

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



2.3.

						r age a
Pa	Balance Sheets (see the instructions to			-		e pro-
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	996	22	(B) End of year
23	Land and buildings				23	307
24	Other assets (describe in Schedule O)			0		
25	Total assets			996		567
26	m				26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	996		567
Par	Statement of Program Service Accom			Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗸	ĺ	Expenses
Wha	is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest p	program services.		nizations; optional for
as m	easured by expenses. In a clear and concise m	anner, describe the	services provided	d, the number of	othe	ers)
	ons benefited, and other relevant information for ea					
28	NICARAGUA SCHOLARSHIP FUND WE PROVIDE SM		LARSHIPS TO RPOR	MISING		
	STUDENTS, PRE-SCHOOL THROUGH UNIVERSITY IN	N NICARAGUA.				
					İ	
	(Grants \$ 34235) If this amount				28a	34235
29						1
					ĺ	1
	/O					?
30	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ⊔</u>	29a	1 *
30					[

	(Grants \$) If this amount	ıncludes foreign gra	nto shook hara		20-	
31	Other program services (describe in Schedule O)		nis, check here .		30a	· · · · · · · · · · · · · · · · · · ·
٠.		includes foreign gra			210	
32	Total program service expenses (add lines 28a	through 31a)	ins, check here .		31a 32	34235
Par						
	Check if the organization used Schedule	O to respond to ar	nv auestion in this	Part IV	istiut	
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and trile	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		
		devoted to position	(if not paid, enter -0-)			other compensation
BETS	Y WESSLER, PRESIDENT	5			_	
306 F	PATTERSON ST, ASHLAND, OR 97520	1	(o		
LUC'	EDWARDS, TREASURER	5			\top	
306 F	ATTERSON ST, ASHLAND, OR 97520	1	(D		
PAM	SHEPHERD, SECRETARY	5			1	
306 F	ATTERSON ST, ASHLAND, OR 97520]	(o		
SAR	AH SCHENDEL, DIRECTOR -	5				<u> </u>
	ATTERSON ST, ASHLAND, OR 97520			ס		-
	WESSLER, DIRECTOR	.5				
	ATTERSON ST, ASHLAND, OR 97520		·	0		
	IE BECKNELL MARX, DIRECTOR	5			1	
306 F	ATTERSON ST, ASHLAND, OR 97520		(0	_ _	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1				
					4_	
	***************************************					•
						-
					-	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2014

Page 3

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

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

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants")	10685	17200	42600	30600	34235	135320	
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		ļ					
	unrelated trade or business under section 513							
4	Tax revenues levied for the	1				ĺ		
	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			1				
_	organization without charge	10685	17200	42600	30600	24225	135320	
6	Total. Add lines 1 through 5	10000	17200	42600	30600	34235	133320	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		i					
	·						<del></del>	
b	Amounts included on lines 2 and 3 received from other than disqualified			į.				
	received from other than disqualified persons that exceed the greater of \$5,000			İ				
	or 1% of the amount on line 13 for the year		,					
С	Add lines 7a and 7b .			1				
8	Public support (Subtract line 7c from			-	<u> </u>			
	line 6)						135320	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
9	Amounts from line 6	10685	17200	42600	30600	34235	135320	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,	,	}			i		
	royalties and income from similar sources						<del></del>	
b	Unrelated business taxable income (less		ļ					
	section 511 taxes) from businesses acquired after June 30, 1975							
_	•							
_	Add lines 10a and 10b							
11	activities not included in line 10b, whether							
	or not the business is regularly carried on			1				
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,			Î		İ		
	and 12.)						135320	
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
	organization, check this box and stop he				•	•	. 🕨 🗸	
	on C. Computation of Public Suppor					1 .= 1		
15	Public support percentage for 2014 (line					15	<u>%</u>	
16	Public support percentage from 2013 Scl			<del>- · · · · · · · · · · · · · · · · · · ·</del>	<u> </u>	16	%	
	tion D. Computation of Investment Income Percentage  Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))							
17	Investment income percentage for 2014 ( Investment income percentage from 2013)			, line 13, colum		17		
18	331/3% support tests—2014. If the organ	ization did not	check the boy					
19a	17 is not more than 331/2% check this box	and stop here	The organization	on qualifies as a	na mile 10 10 m	orted organization	on	
h		17 is not more than 33½%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>S3½% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and						
b	line 18 is not more than 331/3%, check this	box and stop he	ere. The organi	zation qualifies	as a publicly su	pported organi	zation	
20	Private foundation. If the organization di							

## Part IV **Supporting Organizations**

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

Section .	A. Al	Supporting	<b>Organizations</b>
-----------	-------	------------	----------------------

ecu	on A. All Supporting Organizations		T	ī — —
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	*3	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	s ****	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	k	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	1.3	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		10 m	' 4
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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		* :
	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	·	- ^-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	34.		*
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	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	}}\$**~~~.	. 4
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		2- x
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	- A	<u> </u>
С	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 <b>Part VI</b> .	9c		· 44
I0a	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	100		

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)