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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

	or the	2014 calendar year, or tax year beginning and ending		
C ar	heck if	C Name of organization	D Employer identifica	tion number
	Addres	THE SPERANZA FOUNDATION		ą
	Name change	Doing business as	20-18	33020
_]Initial]return	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
\vdash	Final return/	1223 S. CLEARVIEW AVE. 103		22-5800 EX
_	return/ termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	675,068.
Γ-	Amend		H(a) is this a group retu	
一	Jreturn Application		for subordinates?	Yes X No
Ь	tion pendir	1223 S. CLEARVIEW AVE, SUITE 103, MESA, AZ		
				st. (see instructions)
		e: N/A	H(c) Group exemption	
			ear of formation: 2004 M	
	rt I	Summary	ear or formation. 2004) W	State of legal doffliche. AZ
g		Briefly describe the organization's mission or most significant activities SUPPORTE	D THE CHURCH O	F JESUS
au		CHRIST OF LATTER-DAY SAINTS		
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	
Activities & Governance		lumber of voting members of the governing body (Part VI, line 1a)	. 3	5
ر م		lumber of independent voting members of the governing body (Part VI, line 1b)	4	3
<u>e</u>		otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
<u>v</u> iti		otal number of volunteers (estimate if necessary)	6	5
of	7 a	otal unrelated business revenue from Part VIII, column (C), line 12	7a	3,148.
\rightarrow	b	let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
စ္	8	Contributions and grants (Part VIII, line 1h)	100,000.	355,960.
ਜ਼ੂ	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	100,045.	314,016.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,045.	669,976.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,000.	65,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
တ္မ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b	otal fundraising expenses (Part IX, column (D), line 25)		
w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,045.	1,073.
-	18	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	52,045.	<u>66,073.</u>
	19	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 CEIVED	148,000.	603,903.
ces			Beginning of Current Year	End of Year
Assets or Balances	20	otal assets (Part X, line 16)	55,268.	308,303.
t As	21	otal assets (Part X, line 16) otal liabilities (Part X, line 26) NOV 2 4 2015 Not assets or fund balances. Subtract line 21 from line 20	0.	0.
캺	22_	let assets or fund balances. Subtract line 21 from line 20	55,268.	_308,303.
Pa	<u>rt II</u>	Signature Block		
Unde	er pena	ties of perjury, I declare that I have examined this return, inclume accompanying schedules and sta	itements, and to the best of my l	knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	1
		1 Charles	(1/ [3	15
Sign	1	Signature of officer	Date	
Here		BROC C. HIATT, TRUSTEE		
		Type or print name and title		
			Date Check] PTIN
		Print/Type preparer's name Preparer's signature		P00165467
Paid			, 11/12/15 self-employed	
Paid Prep		Print/Type preparer's name Preparer's signature		
	arer	JEFFREY C. MCMULLIN, CPA JEFFREY C. MCMULLIN Firm's name MANSPERGER PATTERSON & MCMULLIN, PL		86-0751928
Prep	arer	JEFFREY C. MCMULLIN, CPA JEFFREY C. MCMULLIN Firm's name MANSPERGER PATTERSON & MCMULLIN, PL Firm's address 1222 E. BASELINE ROAD, SUITE 200	C Firm's EIN ▶	86-0751928
Prep Use	arer Only	JEFFREY C. MCMULLIN, CPA JEFFREY C. MCMULLIN Firm's name MANSPERGER PATTERSON & MCMULLIN, PL	C Firm's EIN ▶	

-orm		<u> 20-1833020 </u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		$[\overline{\mathbf{x}}]$
1	Briefly describe the organization's mission:		
•	·	ח הבאהבית	
	THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT AN		
	PRIMARILY THROUGH GRANTS, THE CHURCH OF JESUS CHRIST OF		
	SAINTS (HERE-AFTER "THE CHURCH"), ITS AFFILIATED CHARITA	BLE,	
	RELIGIOUS, AND EDUCATIONAL ORGANIZATIONS, AND OTHER RELI-	GIOUS	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Ves	X No
			<u> </u>
	If "Yes," describe these new services on Schedule O.	ا ئىسا	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	· · · · · · · · · · · · · · · · · · ·	,,	
	revenue, if any, for each program service reported		
4a			}}
	IN ACCORDANCE WITH THIS SUPPORTING ORGANIZATION'S PRIMAR		
	PURPOSE, IT SUPPORTED THE CHURCH OF JESUS CHRIST OF LATT	<u>ER DAY SAINT</u>	<u>'S</u>
	IN RESPONSE TO NEEDS IDENTIFIED BY THE CHURCH AND COMMUN	ICATED TO TH	ΙE
	SUPPORT ORGANIZATION.		
	DOLLOW OVER THE STATE OF THE ST		
	And the second s		
4b	(Code) (Expenses \$) (Revenue	\$	} }
	The state of the s	·	
			
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$	\$)
		·	
			
			
4d	Other program services (Describe in Schedule O)		
-14	\ \frac{1}{2}	١	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 65,000.		
<u>4e</u>	Total program service expenses ► 65,000.		20 (2014)

Form 990 (2014) THE SPERANZA FOUNDATION
Part IV 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)?		v	ı
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	-	
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			1
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			I
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			ļ
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			7.7
	Part VI	<u>11a</u>		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u>X</u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	446		X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		X
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	17		<u>x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		i	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u> _	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2014)
		Form	990	ついしょ

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orm 990 (2	2014) THE	SPERANZA	FOUNDATION	 <u> 20-1833020</u>	Page
Part IV	Checklist of Require	d Schedules (continued)		

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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 "Yes,"			
	complete Schedule L, Part II	26	,	X
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			۱
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		7.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	٠,,	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	N OOO	(001.1)
		⊢orm	コゴリ	(2014)

Form <u>990</u> (2014)	THE SPERANZA FOUNDATION	<u> </u>
Part V Statements	Regarding Other IRS Filings and Tax Compliance	

Solition		Check if Schedule O contains a response or note to any line in this Part V					\mathbf{x}
b Enter the number of Forms W20 included in line 1a. Enter 0 if not applicable D but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return. b If a last one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to effect enstructions) 3b. Old the organization have unrelated business gross income of \$1,000 or more during the year? 5a. Do if "Yes," and a filed a Form 900 Th for this year If "No," to the 3b, your door an explanation in Schedule O 5b. If "Yes," and a filed a Form 900 Th for this year If "No," to the 3b, your door an explanation in Schedule O 5c. If "Yes," one the name of the foreign country; b 5a. Was the organization a party to a prohibited 1ax schelor fransaction at any time during the tax year? 5c. If "Yes," in the same of the foreign country; b 5c. Was the organization that we grow a party to a prohibited 1ax schelor fransaction at any time during the tax year? 5c. If "Yes," in line 5a or 5b, did the organization file Form 8896.77 6c. Do so the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c. X 6						Yes	No
b. Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winness? 22. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b) If at least one is reported on line 2a, did the organization lie all required federal employment ax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to e-/fe (see instructions) 3. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3. A x you have 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)? 4. A 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)? 5. Was the organization approach to the foreign country. 6. See instructions for filing requirements for FincTeN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicities any contributions that were not tax deductibles from 886617? 6. The first of the organization in the organization file form 886617? 7. Organizations that may receive deductible contributions under section 170(c). 8. B A X 7. B	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
gambing) winnings to prize winners? 2	Ь	•	1b	0			
gambing) winnings to prize winners? 2	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	 eporta	ble gamıng			
the first the calendar year ending with or within the year covered by this return					1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross ancome of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, proude an explanation in Schedule 0 4a At any time during the calendary 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 accounts (FBAR). 5b If "Yes," enter the name of the foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-7? 7a Does the organization and year or annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization receive deductible contributions under section 170(c). 8c If Yes," did the organization receive a payment in sizes of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization received accontribution of payments of the year of the year and year a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly and the program of the foreign country. ► 5 at Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 6 b Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 b Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization receive apayment in excess of \$75 made party is a contribution and partly for goods and services provided to the payor? 7 c Organizations that may receive deductible contributions under section 170(c). 9 b If the organization received and contribution of the value of the goods or services provided? 1 b If the organization received accontribution of qualified intellectual property, did the organization feel for the value of the goods or services provided? 2 b Did the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 1098-C? 3 Sponsoring organization make any taxabile distributions under section 496-C? 3 Sponsoring organization make any taxa		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a Dit the organization have unrelated business gross moome of \$1,000 or more during the year? 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 accounts (FBAF). 5b If "Yes," their the name of the foreign country: ▶ Soe instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5a Was the organization requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization receive a payment mexics of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8d If "Yes," did the organization receive a payment mexics of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file a form 1084-07 17d If the organization received a contribution of qualified intellectual property, did the organization file a form 1084-07 17d Sponsoring organization make any taxable distributions under section 4956-09 17d Sponsoring organization make any taxable	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion 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.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1			
	officer, director, trustee, or key employee?	2	X		
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х	_
6	Did the organization have members or stockholders?	6		X	
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	х		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				•
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				•
а	The governing body?	8a	х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		•
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	_X		_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				_
			Yes	No	_
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х		_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	ın Schedule O how this was done	12c	X		_
13	Did the organization have a written whistleblower policy?	13		X	_
14	Did the organization have a written document retention and destruction policy?	14		X	_
15	Did the process for determining compensation of the following persons include a review and approval by independent		i		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a			N
b	Other officers or key employees of the organization	15b			Ŋ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
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		X	-
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			-
Sec	tion C. Disclosure				_
17	List the states with which a copy of this Form 990 is required to be filed ►AZ				_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				_
	BROC C. HIATT - 480-222-5800				_
	1223 S. CLEARVIEW AVE., SUITE 103, MESA, AZ 85209		000		-
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

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 organizat		Jiga	11128			"he	ısal			/E)	
(A)	(B)			(C Posi	رد ition)		(D)	(E) Reportable	(F) Estimated	
Name and Title	Average	(do	do not check more		more	re than one		Reportable	-	amount of	
	hours per week	offic	unie: eran	ss pei d a di	rson irecto	ıs bot or/trus	nan tee)	compensation from	compensation from related	other	
	(list any	ē			<u> </u>	T	Γ	the	organizations	compensation	
	hours for	direc				_		organization	(W-2/1099-MISC)	from the	
	related	0 e 0 c	stee			sate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization	
	organizations	truste	1		e j	훁		(** =/ *********************************		and related	
	below	Individual trustee or director	neg.	_	뒽	S as as	-a			organizations	
	line)	Indiv	Institutional trustee	Officer	Key employee	Highest compensated employee	F				
(1) CRAIG D. CARDON	0.00										
TRUSTEE		Х						0.	0.	0.	
(2) BROC C. HIATT	0.00						İ	_			
TRUSTEE		X						0.	0.	0.	
(3) GLENN MCKAY	0.00					Ì			_	_	
TRUSTEE		Х					_	0.	0.	0.	
(4) DALE R. JONES	0.00	_								_	
TRUSTEE		Х				ļ		0.	0.	0.	
(5) GALE J. BRIMHALL	0.00									0	
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Form **990** (2014)

	(A)	(B)	1		(C)			(D)	(E)	1	(F))
	Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related		Estima amour	ated nt of
		(list any hours for related	Individual trustee or director	98			ated		the organization	organizations (W-2/1099-MISC		compen from	sation the
		organizations	trustee	ial trust		yee	отрепя		(W-2/1099-MISC)			organiz and rel	
		below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
													
•													
·													
													
			<u> </u>										
	ib-total	VII Section A							0.).		0
	tal from continuation sheets to Part tal (add lines 1b and 1c)	vii, Section A							0.) .		0
	tal number of individuals (including but	not limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportable			
co	mpensation from the organization											Ye	s No
	d the organization list any former office			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on	Γ		
	e 1a? If "Yes," complete Schedule J for r any individual listed on line 1a, is the			mn	2000	tion		l oth	or componentian from	the organization	-	3	X
	d related organizations greater than \$1	•		•					•	ine organization		4	x
	d any person listed on line 1a receive o									dual for services			
	ndered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch j	pers	on		······································	<u> </u>		5	<u> </u>
	n B. Independent Contractors Implete this table for your five highest of	compensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensati	on from	<u> </u>
	e organization Report compensation for	•	-							· ·			
	(A) Name and busines	s address	NT/	NE	7				(B) Description of s	ervices	Cor	(C)	tion
			TAL	TAI				\dashv					
		·						_					
											·		
	-							1					· <u>-</u>
	tal number of independent contractors	(including but r	ot li	mıte	d to		_	sted	above) who received in	nore than			
	00,000 of compensation from the orga)						

Form 990 (2014) THE SPERANZA FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			. \square
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats 1	1 a	Federated campaigns .	. 1a					
our ar	b	Membership dues	1b					
Đ,	C	·	1c					
a ii	d	Ditate de la casa de la casa	1d			İ		
S,E	е		ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran						
he	•	similar amounts not included above		355,960.				
ᅙᆴ	g			355,960.				
Sor	_	Total. Add lines 1a-1f		<u> </u>	355,960.			
			·	Business Code				
یه	2 a							
Ş	b		_					
Program Service Revenue	c	,						
am eve	d				-			
P. C.	e							
P	f	All other program service reve	nue					
		Total. Add lines 2a-2f	•	•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	3,148.		3,148.	
	4	Income from investment of tax	k-exempt bond p	roceeds ►	•		•	
	5	Royalties		▶ [
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	ь	Less. rental expenses						
	С	Rental income or (loss)				-		
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				_
		assets other than inventory		315,960.				
	b	Less cost or other basis						
		and sales expenses		5,092.				
	С	Gain or (loss)		310,868.				
	d	Net gain or (loss)		•	310,868.	310,868.		
a	8 a	Gross income from fundraising	g events (not					
Į,		including \$	of					
ě		contributions reported on line	1c) See			:		
Other Revenue		Part IV, line 18	. a					
ţ.	b	Less direct expenses	b					
	С	Net income or (loss) from fund	iraising events	•				
ļ	9 a	Gross income from gaming ac	tivities See			Т		_
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
İ	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	e	Business Code				
	11 a	·						
	b							
	С							
	d	All other revenue	÷					
	е	Total. Add lines 11a-11d		▶				
43200	12	Total revenue. See instructions.			669,976.	310,868.	3,148.	0.

Form 990 (2014) THE SPERANZA FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon			(0)	. (2)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	65,000.	65,000.		
2	Grants and other assistance to domestic				
	ındıviduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		_,		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management .				
b	Legal			4 222	
С	Accounting	1,000.		1,000.	
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 Sch 0.)	73.		73.	
12	Advertising and promotion				
13	Office expenses			·	
14	Information technology				
15	Royalties	-		· wa	·
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
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				
22	Depreciation, depletion, and amortization				
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 0.)				
a			-		
Ь					
C					
d	All al		<u> </u>		
	All other expensesAdd ligas 1 through 249	66,073.	65 000	1,073.	0.
25	Total functional expenses. Add lines 1 through 24e	00,073.	65,000.	1,0/3.	U•
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)				
	Check here if following SOP 98-2 (ASC 958-720)	<u></u>	<u> </u>		

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	191.	1	146,651.
2	Savings and temporary cash investments	55,077.	2	53,631
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	<u></u>
6	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		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_ι	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	108,021
8 8	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
.00	basis. Complete Part VI of Schedule D 10a			
ь			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	•
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	55,268.	16	308,303
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	_
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
φ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 8	key employees, highest compensated employees, and disqualified persons			
ap	Complete Part II of Schedule L		22	
23 ت	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	•	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	•		
စ္ခ	complete lines 27 through 29, and lines 33 and 34.			
Ž 27	Unrestricted net assets		27	
g 28	Temporarily restricted net assets		28	
<u></u>	Permanently restricted net assets		29	
声	Organizations that do not follow SFAS 117 (ASC 958), check here			
p	and complete lines 30 through 34.			
ह्य 30	Capital stock or trust principal, or current funds	0.	30	0
Š 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or Fund Balances 22 8 8 29 30 31 32 32 32 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Retained earnings, endowment, accumulated income, or other funds	55,268.	32	308,303
ž 33	Total net assets or fund balances .	55,268.	33	308,303
34	Total liabilities and net assets/fund balances	<u>55,268.</u>	34	308,303

Form **990** (2014)

_	990 (2014) THE SPERANZA FOUNDATION	20-183	3020	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	669	, 9	<u> 76.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	66	, 0	<u>73.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	603	, 9	<u>03.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>55</u>	, 2	<u>68.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<350	, 8	68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	308	, 3	03.
Pa	rt 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 X Accrual Other			- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	[
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or guidte, explain why in Schodule O and describe any stone taken to undergo such guidte		1 25	- 1	

Form **990** (2014)

SCHEDULE A

Department of the Treasury

(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.

2014

Open to Public Inspection

Name of the organization

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

Employer identification number

20-1833020 SPERANZA FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) THE CHURCH OF JESUS CHRIST OF LATTER D 23-7300205 X 65,000. 1 65,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

162/11110 767/61 00000

Schedule A (Form 990 or 990-EZ) 2014

Part II	Support Sched	ule for C	rganizations [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)

Se	ction A. Public Support						
Cale	ndar 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 organ-						
	ızation's benefit and either paid to				1		
	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					- 1	
	The portion of total contributions				į.		
_	by each person (other than a				,		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			ļ		1	
	amount shown on line 11,				†		
	column (f)		İ				
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u> </u>			•		
Cale	ndar 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						
	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s fırst, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage	······································	···	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2014 (I	ine 6, column (f) d	livided by line 11, o	column (f))		14	<u>%</u>
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			
t	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶└
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and <mark>stop I</mark>	h <mark>ere.</mark> Explain ın Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization .		. ▶∟_
t	10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circi	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	-
	organization meets the "facts-and-circ		-		-		▶Щ
18_	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sob	adula A (Form 990	000 E7\ 2014

152/11110 757/51 00000

Schedule A (Form 990 or 990-EZ) 2014 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.)

Section A. Public Support	iow, piedeo com					
Calendar 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						
ınclude any "unusual grants.")						_
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose			ł			
3 Gross receipts from activities that						· · · · ·
are not an unrelated trade or bus-						
iness under section 513						
· · -						•
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				†		
or expended on its behalf				ļ	ļ	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar 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					<u> </u>	
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		
14 First five years. If the Form 990 is for t	the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	Support Do	roontogo				<u> </u>
15 Public support percentage for 2014 (lin		 	I (6)		145	
	,		column (I))	**	15	
16 Public support percentage from 2013 Section D. Computation of Invest					16	
				-	147	
17 Investment income percentage for 201			ne 13, column (t))		17	
18 Investment income percentage from 20				. 45	18	· · · · · · · · · · · · · · · · · · ·
19a 33 1/3% support tests - 2014. If the c	_					/ is not
more than 33 1/3%, check this box and	•	-		•		. ▶∟
b 33 1/3% support tests - 2013. If the o	-					_
line 18 is not more than 33 1/3%, chec					=	▶∟
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u> </u>

Part IV | Supporting Organizations

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

Section	A.	All	Supporting Organizations
-	<i>-</i> 1.	, ,,,,	Cupporting Ciganizations

- 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.
- 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).
- **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 charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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
1		<u>X</u>
2		Х
3a		<u>x</u> _
3b		
3c		
4a		x
4b		
4c		
5a		х
-		
5b 5c		
_		.,
6	-	X
7	<u> </u>	X
8		X
1		
9a		<u>x</u>
9b		Х
	1]
9c	-	Х
10a		X
10b		
990 or 99	90-EZ)	2014

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	dule A (Form 990 or 990-EZ) 2014 THE SPERANZA FOUNDATION			20-1833020 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must con	mplete Se	ctions A through E.	
Sect	ion 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		
	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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			

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

emergency temporary reduction (see instructions)

Secti	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			<u> </u>	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns		
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.			1	
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which ti	he organization is responsiv	е		
	(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				
		1 (2)	(ii)	/iii	

	(i)	(ii)	(iii)
Continue E. Distribution Allocations (one instructions)	Excess Distributions	Underdistributions	Distributable
Section E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
Distributable amount for 2014 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
2 Underdistributions, if any, for years prior to 2014			
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
C			
d			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount		<u> </u>	
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if			
any. Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions).			
7 Excess distributions carryover to 2015. Add lines 3j			
and 4c			
8 Breakdown of line 7:			
a		ļ	
<u>b</u>			
<u>C</u>			
d Excess from 2013			
e Excess from 2014		<u></u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

152/11119 757/51 00000

Schedule A (Form 990 or 990-EZ) 2014 THE SPERANZA FOUNDATION Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part VI Also complete this part for any additional information. (See instructions)	20-1833020 F art II, line 17a or 17b, and Part III, line 12
PART IV, SECTION A, LINE 1:	
THE PRIMARY SUPPORT ORGANIZATION IS THE CHURCH AND	THE GOVERNING
INSTRUMENT IDENTIFIES A CLASS. SPECIFICALLY, THE GO	OVERNING INSTRUMENT
STATES THAT IT IS ORGANIZED EXCLUSIVELY TO SUPPORT A	AND BENEFIT THE
CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, ITS AFE	FILIATED RELIGIOUS,
EDUCATIONAL AND CHARITABLE ORGANIZATIONS, AND OTHER	RELIGIOUS,
EDUCATIONAL AND CHARITABLE ORGANIZATIONS WHOSE PURPO	OSES AND ACTIVITIES
ARE COMPATIBLE WITH AND/OR COMPLEMENTARY TO THE CHUR	RCH, BY SPONSORING,
FINANCING OR ASSISTING ANY OF THE RELIGIOUS, EDUCATE	IONAL, OR CHARITABLE
ACTIVITIES OR PROGRAMS OF THE SAID SUPPORTED ORGANIZ	ZATIONS. ALL SUCH
SUPPORT DISTRIBUTIONS FROM THIS TRUST SHALL BE STRIC	CTLY LIMITED TO
RELIGIOUS, EDUCATIONAL OR CHARITABLE PURPOSES WITHIN	N THE MEANING OF
SECTION 501(C)(3) OF THE CODE. THE CHURCH THROUGH	ITS APPOINTMENT
ENSURES THAT THE CLASS IS RESPECTED AND THAT DISTRIB	BUTIONS TO
NON-CHURCH ENTITIES ARE IN FURTHERANCE OF THE CHURCH	H'S PURPOSES
	· · · · · · · · · · · · · · · · · · ·
	10

SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Part II

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 20-1833020 ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States THE SPERANZA FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

ê X

O ASSIST ORGANIZATION (h) Purpose of grant or assistance ISCALLY (g) Description of non-cash assistance FMV - CASH GIVEN (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 92 (c) IRC section if applicable 501 (C)3 Enter total number of other organizations listed in the line 1 table 23-7300205 (p) EIN 1 (a) Name and address of organization LATTER DAY SAINTS - 50 E, NORTH THE CHURCH OF JESUS CHRIST OF TEMPLE ST. FL. 15 - SALT LAKE or government UT 84150

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

432102 10-15-14

Page 2

20-1833020

Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

	THE SPERANZA	FOUND	ATION			20-1833	020	
Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported or Form 990, Part VIII, line	י noi	(d) Method of determin ncash contribution a	-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes .			<u>-</u> .				
8	Intellectual property .							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial			 				
17	Real estate · Other	X	2	355,960	• VALU	JATION/APPR	AIS	<u>AL</u>
18	Collectibles	ļ						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts .		· · · · · · · · · · · · · · · · · · ·					
23	Scientific specimens		ļ					
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (<u>. </u>						
29	Number of Forms 8283 received by the organi						_	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			2	
							Yes	No
30a	During the year, did the organization receive b					i i		
	must hold for at least three years from the dat		al contribution, and	s which is not required to	be used to	1		.,
	exempt purposes for the entire holding period	?		•		30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	•	•	•		31		X
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell nonc	cash			
	contributions?					32a	-	X
b	If "Yes," describe in Part II		_					
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a)	is checked,			
	describe in Part II							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	Ю.		Schedule M (Form	ı 990)	(2014)

432141 08-12-14

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 3 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information	20-1833020 Page 2 2b, and 33, and whether the organization d, or a combination of both Also complete
		<u> </u>
·····		
		A 11
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		,
<u> </u>		
 132142 08-12	2-14	Schedule M (Form 990) (201

SCHEDULE 0

(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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection

Employer identification number Name of the organization THE SPERANZA FOUNDATION 20-1833020 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL AND CHARITABLE ORGANIZATIONS WHOSE PURPOSE AND ACTIVITIES ARE COMPATIBLE WITH AND/OR COMPLEMENTARY TO THE CHURCH. FORM 990, PART V, LINE 7G THERE WERE NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY. FORM 990, PART V, LINE 7H THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES. FORM 990, PART VI, SECTION A, LINE 2: CRAIG D. CARDON & BROC C. HIATT ARE PARTNERS IN A REAL ESTATE INVESTING BUSINESS AND ARE COUSINS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION DOES NOT HAVE MEMBERS OR STOCKHOLDERS, BUT A REPRESENTATIVE OF THE ORIGINAL DONOR HAS THE OPPORTUNITY TO ELECT A MINORITY OF THE GOVERNING BODY; BUT THE SUPPORTED ORGANIZATION ELECTS THE MAJORITY OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION WILL FURNISH A COPY OF FORM 990 TO THE GOVERNING BODY FOR

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

THEIR REVIEW.

ANY COMMENTS OR QUESTIONS WILL BE ADDRESSED PRIOR TO FILING

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE SPERANZA FOUNDATION	Employer identification number 20-1833020
THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
PER THE CONFLICTS OF INTEREST POLICY, ALL TRUSTEES ARE RE	QUIRED TO DISCLOSE
ANY CONFLICTS IN CONNECTION WITH ANY TRANSACTIONS APPROVE	D BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION COMPLIES WITH THE LEGAL REQUIREMENTS TO PR	OVIDE COPIES OF
THE ANNUAL TAX RETURNS AND THE APPLICATION FOR EXEMPTION,	BY RETAINING
THESE DOCUMENTS AND PROVIDING COPIES TO THE PUBLIC UPON R	EQUEST.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
GLENN MCKAY - 50 E. NORTH TEMPLE 12TH FLR, SALT LAKE CITY	, UT 84150
DALE R. JONES - 50 E. NORTH TEMPLE 22ND FLR, SALT LAKE CI	TY, UT 84150
GALE J. BRIMHALL - 1309 N. MISSION COVE LANE, GILBERT, AZ	85234
FORM 990, PART VII, LINE 4	
THE FOUNDATION DOES NOT HAVE ACCESS TO COMPENSATION INFOR	MATION
REGARDING CHURCH-APPOINTED TRUSTEES, BUT SUCH TRUSTEES AR	E NOT
COMPENSATED BY THE FOUNDATION FOR THEIR TRUSTEE SERVICE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DIFFERENCE IN BASIS OF LAND SOLD	-350,868.
FORM 990, PART VI, LINE 15A AND 15B	
THERE IS NO COMPENSATION PAID TO ANY PERSONS IN THE ORGAN	IIZATION.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

OMB No 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www./rs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

SPERANZA FOUNDATION

THE

Name of the organization

Part

Open to Public Inspection **Employer identification number**

20-1833020

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 2 × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets e status (if section Public charity 501(c)(3)) LINE 1 Total income Exempt Code ਰ section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity 9 or Paperwork Reduction Act Notice, see the Instructions for Form 990. CHURCH THE CHURCH OF JESUS CHRIST OF LATTER DAY Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity SAINTS - 23-7300205 Part II

20-1833020

Page 2

Schedule R (Form 990) 2014 THE SPERANZA FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a parmership during the tax year.	rrnersnip dunng tne ta	х уваг.				1-			,	1	
(a)	(q)	(o)	(p)	(e)		£	(6)	£	8	9	3
Name, address, and EIN of related organization	Primary activity	Legat domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? (55) Yes No	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	is a Corp	oration or Trust Coyear.	mplete if the	organization a	inswered "Yes'	on Form 990	Part IV, line 3	34 because it ha	d one or m	ore related
(a) Name, address, and EIN of related organization	N. c	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
										_	
					:			:			
						· · · · · · · · · · · · · · · · · · ·					
432162 08-14-14				32					Schec	dule R (For	Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

					⊢	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	;		9 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1	Yes	Ŷ
T Duning the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-10 or	s with one of more re	ated organizations listed	III Paris II·IV?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				-B	1	×
b Gift, grant, or capital contribution to related organization(s)				1 p	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				10		×
				- e		×
					<u> </u>	
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
				ŧ		×
				÷	┢	×
j Lease of facilities, equipment, or other assets to related organization(s)				=		×
				;		;
K Lease of facilities, equipment, of other assets from reface organization(s)	;			¥	\dagger	(:
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			ŧ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1u		×
o Sharing of paid employees with related organization(s)				10		×
p Reimbursement paid to related organization(s) for expenses				5		×
q Reimbursement paid by related organization(s) for expenses				19	_	×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
THE CHURCH OF JESUS CHRIST OF LATTER DAY (1) SAINTS	Д	65,000.CASH	CASH			
(2)						
(3)						
(4)						
(5)						
(9)						
432163 08-14-14	33		Schedule R (Form 990) 2014	(Form	990) 2	2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) centage nership					2014
) Perce owne					066
(j) General or managing partner? Yes No					Porn
Gene Part	-				 е В
(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage allocations? of Schedule K-1 Peartner? ownership ves No (Form 1065) ves No					Schedule R (Form 990) 2014
(h) Disproportionate allocations? Yes No				 	
Disp tio allocs					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec 501(c)(3) orgs?		,			
e part				 	
(d) Predominant income in (related, unrelated, excluded from tax under sections 512-514)					-
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Schèdule R	(Form 990) 2014	THE	SPERANZA FOUNDATION	20-1833020 Page 5
Part VII	Supplemental Info	rmation	SPERANZA FOUNDATION	
·			·	
	Provide additional inform	nation for	responses to questions on Schedule R (see instructions)	
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