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OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.irs.gov/form990.

<u> </u>	For th	ne 2014 calen	dar year, or tax y	year begir	nning		, 20	14, and	ending		,		
В	Check i	if applicable	С							D I	Employer identi	fication number	
	Ac	dress change	Logosdor I	Inc.						ł	26-22232	257	
	∏ _{Nã}	ame change	225 Betty								Telephone numb		
	\vdash	itial return	Norfolk, V	7A 2350)2					ľ	954.740	9372	
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	\vdash	nal return/terminated								. ا		1 706	000
	H	mended return	F								Gross receipts		1371
	∐Ar	oplication pending	F Name and addre		al officer Si	mon Hood	1		1	(a) Isthisagrou		ш	A No
		·	Same As C						n	(b) Are all subor If 'No,' attach	dinates included n a list (see inst	ructions)	∐ No
<u> </u>	Tax-	exempt status	X 501(c)(3)	501(c) () ▼ (ι	nsert no.)	4947(a)(1) or	527		•		
J	We	bsite: ► N/	Ά						Н	(c) Group exemp	otion number 🕨	•	
K	Form	n of organization	X Corporation	Trust	Association	Other >		L Year o	f formation	2008	M State of le	egal domicile FL	
Pa		Summar			اا			L				<u></u>	
	1	Briefly descri	be the organizat	ion's miss	uon or most	significant ac	tivities:	Logo	robe	eviete t	o share	the good	
	·	news of	Jesus from	the B	ible to	children	thro	nap 1	ocal	Outresci	n mali	ty Bible	
ည			s, leader						ocar.	Oucteac	T. dagri	ch profe	
ם		10300100	or reader -	CIGIII.	nd' babi	ers and	anting.	<u> </u>					
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Activities & Governance			of volunteers (e			oa. 2011 (. a				•	6		50
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			d business taxab		•						7b		0.
(<u>U</u> Z)					· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	·			Prior	Year	Current Y	
SCANINAD	8	Contributions	and grants (Pai	rt VIII. line	e 1h)						91,653.	1,772	
3			vice revenue (Pa			•					23,563.		,580.
E			ncome (Part VIII,			1 and 7d)			•		662.		943.
(11		e (Part VIII, colu			•	nd 11a)		-		. 002.		
			e add lines 8 t				•	\ line 1	2)	1 1	15,878.	1,796	220
30			ımılar amounts p), IIIIC 12					
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<u></u>	15		er compensation	-	0.1		n a -(A), II	nes 5-10	3)			3	<u>,000.</u>
©102 . Expenses	16 a	6a Professional fundraising fees (Part IX, column (A) The 11e)											
	b	Total fundrais	sıng expenses (F	Part IX, co	olumn (D), b	TE 25)		12,1	147.				
" "			ses (Part IX, colu		1 '		191			1	82,173.	1,252	781
			es Add lines 13		1								
			s expenses. Sub				JOK.	′′			64,865.	1,656	
78	19	Revenue less	s expenses. Sub	tract line	16 Irom line		<u></u>				51,013.		<u>,297.</u>
Assets or 1 Balances		T.1.1	/D 1 / 1 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /			160	3			Beginning of		End of Ye	
38	20		(Part X, line 16)			-				6.	52,877.	688	,302.
2 E	21	Total liabilitie	es (Part X, line 2	(6)		•		•		10	08,607.	4	,735.
	22	Net assets or	r fund balances.	Subtract I	line 21 from	line 20				5.	44,270.	683	,567.
Pa	rt II	Signatur	re Block										
Unde	r penal	ties of perjury, I de	eclare that I have example example (other than officer	mined this ret	turn, including ac	companying sche	edules and s	tatements	, and to th	e best of my kno	wledge and beli	ef, it is true, correct	t, and
comp	olete D	eclaration of prepa	arer (other than officer	r) is based on	all information	of which preparer	has any kn	owledge					
		► G6	mitchel	n						111	11/2015	•	
Sig	ın	S6hati	ire of officer							Date			
He	re	Gor	don S. Mit	chell						CFO			
			print name and title	CHCII		· · ·				<u> </u>			
		Print/Type i	preparer's name		Preparer's sig	nature		Dat	e	Che	ck i if	PTIN	
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Pa			<u> </u>		H26II-P	repared				self-	employed	<u> </u>	1
	pare	la e											
US	e On	Firm's addr	ess							Firm	n's EIN ►		
			1							Pho	ne no		
May	the I	IRS discuss th	ns return with th	e prepare	r shown aho	va? (saa inst	ructions)		· <u> </u>			Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

			Logosdor Inc						26-2	22325	7	Pa	age 2
Par	t III	,	ment of Progra		•								
			if Schedule O conta		e or note to	any line in this f	Part III						
1	-	•	be the organization'										
	Loge	osdor	<u>exists to s</u>	hare the	good ne	ws of Jesus	from the	he Bible	to chil	<u>dren</u>	thro	ugh	
	loca	al_ou	treach, qual	<u>ity Bible</u>	resour	ces, leader	<u>traini</u>	ng, puppe	ts_and_	<u>anima</u>	<u>tion</u>	·	
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				····		 							
2		-	zation undertake any	significant prog	ram services	s during the year v	vhich were no	ot listed on the I	orior	г			
			990-EZ?		.1. 0	•	•	•		Ш	Yes	X	No
•		•	ribe these new serv			-b b	.4			\Box	V	ਹ	N.
3		-	nzation cease condu		•	cnanges in now	it conducts,	any program	services?		Yes	X	No
4		•	organization's progi			ante for each of it	e three large	et program co	nucoe ae r	mageura	d by a	vnanc	- 05
7	Section	on 501(c	c)(3) and 501(c)(4) of any, for each pro-	organizations a	re reauired	to report the am	ount of gran	its and allocati	ons to othe	rs, the t	otal ex	pens	es,
	(Code	j.) (Expenses	\$ 1 357	655 in	cluding grants of	<u> </u>	557,215.)	(Revenue	Ś ·	1 673	3.03	7)
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	Jes	us th	rough God's	word. Thi	s is do	ne through	the hos	<u>ting_of_i</u>	nternat	<u>ional</u>	<u>eve</u>	<u>nts</u>	
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40	Other	prograi	m services. (Descri	be in Schedule	0)				 ,				
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4 e			n service expenses		1,611,1								
BAA						TEEA0102L 05/28/14					Form	990	(2014)

Form 990 (2014) Logosdor Inc.

Part IV | Checklist of Required Schedules

٠,			Yes	No
1	is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u> </u>
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	:	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
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.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
١	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
,	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	X
1	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	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
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	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
_ 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u>L</u>

Logosdor Inc. 26-2223257 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. X 22 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 X 23 Schedule J 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 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I **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* 25b X Schedule L. Part I 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Х 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): Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* X 28b **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*

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete

Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I . Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,

and Part V. line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*

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.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 **Note.** All Form 990 filers are required to complete Schedule O 38

Х Form 990 (2014)

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Form 990 (2014) Logosdor Inc.	26-2223257	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1 a	2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	gaming 1	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax return		0	1
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		—	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	´ 3a	a	Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	31	+	
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 action by If 'Yes,' enter the name of the foreign country.	ccount)?	3	Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts.	(FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	54		х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	 	+	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5		
,	· · · · · ·		├
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	e organization 6:	a	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	ts were 6	ь	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g services provided to the payor?	goods and	a	Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed to file		1
Form 8282?	7.	<u> </u>	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			١
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		f	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	g	<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Form 1098-C?	tion file a	h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spo	onsoring		1
organization have excess business holdings at any time during the year?	8		ļ
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	. 9	a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Ь	<u> </u>
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041? 12	а	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			[
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13	а	L_
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans . 13b			
c Enter the amount of reserves on hand			v
14a Did the organization receive any payments for indoor tanning services during the tax year?	14		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule			(2014
BAA TEEA0105L 05/28/14	For	m 990	(2014

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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule O X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8 a Х 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? . 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Х 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done See Schedule.Q 12c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official See Schedule O 15 a X 15_b **b** Other officers or key employees of the organization See Schedule 0 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 16 a Х taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FLSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: Management 225 Betty Ct Norfolk VA 23502 (954)-740-9372

Form 990 (2014) Logosdor Inc.									26-22232	57 Page 7
Part VII Compensation of Officers, Directo	rs, Tru	stee	s, ł	Key	/ Er	nplo	ye	es, Highest C	ompensated En	ployees, and
Independent Contractors Check if Schedule O contains a response of	or note to	anv	lına	.n. t	hie 1	Dart '	\/II			П
Section A. Officers, Directors, Trustees, Ke		.						Compensated	l Employees	<u></u>
1 a Complete this table for all persons required to be listed organization's tax year. • List all of the organization's current officers, direcompensation Enter -0- in columns (D), (E), and (F) if	Report co	ompe	ensat	tion heth	for th	ne ca	ienc	dar year ending wit	h or within the	nount of
List all of the organization's current key employer							de	finition of 'kev em	plovee.'	
 List the organization's five current highest compounds who received reportable compensation (Box 5 of Form organization and any related organizations. 	ensated e	mple	ovee	s (c	ther	thar	1 ал	officer, director.	trustee, or key emp	oloyee) e
 List all of the organization's former officers, key of reportable compensation from the organization and any 	related org	janız	atıor	ns.						han \$100,000
 List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen 	es that red sation fro	eived m th	d, in e or	the gan	capa ızatı	city a	is a nd a	former director or to any related organi	rustee of the zations	
List persons in the following order: individual trustees demployees, and former such persons	or director	rs, ır	stitu	utior	nal t	ruste	es,	officers; key emp	loyees, highest con	npensated
Check this box if neither the organization nor any relate	ed organız	ation	con	nper	nsate	d any	, cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and Title	(B) Average hours per	thar	n one	box, an c	unles officer truste		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Simon Donald Hood	5									
Chairman	0	X		Х	ļ			0.	0.	0.
(2) Ivan Stanley Kelly	5_	١,,						•		
Secretary (3) Mikel Walter	0	X	\vdash	X	_	<u> </u>		0.	0.	0.
(3) Mikel Walton Treasurer	1 -	X		Х				0.	0.	^
(4) Linda Modawell	1	^						<u>U.</u>		0.
Director		х		Х				0.	0.	0.
(F) Carala C Min 1 11	 	- ` -	1			\vdash	_	J.	<u> </u>	<u> </u>

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Form **990** (2014)

(A) Name and title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)		}								
(23)						ļ				
(24)				ļ 						
(25)					<u> </u>	<u></u>				
1 b Sub-total c Total from continuation sheets to Part VII, Sectid Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited		ustod.	aha		ba	******	► ►	3,000. 0. 3,000.	0. 0. 0.	0 0
2 Total number of individuals (including but not limited from the organization ▶ 0	to those i	istea	a00	ve)	wno	recei	ivea	more triair \$100,00	oo or reportable com	Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h ındıvıdı	stee ıal .	, ke	y en	nplo	yee,	or t	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If "	atior Yes'	and com	l oth	ner compensation te Schedule J for	from .	4
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	on fr	om dule	any J fo	unre	elate ch p	ed organization or person	ındıvıdual	5 X
1 Complete this table for your five highest compensation from the organization Report compensation Report	sated ind	epen	den	it co	ntra	ctors	tha	at received more t	han \$100,000 of	r
(A) Name and business add		ine c	alci	iuai	yea	enui	nig v	(B) Description)	(C) Compensation
						-				
2 Total number of independent contractors (including		ited t	to th	ose	liste	d abo	ove)	who received more	e than	
\$100,000 of compensation from the organization		TEFA	กากย	03/	/00/1F					Form 990 (201

	Check if Schedule O contains a response or note to any	line in this Part VII	IL		🔲
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1,772,706.			
	Business Code				
Program Service Revenue	2a Conference Registration b c	22,580.	22,580.		
8	d			.,	
an.	e			···	
ğ	f All other program service revenue			. ,	
<u>~</u>	g Total. Add lines 2a-2f	22,580.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	943.	943.		
	5 Royalties				
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				,
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
œ i	See Part IV, line 18 . a				
2	b Less. direct expenses b				
δ	c Net income or (loss) from fundraising events . • 9 a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
:	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b	}			
	c Net income or (loss) from sales of inventory .				
	Miscellaneous Revenue Business Code				
:	11 a b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d	1 706 000	00 500		
	12 Total revenue. See instructions .	1,796,229.	23,523.	0.	<u> </u>

Form 990 (2014) Logosdor Inc. Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All oth	her organizations must co	omplete column (A)	
	Check if Schedule O contains a r	response or note to any			
	not include amounts reported on lines 7b, 8b, 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				
2	Grants and other assistance to domestic individuals. 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	401,151.	401,151.		
4	Benefits paid to or for members				•
,	Compensation of current officers, directors, trustees, and key employees	3,000.	0.	3,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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 .				
c	Accounting .	25,600.		25,600.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
	Office expenses				
	Information technology				·
	Royalties				
	Occupancy .				
17	Travel	109,997.	97,850.		12,147.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	103,331.	21,630.		12,141.
19 20	Conferences, conventions, and meetings Interest	743,860.	743,860.		
21	Payments to affiliates				
22					
23	Insurance				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
а	Resource Development	340,427.	340,427.		
	Resource Duplication	26,034.	26,034.		
	Bank Fees	4,596.		4,596.	
	Resource Distribution	1,830.	1,830.		
	All other expenses	437.		437.	
	Total functional expenses. Add lines 1 through 24e	1,656,932.	1,611,152.	33,633.	12,147.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 Cash — non-interest-bearing 638,959 1 688,302 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complèté Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 13,918 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10 b 10 c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 652,877 688,302 Accounts payable and accrued expenses 17 17 12,707.4,735 18 Grants payable 95,900 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 26 Total liabilities. Add lines 17 through 25 4,735. 108,607 X and complete Organizations that follow SFAS 117 (ASC 958), check here > Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 18,951 27 543,379. Temporarily restricted net assets 28 525,319 140,188. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 茎 33 Total net assets or fund balances 544,270 683,567.

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Total liabilities and net assets/fund balances

Form 990 (2014)

688,302.

652,877

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		6-2223 <u>257</u>		Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,79	96,2	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,65	56,9	32.
3	Revenue less expenses Subtract line 2 from line 1	3	13	39,2	97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	14,2	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	٠,		
Da	column (B))	1.10	- 68	33,5	<u>6/.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·			
	h1 h1			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		i i		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ewed on a			
ı	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	parate			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	l.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b		
BAA			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name o	f the organization	· · · · ·				Employer identifica	tion number					
Logo	ogosdor Inc. 26-2223257											
Part	I Reason for Public Cha	rity Status (All o	rganizations must d	omple	te this	part.) See instruct	ions.					
The o	rganization is not a private found	lation because it is: (For lines 1 through 11,	check o	nly one	box)						
1	A church, convention of church	es, or association of cl	hurches described in sect	ion 170(b)(1)(Α)(i).						
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	A hospital or a cooperative h		•	tion 170	(bY1YA	Yiii).						
4	A medical research organiza	•				• • •	ater the hospital's					
-	name, city, and state:	aon oporatos in conj	anotion mar a nospitar t	10001100	3 111 300		nor the hospitars					
5	An organization operated for the 170(b)(1)(A)(iv). (Complete F	ne benefit of a college of	or university owned or op-	erated by	a gover	nmental unit described in	section					
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7												
8	A community trust described		(A)(vi). (Complete Part I	I)								
9												
10	An organization organized a	•	•	•								
11	An organization organized an or more publicly supported or lines 11a through 11d that de	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)	X2). See section 509(a)	It the purposes of one (3). Check the box in					
а	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.											
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in ions A and C.	the same persons that c	ontrol or	manage	the supported organizati	on(s). You					
c	Type III functionally integrated organization(s) (see instruction)	A supporting organizations) You must com	tion operated in connection plete Part IV, Sections <i>i</i>	n with, ar A, D, an	nd functions of the second sec	onally integrated with, its s	supported					
d	Type III non-functionally integrated The constructions) You must com	rated. A supporting orgonization generally plete Part IV, Section	ganization operated in cor y must satisfy a distribuns A and D, and Part V.	nection tion requ	with its s Jiremen	supported organization(s) t and an attentiveness	that is not requirement (see					
e	Check this box if the organiz	ation received a writt	en determination from t	the IRS	that is a	Type I, Type II, Type I	II functionally					
	integrated, or Type III non-fu		supporting organization)								
	Enter the number of supported											
g	Provide the following information	· · · · · · · · · · · · · · · · · · ·	d organization(s)									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) l organizat in your g docur	ion listed : overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
<u></u>				Yes	No							
(A)												
(B)												
(6)												
(C)												
(D)												
<u>(E)</u>												
Total												
BAA	For Paperwork Reduction Act N	otice, see the Instruc	ctions for Form 990 or 9	90-EZ.		Schedule A (Form	990 or 990-EZ) 2014					

Schedule A (Form 990 or 990-EZ) 2014 Logosdor Inc. 26-2223257

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

cabbott contration of dring and a properties in contration to the Viva and the Cabbott	
(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	9
organization fails to qualify under the tests listed below, please complete Part III)	

<u>Sec</u>	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	,					
begi	ndar year (or fiscal year nning 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.') Pt VI	190,915.	222,678.	638,726.	1,080,968.	381,707.	2,514,994.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	190,915.	222,678.	638,726.	1,080,968.	381,707.	2,514,994.		
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)						1,495,923.		
6	Public support. Subtract line 5 from line 4						1,019,071.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	190,915.	222,678.	638,726.	1,080,968.	381,707.	2,514,994.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114.	128.	105.	662.	943.	1,952.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						2,516,946.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)		•	12	0.		
13	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []		
	tion C. Computation of Pul								
	Public support percentage for 20 Public support percentage from 2	•	•	ie 11, column (f)		14	40.49%		
	33-1/3% support test - 2014. If	the organization of	did not check the	box on line 13, a	nd the line 14 is 3		0.00 %		
	and stop nere. The organization	qualifies as a put	oliciy supported of	rganization					
t	33-1/3% support test — 2013. If the and stop here. The organization	the organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 10 rganization	5a, and line 15 is	33-1/3% or more,	check this box		
17 a	17a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization's meets the 'facts-and organiza	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Par ted organization	t VI how the ▶		
	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	,				
					C-1	hadida A. Cara Of	00 or 000 EZV 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						
Calendar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			-			
 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a 						
governmental unit to the organization without charge						
6 Total. Add lines 1 through 57a 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 yr beginning in) ► 9 Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10 a 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 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)						
14 First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
Section C. Computation of Pu						
15 Public support percentage for 20	•		ne 13, column (f))	15	8
16 Public support percentage from		` 			16_	%
Section D. Computation of Inv				·····	1 1 3	•
17 Investment income percentage t	•			umn (t))	17	<u> </u>
18 Investment income percentage to 19a 33-1/3% support tests — 2014. If				and line 15 is mor	18 than 33-1/3%	<u> </u>
is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizatio	n ► 📗
b 33-1/3% support tests — 2013. I line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported orga	anization -
20 Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	

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.)

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

responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

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

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI
 - 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

		Yes	No
į			
	2a		
	2b		
	3a		
	3Ь		

Sche	dule A (Form 990 or 990-EZ) 2014 Logosdor Inc.		26-22	23257 Page (
Pai		ganizati		
1		November	20, 1970. See instruct	ions. All
Sec	tion 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		
Sec	tion 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 sho tax year or assets held for part of year):	ort		
а	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		
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		
Sec	tion 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		

temporary reduction (see instructions).

6

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

3

4 5

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

BAA

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Seò	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity.	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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 the organization Part VI) See instructions	on is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion 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:			
t				
	;			
	From 2013			
	f Total of lines 3a through e			
9	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	i Carryover from 2009 not applied (see instructions)			
	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			
i	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c			
8	Breakdown of line 7:			
- E				· · · · · · · · · · · · · · · · · · ·
ŀ				
		,		
	Excess from 2013			
	Excess from 2014		<u> </u>	

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Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Logosdor Inc.

26-2223257

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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).

Part II, Line 1 - Unusual Grants

_	2010	 2011	 2012	 2013		 2014	 Total
\$	0.	\$ 0.	\$ 0.	\$	0.	\$ 1,391,000.	\$ 1,391,000.

Schedule F (Form 990)

Statement of Activities Outside the United States

2014 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

OMB No 1545-0047

Name of the organization Logosdor Inc. Employer Identification number 26-2223257

Part I	General Information on Activities Outside the United State	es. C	complete if the	e organization	answered	'Yes'
	on Form 990, Part IV, line 14b.		•	J		

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Part V

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				Resource	
(1) E.Asia/Pacific	1	1	Program Services	Dev/Training	119,178.
(2) C.America/Carribean			Program Services	Training	1,630.
Central America and	,				· · · · · · · · · · · · · · · · · · ·
(3) Carribean			Grantmaking		9,717.
	ļ]	Training /	
(4) Europe		<u> </u>	Program Services	Resource Dev	47,345.
(5) Europe			Grantmaking		1,036.
(6) M.East/N.Africa			Program Services	Training	39,603.
(7) M.East/N.Africa			Grantmaking		208,130.
(8) S.America			Program Services	Training	770.
(9) S.America			Grantmaking		69,428.
(10) c zais			Dunganan Canadana	Training /	11 005
(10) S.Asia			Program Services	Resource Dev	11,895.
(11) S.Asia			Grantmaking		8,004.
(12) SubSaharanAfrica			Program Services	Training	29,744.
(13) SubSaharanAfrica			Grantmaking		104,837.
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	1			651,317.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			651,317.

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Logosdor Inc.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(1) Manner of cash disbursement	(g) Amount of non-cash assistance	(n) Description of non-cash assistance	valuation (book, FMV, appraisal,
		Part V						Omjer)
€		M.East/N.Afri ca	Training Sponsorshp	12,000. Wire	Wire			
		M.East/N.Afri	Training					
(2)			Sponsorshp	18,000. Wire	Wire			
		M.East/N.Afri	Training					
(3)		ca	Sponsorshp	25,000.	Wire			
		M.East/N.Afri	Training					
(4)		ca	Sponsorshp	40,000.	Wire			
		M.East/N.Afri	Training					
(5)		ca	Sponsorshp	48,000. Wire	Wire			
		M.East/N.Afri	Training		111			
(9)		ca	Sponsorsnp	61,33U. WITE	Wire			
6		S.America	Training Sponsorshp	26,841.	Wire			
			Training					
(8)		S.Asta	Sponsorshp	7,784.	Wire			
		SubSaharnAfri	Training					
(6)		ca	Sponsorshp	12,500.	Wire			
		SubSaharnAfri	Training	6	1 7 2			
(10)		ca	Sponsorshp	13, 927.	Wire			
.		SubSaharnAfr1	Training		() 1			
(11)		Ca	Sponsorsnp	32,443.	ATTE			
23		SubSaharnAfri	Training	000 7	or FW			
		SubSabarnAfri	Training					
(13)		ca	Sponsorshp	8,000.	Wire			
74)								
(15)								
(16)								
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantes or councel has provided a section 501(c)(3) equivalency letter	ations listed above that a	re recognized as cha	irities by the foreig	yn country, recogniz	ed as tax-exempt b	y the IRS, or for whi	્રે : : :	10
	be (2)(2) : 22 :::::::::::::::::::::::::::							

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Logosdor Inc.

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2014 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 5,880. Wire 29,650. Wire 22,115. Wire (d) Amount of cash grant 10 (c) Number of recipients C.America/Carribea SubSaharnAfrica (b) Region Part V S.America (2) Funding for training events (3) Funding for training events (1) Funding for training events (a) Type of grant or assistance Part (18) BAA (12) € 1 (16) 9 8 <u>@</u> ව 9 <u>E</u> (13) (15) 3 € 9

Sche	edule F (Form 990) 2014 Logosdor Inc.	6-2223257	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cert Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	ain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cert Foreign Corporations (see Instructions for Form 5471)	ain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualific electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	ed Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865).	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).	Yes	X No
BAA	TEEA3505L 06/16/13	Schedule F (F	orm 990) 2014

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

The organization monitors grants made in one or more of the following ways. 1) Review written reports on use of funds. 2) Personal visits to selected projects funded by the grants. 3) Personal knowledge of grantee's use of funds.

Part II, Line 1 - Method of Accounting

Cash

Part III, Line 1 - Method of Accounting

Cash

Part III, Line 1 - Additional Supplemental Information

Grants were provided to foreign individuals to cover costs of regional training events.

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.

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.

| Employer identification number

OMB No 1545-0047 **2014**

Open to Public Inspection

26-2223257

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Logosdor Inc.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Simon Hood and Ivan Kelly are on the board of another nonprofit organization.

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization's top financial official reviews the Form 990 and a copy of the final Form 990 is provided to the voting members of the governing body prior to its filing with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization's conflict of interest policy is distributed to each member of the organization's governing body, its officers and certain staff who influence the actions of the organization or its board, or make commitments on their behalf. Each such individual provides a statement indicating that they have received, read, understood and agreed to comply with the policy and that either they have no relationships or interests that present a conflict of interest or that they have fully disclosed as required by policy all relationships or interest that may present a conflict of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management
Organization does not compensate its CEO. The board approves the compensation made
to the CFO.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The board reviews and approves the compensation of the CFO.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization will make these documents available upon request.

(g) Sec 512(b)(13) controlled entity? 8 8 Schedule R (Form 990) 2014 (f)
Direct controlling
entity Open to Public Inspection OMB No 1545-0047 Identification of Related Tax-Exempt Organizations Complete If the organization answered 'Yes' on Form 990, Part IV, line 34 because it had 2014 Yes Employer identification number (f)
Direct controlling
entity 26-2223257 N/A (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001L 08/22/14 501(c)(3)(c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity one or more related tax-exempt organizations during the tax year. Outreach to (b)
Primary activity Children BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Logosdor Ltd 152 George St Hornsby, NSW 2077 Australia Department of the Treasury Internal Revenue Service Name of the organization Logosdor Inc. SCHEDULE R (Form 990) Part II ଅ¦ ල 3 E ଷ **©**

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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.

ownership			⊃art IV,	(i) Sec 512(b)(13) controlled entity?	Yes No				Schedule R (Form 990) 2014
General or managing partner?			rm 990, I	(h) Percentage ownership			<u></u> -		edule R (Fo
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, nizations treated as a corporation or trust during the tax year.	Share of end-of- Pyear assets 0			<u>.</u>	:	Sch
(h) Disproportionate allocations? Yes No			ion answer tax year.						-
(g) Share of end-of-year assets			organizat uring the	Share of total income					
			lete if the c	Type of entity (C corp, S corp,	Genn 10				
Share of total income			rust Comp corporation	(d) Direct controlling (C					08/22/14
Predominant income (related, unrelated, excluded from tax under sections 512-514)			as a Corporation or Trust Complete if the organization answenizations treated as a corporation or trust during the tax year.				·		TEEA5002L 0
			s a Corp	Legal domicile (state or foreign					
(d) Direct controlling entity				(b) Primary activity					
(c) Legal domicile (state or foreign country)			izations ore relat				- - 	1 1 1	-
(b) Primary activity			Identification of Related Organizations Taxable line 34 because it had one or more related orgar	f related organizatio					
(a) Name, address, and EIN of related organization	(b)	(8)	Part IV Identification of Ine 34 because	(a) Name, address, and EIN of related organization	(1)	(2)		(3)	ВАА

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

7) 2014	orm vy	Schedule R (Form 990) 2014		BAA TEEA5003L 08/22/14
1,00				
mining	of deter	Amount involved Method of determining amount involved	Transaction type (a-s)	(a) Name of related organization
			including covered relationships and ti	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.
×	15		-	s Other transfer of cash or property from related organization(s)
×	-	:		r Other transfer of cash or property to related organization(s)
	1q X	<u>.</u>	:	q Reimbursement paid by related organization(s) for expenses
	1p X	:	:	B Reimbursement paid to related organization(s) for expenses
×	10	· .		o Sharing of paid employees with related organization(s)
×	- L	:	:	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
	1 m			m Performance of services or membership or fundraising solicitations by related organization(s).
×	11	:		
_×	*			k I ease of facilities, equipment, or other assets from related organization(s)
×	j	:	:	elated organ
×	=		: : : : : : : : : : : : : : : : : : : :	:
×	- -			Purchase of assets from related organization(s)
×	1 g			g Sale of assets to related organization(s)
×	1.	· ·	. :	f Dividends from related organization(s)
×	9 -			e Loans or loan guarantees by related organization(s)
4	3	:		d Loans or loan guarantees to or for related organization(s)
()	, 7			c allit, grafilt, of capital contribution field fed of organization(s)
×	ا د			Off areast or consists contribution from related organization(c)
×	1 p			Giff. grant, or capital contribution to related organization(s)
×				Bereint of (i) interest (ii) annuities (iii) royalites or (iv) rent from a controlled entity
9 N	Yes	_	reconstance leted in Parte II.IV?	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
_	-			

Part VI Unrelated Organizations Taxable as a Partnership Complete of 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.

		,								
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Dispropor- tionate	Code V-UBI amount in box	(i) General or managing	(k) Percentage ownership
		country)	(related, unre- lated, excluded from tax under	501(c)(3) organizations?		assets	allocations?	20 of Schedule K-1 Form (1065)	partner	
			section 512-514)	Yes No			Yes No		Yes No	
(1)										
! ! ! ! ! ! ! ! !										
(2)										
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Part VII Supplemental Information
Provide additional Information for responses to questions on Schedule R (see instructions).