	Total liabilities (describe in Schedule O)			10,721		10.72
27	Net assets or fund balances (line 27 of column		}-	-3,948		7,36
Par					11	
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?					quired for section
	cribe the organization's program service accompli					(c)(3) and 501(c)(4) anizations; optional for
as m	neasured by expenses. In a clear and concise money benefited, and other relevant information for each	nanner, describe the				ers.)
28		 	······································		1	
			************		j	
	(Grants \$ 168,339) If this amount	includes foreign gra	ants, check here .	▶ 🗹	28a	168,339
29						
					l	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29 a	3
30						
					ł	
	(Grants \$) If this amount				30a	1
31	Other program services (describe in Schedule O)					[
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u>▶</u> <u>↓</u>	31a	
	Total program service expenses (add lines 28a				32	100/000
Par	List of Officers, Directors, Trustees, and Key			•		<u>-</u>
	Check if the organization used Schedule	<u> </u>	ny question in this	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
			(ii not paid, enter -o-)	ddiaraa aaripansaka	-	···
	/n Gage, President	1.5			ام	
	enmore Circle Pittsford, NY	15		0	9	0
	Shaver, Vice President	10	1		اه	0
	Via Marinero Carlsbad 92009 ald Walker, Clerk	10		<u> </u>	" 	0
	prest Street, Unit 310, Lexington, MA 02421-4991	4	1			0
	C. Anderson, Delegations			<u>, </u>	╫	
	sage Trail Spencerport, NY 14559	2			اه	0
	ey Dubois, Delegations	 			1	
	risten Court, Williston, VT 05495-9102	12			0	0
	ence Gage, Finances	-				
	enmore Circle, Pittford, NY 14534-2825	2		ام	0	0
	ie Fauchet, Secretary					
	ntvale Ln Brentwood, TN 37027-	2			0	0
	ard Moncrief, Treasurer				\neg	
	East Avenue Rochester, NY 14607	2			o	0
	Dougherty, Board Member				\top	
	Blairmore Rd Lexington, KY 40502	2		o	0	0
	d Yates, Finances					
	Oregon Street Cincinnati, Ohio 45202	2			o	0
	tley Young, Board Member					
	7 Mira Vista St Valencia CA 91355	2			0	0
Step	hanie Hedrick, Board Member					
3457	College Poad #I0 Farmington, MO 63640	2	1	al .	ام	^

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this		-	<u></u>
	instructions for rare vy check if the organization used Schedule O to respond to any question in this	Fan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		\ \ \
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		→
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a	-	√
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	40b		. ✓
	4955, and 4958			
	transaction? If "Yes," complete Form 8886-T	40e	-	1
41	List the states with which a copy of this return is filed ▶ Massachusetts			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► 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)? If "Yes," enter the name of the foreign country:	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	▶ □
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	res	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u>√</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	√
		45b		

46	Did the organization engage, directly to candidates for public office? If "Y						Yes	No ✓
Part	VI Section 501(c)(3) organiza All section 501(c)(3) organiz 50 and 51. Check if the organization use	ations must answer que			mplete the	tables f	or line	<u>'</u> ∍s □
47 48 49a b 50	Did the organization engage in lobby year? If "Yes," complete Schedule Collection is the organization a school as described the organization make any trans If "Yes," was the related organization Complete this table for the organization employees) who each received more	bying activities or have a c, Part II	section 501(h) election in the section 501(h) election in the section in the sect	on in effect of the control of the c	ers, directo	47 48 49a 49b ors, truste		No ✓ ✓
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, a compen	o employee and deferred	(e) Estimate other con		
None		N/A	N/A		N/A			N/A
f 51 None	Total number of other employees pa Complete this table for the organiz \$100,000 of compensation from the (a) Name and business address of each inc	ation's five highest compe e organization. If there is no	ensated independent	contractors	-	received Compensati		than
			N/A					N/A
d	Total number of other independent of	contractors each receiving	over \$100,000	>	No			
52	Did the organization complete Sc completed Schedule A	chedule A? Note. All se	ection 501(c)(3) orga	· · · ·		► ✓ Yes		lo
	penalties of perjury, I declare that I have examine rrect, and complete Declaration of preparer (ett) Signature of officer MARY C. ANDER Type or print name and title	per than officer) is based on all info			1ge. 7/15	owledge and	belief,	t is
Paid Prep	arer	Preparer's signature	Da	· · · · · · · · · · · · · · · · · · ·	Check Self-employ	of PTIN		
Use (Only Firm's name Firm's address F				's EIN ▶ ne no.			
May th	he IRS discuss this return with the pre	eparer shown above? See	instructions	, , , ,)	► ☐ Yes		lo

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	of the organization		······································			Employer identification	number	
	Proejct Chacocente 20-1417388							
Par							ns.	
The c	rganization is not a private founda							
1	A church, convention of church			ibed in s e	ection 17	O(b)(1)(A)(i).		
2	A school described in section							
3	A hospital or a cooperative ho						511) Catantha	
4	A medical research organization	•	onjunction with a nosp	Ditai desc	nbea in s	ection 1/0(b)(1)(A)	(III). Enter the	
5	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.)							
6	☐ A federal, state, or local gover		mental unit described	in sectio	on 170(b)	(1)(A)(v).		
7	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 i	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	d to its exempt ent income and	functions—subject to unrelated business t	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10	An organization organized and	l operated exclus	sively to test for public	safety. S	See sect i	on 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	ion 509(a)(3). Check	
а	Type I. A supporting organize the supported organization(sorganization. You must con	s) the power to re	egularly appoint or ele	•				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control organization (s). You must control to the control organization (s).	e supporting org	anization vested in th					
c	Type III functionally integra its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integrally requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organize functionally integrated, or Ty						I, Type III	
f	Enter the number of supported	organizations .					[]	
9	Provide the following information	n 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	irganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)	В)							
(C)	4							
(D)								
(E)			<u></u>			1		
						<u> </u>		

Schedu	e A (Form 990 or 990-EZ) 2014						Page 2
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	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		ĺ				
	include any "unusual grants.")	137,785	120,058	172,204	170,230	184,692	784,969
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	137,785	120,058	172,204	170,230	184,692	784,969
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.						
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
7	Amounts from line 4	137,785	120,058	172,204	170,230	184,692	784,969
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.)	137,785	120,058	172,204	170,230	184,692	784,969
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 he				<u> </u>		· · > 🗀
	on C. Computation of Public Suppor					,	
14 15	Public support percentage for 2014 (line (Public support percentage from 2013 Sci	nedule A, Part I	I, line 14 .			14	100 % 100 %
16a	331/3% support test—2014. If the organization qua					3% or more, ch	
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che	eck this box an ation qualifies	id stop here. E as a publicly st	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of t	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and sto	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
_	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			<u> </u>			
	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified	į					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						·
С 8	Add lines 7a and 7b						
•	line 6.)						
Secti	on B. Total Support		<u> </u>			LJ	
	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						_
	activities not included in line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	loss from the sale of capital assets]					
	(Explain in Part VI.)	ļ					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her			<u> </u>			🕨 🗖
	on C. Computation of Public Suppor						
15 46	Public support percentage for 2014 (line 8						<u>%</u>
16 Secti	Public support percentage from 2013 Schoon D. Computation of Investment Inc			• • • •	· · · · · · · · · · · · · · · · · · · 	16	%
17	Investment income percentage for 2014 (I			v line 13. colun	nn (f))	17	%
18	Investment income percentage from 2013					18	
19a	331/3% support tests-2014. If the organi	zation did not	check the box	on line 14, ar	d line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🔲
b	331/3% support tests—2013. If the organization 10 is not prove than 2011 3% when half is						31/3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	not check a l	oox on line 14,	19a, or 19b, c	neck this box	and see instru	ctions 🕨 📋

Part IV Supporting Organizations

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

Section A A	Supporting	Organizations
	· Cappor in g	O Maintrandio

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

		Yes	No
g y			- ,
s d		-	- 1
er	20		
d e	Sa]}
2)	3b		
lf	3c		1
n <i>n</i>	4a		
n	4b	-	
n d 3)			-
•	4c		
N n, n			_1
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y	5b		1
o s o n	5c		
al it	6		
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h	9a 9b		
it	9c		
f) g	10a	-	
0	10b	-	
	000	000 57	0044

Part	IV 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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	Did the diseases to store a second continue of an arrange of a second continue of a second co		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization'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.		·	
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	<u> </u>		
			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).	1		
Secti	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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	1	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		L	<u> </u>
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
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 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		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the content of the			
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 instructions).	y-in1	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)				
Secti	on D - Distributions	· ···········		Current Year			
Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6	 		· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by Line 9 amount		CD.				
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							
b							
C							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)		······································				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·				
4	Distributions for 2014 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount		~~~				
С	Remainder. Subtract lines 4a and 4b from 4.		·				
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).			· · · · · · · · · · · · · · · · · · ·			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
8	Breakdown of line 7:		··	·····			
а	!		······································				
b			····				
c							
d	Excess from 2013		······································				
е	Excess from 2014						

CHOCUM A (F	Oit1 350 0: 550-E2/2014		
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)		

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 2014

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	Employer identification number
Project Chacocente	20 1417200
rioject chacocente	20-1417388
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, Schedule O (Form 990 or 990-EZ) (2014)	Page		
Name of the organization	Employer identification number		
Project Chacocente	20-1417388		
Part I. Line 10 The purpose of Project Chacocente USAis to support Project Chac	cocente Acuahalinca in Masava. Nicaragua with monthly		
grants. The total of the grants sent throughout the year is listed here.			
Part III Line 28. Accomplishments. The organization continues to offer grants to F	Project Chacocente Acuaniinca in Masaya, Nicaragua.		
This year the families from the dump have successfully completed their agreemen	ts with Project Chacocente Acuahalinca in Nicaragua and		
accordingly have received the deeds to their land as well as a new electrical service	ce monitored at each home. The school, Chacocente		
.Christian School, continues to grow and thrive. In 2014, they served 151 students	s and had the first graduating class from 11th grade, the		
senior level. The school now serves from Pre-K through 11th grade, and continue	s to offer classes unavailable through public schooling:		
such as, religion, art, dance, music, a marching band, computer skills, and english	as well as the traditional courses offered. Outreach		
has begun to impoverished neighbors in need of assistance.			
	······		