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Return of Organization Exempt From Income Tax

2014

OMB No 154 5-0047

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.

Open to Public

Intern	d Rever	nue Service	▶ Information about Form 990 and its instructions is at www.irs.gov/fo	rm990.	Inspection
A	or the	e 2014 calend	ar year, or tax year beginning , 2014, and endi	ng	, 20
В	Check if	applicable	C Name of organization Poetice		D Employer identification no
	Address	change	Doing business as		27-0842642
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	loom/suite	E Telephone number
	nıtıal ret	-	121	(616)928-4735	
		um/terminated	201 West Washington Avenue City or town, state or province, country, and ZIP or foreign postal code		1,339,483
ñ	Amende		Zeeland, MI 49464		G Gross receiptsS
		on pending	F Name and address of principal officer Nicah Kephart		T disso receipted
	·ppiiou.	un per zing	11361 Starflower Drive, Holland, MI 49424	H(a) Is this a group r subordinates?	return for Yes No
	Fav. 626	mpt status	501(c)(3)	1	
	Vebsite			If "No," att	actes included? Yes No act a list (see instructions)
_			_poetice.org Corporation		
	rt·I	organization IX Summar		9 M State of le	gat domicile MI
	1		be the organization's mission or most significant activities Poetice engages in common process of the process	-lobal convors	
	1.	•	reness to social injustices through the arts, education and trans		acton to
õ		DIIIG awa	reness to social injustices through the arts, education and trans	31014461041.	
ā	ì				
Activíties & Governance		Chook this h	ox In the organization discontinued its operations or disposed of more than 25% of its n	et accete	
ő	2				1
9	3		oting members of the governing body (Part VI, line 1a)		
<u> </u>	4		dependent voting members of the governing body (Part VI, line 1b)		
Ę] 3		r of individuals employed in calendar year 2014 (Part V, line 2a)	5	
Ą	6		r of volunteers (estimate if necessary)	6	
	7a		ed business revenue from Part VIII, column (C), line 12	7	
	┽╌	iver unrelated	d business taxable income from Form 990-T, line 34		-
		Contabildion	and exacts (Bost VIII line 1b)	Prior Year	Current Year
ō	8		and grants (Part VIII, line 1h)	936,7	1,193,128
2	9	•	Ace revenue (Part VIII, line 2g)		
Revenue	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		10 9
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,2	
	12		a - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	993,2	
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	762,6	737,690
	14		to or for members (Part IX, column (A), line 4)		0
8	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	218,6	260,387
Š	168		fundraising fees (Part IX, column (A), line 11e)		0
Expenses			sing expenses (Part IX, column (D), line 25)		
w	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	159,4	
	18		es Add lines 13-17 (must equal Part IX, column (A) time 25)	1,140,6	
	19	Revenue les		(147,4	
Net Assets or Fund Balances	l			ginning of Current Yea	t.
96	20		(Part X, line 16)	226,5	367,697
۷ ₅	21		s (Part X, line 26)	25,0	
			r fund balances. Subtract line 21 from line 20	201,4	359,301
	rt II		re Block are that I have examined this retiqm, including accompanying schedules and statements, and to the best of my kno	udadaa aad balad at a	
true, o	orrect,	and complete Dec	largion of preparer (other than officer) is based on all information of which preparer has any knowledge	wiedge and beset, it is	
			No.		10/19/2015
Sig	n	18 —	re of officer		10/13/2013
		II .	•	0.	ш 0
He	C		or Kephart, CEO		
_		17 // //	,		
Pai	4	1	Trepast signature	Check if	PTIN
	u pare	Diana K		self-employed	P01220952
	on!		CO D T 1 1 C 1 1 C	irm's EIN	
- 31		y Funts Bodres	Holland MI 49424	hone no	738-0044
Mav	the IP	S discuss this i	eturn with the preparer shown above? (see instructions)	0.10-	Yes 🛛 No
				 	· · · · 163 KA 140

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Form	990 (2014) Poetice 27-0842642	Page 2
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	Poetice engages in global conversation to bring awareness to social injustices through	the
	arts, education and transformation.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor Form 990 or 990-EZ?	∐ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	п.,
	services?	∐ 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 measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code) (European & 0.61 0.02 including graphs of \$) (Payonua \$	
4a	(Code) (Expenses \$961,002 including grants of \$) (Revenue \$) Awareness Program through arts and education to minimize social injustices	
	Awareness Program through arts and education to minimize social injustices	
		·
	•	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		.
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ▶ 961,002	

Part IV **Checklist of Required Schedules** Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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 98-197 If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 Χ 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 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," Х 11a b Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 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 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 X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19

Part IV

Checklist of Required Schedules (continued)

No 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 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 22 X 23 Qid 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 23 Χ 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 X 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 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 27 Х 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х Х 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 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 Х 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, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

rdi	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •	··-	Ш
		····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ī		
b	Enfer the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		,,,,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9	#		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	j		
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ł		
		ı		
E-	(FBAR).	[1	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	[
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	·······	***************************************	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	
l2a		124		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	43.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1		
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

response to line 68, 80, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check 15 schedule O. Combans as response or note to any line in the Part VI. Section A. Governing Body and Management 18	Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
Section A. Governing Body and Management 1		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns		
Section A. Governing Body and Management 1		Check if Schedule O contains a response or note to any line in this Part VL			. X
the creater the number of voltang members of the governing body at the end of the tax year of the poverning body delegated briand authority on an executive committee or similar committee, registen in Schedule O b. Enter the number of voltang members of the governing body and any other officer, director, fusition, it is present that the governing body delegated briand authority to an executive committee or similar committee, registen in Schedule O b. Enter the number of voltang members included in line 1s, above, who are independent	Sec	tion A. Governing Body and Management			
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b. Effet the number of volting members included in line 1s, above, who are independent. 1b		•		Yes	No
## the governing body delegated broad authornly to an executive committee or similar committee, explain in Schedule 0 b. Enter the number of voling members included in line 1a, above, who are independent. District the number of voling members included in line 1a, above, who are independent. District the number of voling members included in line 1a, above, who are independent. District the committee of the	1a	Enter the number of voting members of the governing body at the end of the tax year] ""		
bommittee, explain in Schedule O be Effett efficiently interest of voting members included in line 1s, above, who are independent Did any officer, director, fusitiee, or key employee have a family relationship or a business relationship with any other officer, director, fusitiee, or key employee have a family relationship or a business relationship with any other officer, director, fusitiee, or key employee have a family relationship or a business relationship with any other officer, director, fusitiee, or key employees to a management company or other person? 3		If there are material differences in voting rights among members of the governing body, or			
b Enter the number of voling members included in line 1a, above, who are independent 1 1b 5		if the governing body delegated broad authority to an executive committee or similar			
2 Del any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees or a management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 3 3 X X Dolf the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 4 X X Dolf the organization have specification and the specification of the organization's assess? 5 X X Dolf the organization have members or stockholders? 6 X X Dolf the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operating body? 7 7 X X X any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons often than the governamp body? 7 X X X Dolf the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X X Section B Tequesters of the governing body? 8 X X Section B Tequestes information about policies of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 X X X X X X X X X X X X X X X X X X		committee, explain in Schedule O			
any other officer, director, frustee, or key employee? 3	b	Enter the number of voting members included in line 1a, above, who are independent] [
3 Dd the organization delegate control over management dubes customanly performed by or under the direct supervision of officers, directors, or trustates, or key employees to a management company or other person?	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		i	
supervision of officers, directors, or trustees, or key employees to a management company or other person?		any other officer, director, trustee, or key employee?	2		X
4 Dd the organization make any significant changes to its governing documents since the prior Form 990 was filled? 5 Dd the organization become aware during the year of a significant diversion of the organization's assets? 6 Dd the organization have members or stockholders? 7 Dd the organization have members or stockholders? 8 Dd the organization have members or stockholders? 8 Dd the organization have members or stockholders? 8 Dd the organization have members or stockholders? 9 Dd the organization have members or stockholders? 10 Dd the organization have members or stockholders? 10 Dd the organization have members or stockholders. 10 Dd the organization have members or stockholders. 10 Dd the organization on the fail of organization reserved to (or subject to approval by) members. 10 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 The governing body? 12 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 Dd the organization smalling addresse? If Yes, "provide the names and addresses in Schedule O. 13 Dd the organization have local chapters, branches, or affiliates? 14 Dd the organization have local chapters, branches, or affiliates? 15 If Yes, "3 dd 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 governing the form? 15 If Yes, "4 If Yes," dd the organization have written policies and procedures governing body before filling the form? 16 If Yes," dd the organization have a written obour and enforce compliance with the policy? If Yes	3	Did the organization delegate control over management duties customanly performed by or under the direct			
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 I X 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders? 7b 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? 5 Are any operanized decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7c Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization on the behalf of the governing body? 9 Is beach committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on the stock of the governing body to the reganization in the reganization in the reganization have limited by the stock of the governing body to the reganization have limited by the stock of the governing body to the organization have under governing body before filing the form? 10 Did the organization provided a complete copy of this Form 980 to all members of its governing body before filing the form? 11 A X 12 Did the organization provided a complete copy of this Form 980 to all members of its governing body before filing the form? 11 A X 12 Did the organization result in a written oplicity of the Form 980 to all members of its governing body		supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
6 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 members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? c Section B. Policies (This Section B requests information about ptoleous not required by the Internal Revenue Code) Section B. Policies (This Section B requests information about ptoleous not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? b If Yes, fid the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations are seempt purposes? 10b If Yes fid the organization have a written conflict of interest policy? If Yo, go to line 13 b Describe in Schedule O he process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If Yo, go to line 13 b Were officers, directions, or trustiess, and key employees required to disclose annually interests that could give rise to conflict? 12b Und the organization have a written object of the first policy? If Yo, go to line 13 b Were officers, direction, or trustiess, and key employees required to disclose annually interests that could give rise to conflicts? b Were officers, direction, or trustiess, and key employees required to disclose annually interests that could give rise to conflicts? b Were officers, or key employees of the org	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
Ta 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organizations maining address? if "Yes," provide the names and addresses in Schedule O. 9 X Section B. Policies (This Section B requests information about policies in Part VIII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters. 10 Did the organization have written policies and procedures governing the activities of such chapters. 11 Is a this organization have written policies and procedures governing the activities of such chapters. 12 Is a thing the governing body before filling the form? 13 Is a the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 14 Is a the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 15 Describe in Schedule O the process, if any, used by the organization to review this Form 990 16 Did the organization regularly and consistentiently monitor and enforce compliance with the policy? If "Yes," ob the 13 17 Describe in Schedule O thow this was done. 18 Did the organization have a written official of interest policy? If "No," go to line 13 19 Did the organization have a written dominion of the following persons include a review and approval by independently process for determining	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
one or more members of the governing body? b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b. X 8 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a. The governing body? a. The governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on the fill all the governing body before filling the form? companization have a written police of interest policy? If "No." go to line 13 b. Each committee with authority to act on the fill all members of its governing body before filling the form? committee the organization have a written conflict of interest policy? conditions the organization have	6	Did the organization have members or stockholders?	6		_X_
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13	С				
14					
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with a taxable entity during the year?	16-				
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?	10a		40-		v
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶	13				
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Particular 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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related of	organization c	ompen	sate	d an	y cu	rrent of	ffice	r, director, or trustee	9.	
(A) Name and Title •	(B) Average hours per week (list any hours for related organizations below dotted line)	box	unle:	Pos eck m ss pe	rson ı	nan one as both as Highest compensated employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Brian VandenBrink Treasurer	1.00	х		x				0	0	0
(2) Karyl Morin	2.00	X		X						
Secretary (3) Mike Smith	1.00			^				0	0	0
Trustee (4) Mitchell Bakker	1.00	X						0	0	0
Trustee (5) Micah Kephart	40.00	Х						0	0	0
CEO	40.00			Х				68,527	0	0
(6)	<u> </u>									
(J)								· - · · ·		
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Part	VII Section A. Officers, Directors,	Trustees, Key Emplo	yees,	and	Hig	hes	t Con	per	sated Employees	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	Average box, unless person is both an hours per officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (compensation from						Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted (Ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr orga and	pensation the anization direction the anization direction directio	n t
(15)													
<u>(16)</u>													
(17)													
(18)										_			
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total							>					
d 	Total (add lines 1b and 1c)									of			
	reportable compensation from the organ	ization ►								0		Yes	No
3	Did the organization list any former offic		-	-	-		-		•			163	
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	sum of reportable cor	npens	atio	n an	d ot	her co	mpe	ensation from the		3		Х
	organization and related organizations gindividual										4		Х
5	Did any person listed on line 1a receive for services rendered to the organization							-			5		X
	on B. Independent Contractors								- d				
1	Complete this table for your five highest compensation from the organization Re												
	year (A								(B)			(C)	
	Name and busin	ness address					-		Description of	services	Comp	ensation	<u>n</u>
					<u>.</u>								
2	Total number of independent contractor received more than \$100,000 of competitions.	=			se lis	sted	above	e) wl	10				

art \	<i>[</i> 111]	Statement of Revenue					_
		Check if Schedule O contains a response or i	note to any line in t	his Part VIII	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a			10101100		0.2011
בבת	b	Membership dues 1b					
֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	С	Fundraising events 1c					
ıπs ar /	d	Related organizations 1d					
E	е	Government grants (contributions) 1e					
r Sign	f	All other contributions, gifts, grants,					
the l		and similar amounts not included above 1f	1,193,128				
Contributions, Gins, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	16,023				
a S	h	Total. Add lines 1a-1f		1,193,128			
			Business Code				
nue	2a						
39.6	b					·	
ice	C						
Program Service Revenue	d						
ra u	е						
Prog	f	All other program service revenue					····
	g	Total. Add lines 2a-2f			=		
	3	Investment income (including dividends, interest					
		and other similar amounts)		9	9		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	>				***************************************
		(ı) Real	(II) Personal		-		
		Gross rents					
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less cost or other basis					
	_	and sales expenses					
	l .	Gain or (loss)					
9	l	Net gain or (loss)					
	Oa	events (not including \$:		
Other Reven		of contributions reported on line 1c)			-		
P		See Part IV, line 18	133,174		-		
돌	۱ ۲	Less direct expenses b	29,767				
	1	Net income or (loss) from fundraising events .		103,407	-	103,407	
	l	Gross income from gaming activities					
	"	See Part IV, line 19 a			=		
	ь	Less: direct expenses b	_				
	l	Net income or (loss) from gaming activities				,	•
	l	Gross sales of inventory, less					
	'Va	returns and allowances	13,172				
	Ь	Less cost of goods sold b	12,302				
		Net income or (loss) from sales of inventory		870	870	ı	
		Miscellaneous Revenue	Business Code				
	11a				-		
	ь						
	С						_
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	İ	Total revenue Can instructions		1 207 414	970	102 407	

Part IX Statement of Functional Expenses

	R IX Statement of Functional Expenses				
Sect	on 501(c)(3) and 501(c)(4) organizations must complete all c		inizations must comple	ete column (A)	
	Check if Schedule O contains a response or note to a				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	·	expenses	general expenses	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	737,690	737,690		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,527	32,893	32,893	2,741
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 salanes and wages	151,453	70,624	71,032	9,797
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,093	12,569	9,571	953
10	Payroll taxes	17,314	10,522	5,861	931
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
C	Accounting	16,140	11,298	3,228	1,614
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)		<u>.</u>		
12	Advertising and promotion	12,430	8,701	2,486	1,243
13	Office expenses	10,668	7,457	2,146	1,065
14	Information technology	13,994	9,796	2,799	1,399
15	Royalties				
16	Occupancy	18,216	12,751	3,643	1,822
17	Travel	17,863	12,504	3,573	1,786
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,753	2,627	751	375
20	Interest	324		324	····
21	Payments to affiliates	11.00		2.252	
22	Depreciation, depletion, and amortization	11,297	3,069	2,368	5,860
23	Insurance	3,410	2,387	682	341
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) Bank/CC Fees	F 000	4 066	1 162	F.0.1
a		5,809	4,066	1,162	581
D	Subcontract Labor	10,004	10,004	1 460	724
C -4	Telephone Google Voice Awards Recognition	7,343	5,140	1,469	734
d		1,591	1,114	318	159
e 25	All other expenses	8,628	5,790	2,011	827_
25 26	Joint costs. Complete this line only if the	1,139,547	961,002	146,317	32,228
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► ☐ if				
<u></u>	following SOP 98-2 (ASC 958-720)				Form 990 (2014)
EEA					1 Juli 330 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	_		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	190,890	1	292,801
	2	Savings and temporary cash investments		2	
	. з	Pledges and grants receivable, net	-	3	
l	4	Accounts receivable, net		4	
į	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
l		Complete Part II of Schedule L		5	
	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 employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1	
		organizations (see instructions) Complete Part II of Schedule L		6	
₁₀	7	Notes and loans receivable, net		7	-
Assets	8	Inventones for sale or use		8	15,422
As	9	Prepaid expenses and deferred charges	1,518	9	2,250
	10a	Land, buildings, and equipment. cost or		1	
		other basis Complete Part VI of Schedule D 10a 73,216			
	b	Less accumulated depreciation 10b 15,992	34,106	10c	57,224
	11	Investments - publicly traded securities	01,200	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)	226,514	16	367,697
	17	Accounts payable and accrued expenses	25,080	17	8,396
	18	Grants payable	23,000	18	0,330
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဟ	22	Loans and other payables to current and former officers, directors,			······································
Liabilities		trustees, key employees, highest compensated employees, and			
ā		disqualified persons. Complete Part II of Schedule L		22	
ן בֿ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	9
	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	25,080	26	8,396
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and	23,000		
န္ဓ		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	201,434	27	359,301
la la	28	Temporanly restricted net assets	201,131	28	337,301
- B	29	Permanently restricted net assets		29	
[[Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
P		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund	.	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	201,434	33	359,301
	33 34	Total liabilities and net assets/fund balances		34	
	J	Total nationes and fiet assets/fully balances	226,514	34	367,697

Form	1990 (2014) Poetice 27-0842	2642	Р	age 12
Pa	rt XI Reconciliation of Net Assets		-	<u> </u>
	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)		297,	
2	Total expenses (must equal Part IX, column (A), line 25)	1,	139,	547
3	Revenue less expenses Subtract line 2 from line 1		157,	867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		201,	434
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Pnor period adjustments	_		
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		359,	301
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash Counting method used to prepare the Form 990 Cash Cash		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed 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?	2 b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1	
	separate basis, consolidated basis, or both		1	
	☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis		1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		For	n 990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

inspection

Employer identification number

27-0842642 Poetice Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 9 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 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box 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. 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. 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. d 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (a) EIN (III) Type of organization (IV) Is the organization (v) Amount of monetary (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E) Total

27-0842642 Schedule A (Form 990 or 990-EZ) 2014 Poetice Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year 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") 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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI)....... Total support. Add lines 7 through 10 . 12

	organization, orleand this box and stop field				` Ш
Sec	tion C. Computation of Public Support Percentage				
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		•	%
15	Public support percentage from 2013 Schedule A, Part II, line 14	15			%
16a	33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, c	heck th	IS		
	box and stop here . The organization qualifies as a publicly supported organization			•	
b	33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or mo	ore,			
	check this box and stop here . The organization qualifies as a publicly supported organization			•	

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 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

15 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
Brigate foundation of the experimetion did not shook a heaven line 12, 15e, 15h, 17e, as 17h, shook this heavend one

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

13

organization, check this how and ston hore

27-0842642

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

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

Sec	ction A. Public Support			·			
Cale	endar 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 ")	252,516	375,375	1,780,861	936,547	1,310,889	4,656,188
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 bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	252,516	375,375	1,780,861	936,547	1,310,889	4,656,188
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	line 6)						4,656,188
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	252,516	375,375	1,780,861	936,547	1,310,889	4,656,188
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			28		9	37
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			_28		9	37
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		1,200	2,860		14,135	18,195
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)	252,516	376,575	1,783,749	936,547	1,325,033	4,674,420
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ 🏻
Sec	ction C. Computation of Public Su	pport Percent	age			·—	
	Public support percentage for 2014 (line 8, o	• •	•			15	%
	Public support percentage from 2013 Scheo					16	<u>%</u>
	ction D. Computation of Investmer			1 (0)		4.	
17 40	Investment income percentage for 2014 (line		=			17	<u>%</u> %
18 19a	Investment income percentage from 2013 S 33 1/3% support tests - 2014. If the organization						<u> 76</u>
	17 is not more than 33 1/3%, check this box	and stop here. The	ne organization qu	alifies as a publicl	y supported organ	ization	▶ 🛚
	33 1/3% support tests - 2013. If the organization line 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	n qualifies as a pu	blicly supported or	rganization	_
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box	and see instructio	ns	▶ 🔲

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

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Employer identification number

	etice	27-0842642
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	s. — ——————————————————————————————————
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	•
	Protection of natural habitat Preservation of a certified his	toric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contributio	
	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	26
b	Total acreage restricted by conservation easements	2b 2c
C	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	
3		mzaton during the
4	tax year ▶Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
•	>	,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear
-	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4))(B)(ı)
	and section 170(h)(4)(B)(II)?	Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements	
Pal	Ttill Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fi	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these ite	ms.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fi	urtherance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_
а	Revenue included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	▶\$

							27 004	0540	
	le D (Form 990) 2014 Poetice † Organizations Maintaining Col	lections of A	rt Histo	rical Tra	22511706 (or Oth	27-084 or Similar As		<u>. Z</u>
3	Using the organization's acquisition, accession, a							sets (continued)	_
,	collection items (check all that apply)	ila oulei recolas,	, cricck arry	OI DIE IOI	owing that a	iie a sigi	micant use of its		
а	Public exhibition	d ∏ Loa	n or excha	nae nroar	ame				
b	Scholarly research	e		ilge plogi	aiiis				
C	Preservation for future generations	e 🗀 Oii							-
4	Provide a description of the organization's collect	ions and evoluin l	how they fi	irther the	organization	'e evem	nt numose in Par	+	
•	XIII	ions and explain	ilow uley it	indier die v	organization	3 CACIII	pr purpose in r ai	•	
5	During the year, did the organization solicit or rec	eive donations of	art histori	ral treasur	res or other	sımılar			
•	assets to be sold to raise funds rather than to be							Yes I	40
Pai	TIV Escrow and Custodial Arrange		10, 410 01	garnzadon	<u> </u>			·· <u> </u>	<u></u>
7 541	Complete if the organization answ		Form 99	0. Part	IV. line 9.	or rep	orted an amo	unt on Form	
	990, Part X, line 21.								_
1a	Is the organization an agent, trustee, custodian o	r other intermedia	ry for cont	ributions o	r other asse	ts not			
	· ·							Yes I	40
b	If "Yes," explain the arrangement in Part XIII and	complete the folio	wing table	:					_
							A	mount	_
С	Beginning balance								_
d	Additions during the year						+		_
е	Distributions during the year								_
f	Ending balance					<u>l 1f</u>			_
2a	Did the organization include an amount on Form						•	🗌 Yes 🔲 I	40
b	If "Yes," explain the arrangement in Part XIII Che	ck here if the exp	lanation na	as been pr	rovided in Pa	art XIII	<u> </u>	<u> </u>	
Fdi	Endowment Funds. Complete if the organization answ	worod "Voc" to	. Form 0	On Dort	IV line 10	,			
	Complete if the organization answ	(a) Current year	(b) Pnc		(c) Two years		(d) Three years bac	k (e) Four years back	—
1a	Beginning of year balance	(a) Collent year	(0) File	уса:	(c) Two years	a Dack	(u) Three years bac	(e) Four years back	—
b	Contributions								_
c	Net investment earnings, gains, and							-	
-	losses								
d	Grants or scholarships								_
e	Other expenditures for facilities and			·			· <u> </u>		_
	programs								
f	Administrative expenses								_
g	End of year balance								_
2	Provide the estimated percentage of the current y	ear end balance	(line 1g, co	olumn (a))	held as				_
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
С	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should e	qual 100%.							
3a	Are there endowment funds not in the possession	n of the organizat	on that are	held and	administere	d for the	•		
	organization by:							Yes N	٥
	• • • • • • • • • • • • • • • • • • • •							. 3a(i)	
	(ii) related organizations							. 3a(ii)	_
b	If "Yes" to 3a(II), are the related organizations list	· ·						. 3b	_
4	Describe in Part XIII the intended uses of the orga		ment fund	s					_
Pa	Land, Buildings, and Equipmer		. Fa ^-	00 D-→	1/ 1.= - 44	1- 0-	- F 000 T	land V. Irra 40	
	Complete if the organization ansi								_
	Description of property	(a) Cost or oth			r other basis	, , ,	Accumulated	(d) Book value	
	Land	(investm	onl)	- (0	other)	ļ	epreciation		—

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	_	73,216	15,992	57,224
	Other				
Tota	II. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)		57,224

27-0842642

EEA

	(a) Description of security or category	(b) Book value	(c) Method of valuation
I) Francial a	(including name of security)		Cost or end-of-year market value
•	derrvatives	•	
•	end equity interests	•	
Other		-	
(A)		-	
(B)		_	
(C)		_	
D)		_	
(E)		_	
(F)		_	
(G)		_	
(H)		_	
	,	<u> </u>	
art VIII	Investments - Program Related.		
	Complete if the organization answer	ered "Yes" to Form 990, Pa	art IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tai (Column (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX	Other Assets.		
	Complete if the organization answer	ered "Yes" to Form 990, Pa	art IV, line 11d See Form 990, Part X, line 15
			(b) Book value
	ų.	a) Description	(b) book value
(1)		a) Description	(u) book value
		a) Description	(u) Book value
(2)		a) Description	(u) Book value
(2) (3)		a) Description	(u) book value
(2) (3) (4)		a) Description	(u) Book value
(2) (3) (4) (5)		a) Description	(u) Book value
(2) (3) (4) (5) (6)		a) Description	(u) Book value
(2) (3) (4) (5) (6) (7)		a) Description	(u) Book value
(2) (3) (4) (5) (6) (7)		a) Description	(u) book value
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col (B) line		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answer	e 15)	art IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum	on (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) Dark X	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnati X	on (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answer	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X) (1) Federal (2)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) (3)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Federal (2) (3) (4)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Art X) (1) Federal (2) (3) (4)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) btal. (Column art X) (1) Federal (2) (3) (4) (5) (6)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) btal. (Colum art X (1) Federal (2) (3) (4) (5) (6) (7)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	
(2) (3) (4) (5) (6) (7) (8) (9) btal. (Column art X) (1) Federal (2) (3) (4) (5) (6)	on (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	e 15)	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,281,992
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments	1	
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII)]	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,281,992
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,202,552
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,281,992
	Reconciliation of Expenses per Audited Financial Statements With Expenses per		
i di	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n Ketuiii	•
_		4 1	1 120 545
	Total expenses and losses per audited financial statements	1	1,139,547
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
	Donated services and use of facilities		
	Pnor year adjustments	ļ	
	Other losses		
	Other (Describe in Part XIII)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,139,547
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,139,547
Par	t XIII Supplemental Information.		
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4,	Part X, line	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			· · · · · ·
			
		-	
_			_
			<u>.</u>

Schedule F (Form 990)

Statement of Activities Outside the United States

... .- ..

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

rm990. Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

	tice					27-0842642
Pa			s Outside the	United States. Complete	e if the organization	on answered "Yes" on
_	Form 990, Part IV, I					
	For grantmakers. Does the or				-	
	assistance, the grantees' eligib					₩ □
	grants or assistance?				• • • • • • • • • • • • • • • • • • • •	🗓 Yes 🗌 No
2	For grantmakers. Describe in	Part V the organ	nzation's proced	ures for monitoring the use of	of its grants and oth	ner
	assistance outside the United S	States.				
3	Activities per Region (The follo	wing Part I, line	3 table can be d	luplicated if additional space	is needed)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in	
		offices in the region	employees, agents, and	region (by type) (e g , fundraising, program services,	a program sen describe specific t	
			independent	investments,	service(s) in re	= -
			contractors in region	grants to recipients located in the region)		
	Middle East and					
	North Africa		1	Program services	Education	
	Middle East and				L	
(2)1	North Africa		1	Program services	Education	
(3)						
(4)						
(5)						
_(0)						
(6)						
(7)						
(8)						
(9)						
(10)						
(10)						
<u>(11)</u>						
(12)						
<u>(13)</u>						
(14)		:				
(15)						
<u>, /</u>						
<u>(16)</u>	. <u>.</u>					
(17)						
3a	Sub-total		2			
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)		2			

Page 2 27-0842642

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (e) Amount of cash grant (d) Purpose of grant Education Education Middle East and Middle East and (c) Region North Africa North Africa (b) IRS code section and EIN (if applicable) Poetice (a) Name of organization Schedule F (Form 990) 2014 Part II (12) (16) (11) (13) (44) (15) 50 $\overline{\mathbf{c}}$ 3 3 £ 9 8 6

Schedule F (Form 990) 2014

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

EEA

Page 4

Part IV Foreign Forms 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 Yes ☐ No Corporation (see Instructions for Form 926) 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 Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a ☐ No 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 Certain Foreign Corporations (see Instructions for Form 5471) Yes ☐ No Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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 Yes □ No Fund (see Instructions for Form 8621) 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 ☐ No Yes Foreign Partnerships (see Instructions for Form 8865) 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 Yes ☐ No

Schedule F (Form 990) 2014

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2014

OMB No 1545-0047

Department of the Treasury Int Na

Open to Public ,

Name of the organization	► Information about Schedi	ile G (rom 990 c	r 990-EZ) and	its instructions is at v	www.irs.gov/i		ITIS PECTION ntriication number
Poetice						27 - 084	
Fundraising	Activities. Complete	if the organ	ization an	swered "Yes" to I	Form 990.		
) P	filers are not required to	_				,	
1 Indicate whether the o	rganization raised funds thi	• • —	_				· · · · · · · · · · · · · · · · · · ·
a Mail solicitations		=		of non-government g			
b Internet and email s				of government grants	5		
c Phone solicitations		g∪	Special fun	draising events			
d In-person solicitation	ons ave a written or oral agreen	nent with any in	dividual (incl	uding officers, directo	re truetooe		
	ed in Form 990, Part VII) or	=	· ·	=		ΠYe	es 🗆 No
• • •	hest paid individuals or ent	·=		-		ındraiser is	to be
compensated at least	\$5,000 by the organization						
					ī		
(i) Name and address of or entity (fundraise		y custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(or reta fundraise	int paid to ined by) ir listed in (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			,,	
1							
2							
3		-					
4							
5							
6							<u> </u>
7							
8							
<u>.</u>			_				
9							
10							
Total			▶				
	he organization is registere			butions or has been i	notified it is	exempt from	1
registration or licensing	1						
				<u> </u>	-		
							
							.=-
				- 			

Poetice

Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more							
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	List events with		
_	Γ	gross receipts greater than		47.5	1) 0 //			
	۱ .		(a) Event #1 Gala	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through		
			(event type)	(event type)	(total number)	col (c))		
e	ļ		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	133,174			133,174		
æ		•	•		·			
	2	Less: Contributions						
	3	Gross income (line 1 minus						
_		line 2)	133,174			133,174		
	4	Cash prizes						
	5	Noncash prizes						
		Nonedan phizes						
es	6	Rent/facility costs	3,321			3,321		
ens		-						
Ä	7	Food and beverages	8,668		· · · · · · · · · · · · · · · · · · ·	8,668		
Direct Expenses								
۵	8	Entertainment	500			500		
	9	Other direct expenses	17,278	_		17,278		
	10	Direct expense summary. Add line	-			29,767		
D-	urt ()	Net income summary Subtract line Gaming. Complete if the o				103,407		
		than \$15,000 on Form 990		163 101 01111 330,1 0111	v, line 15, or reported in			
ω				(b) Pull tabs/instant	4.5.00	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))		
Rev								
_	1	Gross revenue						
	2	Cash prizes						
Ses	_	Cash phizes		-				
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	☐ Yes%	│	☐ Yes % ☐ No			
	"	volunteer labor	<u> </u>	HO		·		
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
	7	Direct expense summary Add line Net gaming income summary Sub						
	8	Net gaming income summary Sub	otract line 7 from line 1, col	umn (d)				
9	8	Net gaming income summary. Sub	otract line 7 from line 1, col	umn (d)	<u>></u>	Yes . No		
а	8 En	Net gaming income summary Subster the state(s) in which the organization licensed to conduct	ation conducts gaming act	umn (d)		Yes		
а	8 En	Net gaming income summary Subster the state(s) in which the organization licensed to conduct	ation conducts gaming act	umn (d)		Yes 🗌 No		
a	En Is if "	Net gaming income summary. Subster the state(s) in which the organization licensed to conduct the organization.	otract line 7 from line 1, col ation conducts gaming act t gaming activities in each	umn (d)				
10a	En Is if "	Net gaming income summary. Substanter the state(s) in which the organization licensed to conduct the organization licensed to conduct the organization.	ptract line 7 from line 1, col- ation conducts gaming act t gaming activities in each glicenses revoked, suspen	umn (d)	he tax year?			
10a	En Is if "	Net gaming income summary. Substanter the state(s) in which the organization licensed to conduct the organization licensed to conduct the organization.	ptract line 7 from line 1, col- ation conducts gaming act t gaming activities in each glicenses revoked, suspen	umn (d)	he tax year?			
10a	En Is if "	Net gaming income summary. Substanter the state(s) in which the organization licensed to conduct the organization licensed to conduct the organization.	ptract line 7 from line 1, col- ation conducts gaming act t gaming activities in each glicenses revoked, suspen	umn (d)	he tax year?			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2014

Open to Public Inspection

Name of the organization Employer identification number Poetice 27-0842642 01. Committee meeting documentation (Part VI, line 8b) Committees are comprised of current employees with minimal Board of Director involvement. 02. Form 990 governing body review (Part VI, line 11) Form 990 for 2012 was reviewed by Board of Directors before submitting 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation is determined and voted on by the Board of Directors. 04. Governing documents, etc, available to public (Part VI, line 19) Documents are available upon request 05. Explanation of other changes in net assets or fund balances (Part XI, line Corrections made to Fund Balance for adjustments not made in 2012 in the amount of \$139.00. Rounding in the amount of 11.00. Net Changes due to CPA Audit, 2012 expenses paid in 2013 adjusted to Unrestricted Net Assets per CPA: 6,727.50 Accounting Services for 2012 billed and paid in 2013 1,529.00 Program services for 2012 paid in 2013 Total Adjustment = (8,485)