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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| - | _ | | 224: | lendar year, or tax year beginning , 2014, and ending | | | | | |
|----------|-----------------------|-----------------------|--------------|--|---------|------------|---------------------------------------|--|--|
| A | | | | | | | | | |
| 4 | | heck if a ddress c | pplicable | C Name of organization | D Em | ployer i | dentification number | | |
| ŀ | _ | ame cha | ĭ I | UPWARD BOUND YOUTH | 3 | 34-1850567 | | | |
| ŀ | _ | utial retui | • | | E Tel | ephone r | number | | |
| } | _ | | terminated | PO BOX 1482 | l | 330) | 345-9589 | | |
| ŀ | - | mended | | City or lown, state or province, country, and ZIP or foreign postal code | | · | | | |
| 1 | _ | | | WOOSTER OH 44691 | | | remption | | |
| | | | ting Meth | | | | organization is not | | |
| ı | | Vebsit | • | | | 3 | Schedule B | | |
| | | | | / · · · | | | , or 990-PF). | | |
| - | | | | (check only the) = 12 301(0)(0) | | | | | |
| K | | | f organiza | | | | | | |
| L | . A | dd line | es 5b, 6c | , and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total | | | | | |
| _ | _ | | | olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | 101,233. | | |
| Ĺ | Par | <u>t I</u> [| Reveni | ie, Expenses, and Changes in Net Assets or Fund Balances (see the instr | uctio | ons fo | or Part i) | | |
| _ | | | | he organization used Schedule O to respond to any question in this Part I | | | | | |
| | ı | | | ons, gifts, grants, and similar amounts received | | 1 | 97,728. | | |
| | - 1 | | | service revenue including government fees and contracts | | 2 | | | |
| | | | | nip dues and assessments | | 3 | | | |
| | | 4 Ir | nvestmer | at income | | 4 | 5. | | |
| | ı | 5a G | Fross am | ount from sale of assets other than inventory 5a 3,5 | 00. | | | | |
| | - | bЬ | ess cost | t or other basis and sales expenses | 00. | | | | |
| | | c G | ain or floss | s) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5 c | -2,000. | | |
| | - | | , | nd fundraising events | | | =10000 | | |
| | R | | • | ome from gaming (attach Schedule G if greater than \$15,000) 6 a | | | | | |
| 元 | E V | | | ome from fundraising events (not including \$ of contributions | | | | | |
| 2015 | N | | | raising events reported on line 1) (attach Schedule G if the sum | | | | | |
| | Ĕ | | | oss income and contributions exceeds \$15,000) 6 b | | | | | |
| 6 | - | c L | ess dire | ct expenses from gaming and fundraising events 6 c | | | | | |
| ပ | | d N | Jet incom | e or (loss) from gaming and fundraising events (add lines 6a and | | _ | | | |
| DE | | | | btract line 6c) | | 6 d | | | |
| | | 7 a 🤆 | Gross sale | es of inventory, less returns and allowances | | | | | |
| L_' | | | | t of goods sold | | | | | |
| Z | | | | fit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7 c | | | |
| Z | | | | enue (describe in Schedule O) | | 8 | | | |
| CHARACTO | | | | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | . • | 9 | 95,733. | | |
| 37 | \top | 10 0 | Prante an | d similar amounts paid (list in Schedule O) | | 10 | | | |
| | | | | | | 11 | · · · · · · · · · · · · · · · · · · · | | |
| | F [| | | other company and ampleuse baseful | | 12 | 00 242 | | |
| | E X P | | | nal fees and other payments to independent contractors | • • • | 13 | 80,242. | | |
| | E N | | _ | cy, rent, utilities, and maintenance. | | 14 | 523. | | |
| | SE | 45 5 | occupanc | cy, rent, utilities, and maintenance | | - | 5,734. | | |
| | 5 | 15 F | rinting, p | Dublications, postage, and snipping | · · · | 15 | 198. | | |
| | - 1 | 16 (| otner exp | renses (describe in Schedule O) | vheiioe | | 28,311. | | |
| _ | -+ | | | enses. Add lines 10 through 16 | | 17 | 115,008. | | |
| | | 18 E | excess or | (deficit) for the year (Subtract line 17 from line 9) | | 18 | -19 , 275. | | |
| N | S | 19 N | let asset | s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year | | | | | |
| E | A S E T S | fi | igure rep | orted on prior year's return) | | 19 | 286,672. | | |
| • | ś | | | inges in net assets or fund balances (explain in Schedule O) | | 20 | | | |
| _ | | 21 1 | Net asset | s or fund balances at end of year Combine lines 18 through 20 | . • | 21 | 267,397. | | |
| E | BAA | For | Paperwo | rk Reduction Act Notice, see the separate instructions. | | _ | Form 990-EZ (2014) | | |
| | | | | | - } | り | G14 | | |

| Pa | Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V | | | |
|------------|--|---|---------------------|-------------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect | \vdash | | |
| | a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | Х |
| 35 a | a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities | | | |
| | (such as those reported on lines 2, 6a, and 7a, among others)? | 35 a | | Х |
| ı | b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O | 35 b | | |
| • | c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III | 35 c | | |
| | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | |
| 37 8 | a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a | | | |
| | b Did the organization file Form 1120-POL for this year? | 37 b | | X |
| 38 8 | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | بنظا | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38 a | | X |
| ı | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved | | | |
| 30 | Section 501(c)(7) organizations Enter: | | | |
| | a Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · · | | | |
| | b Gross receipts, included on line 9, for public use of club facilities | | | |
| | | | | |
| 40 | a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | , | | |
| | section 4911 , section 4955 , section 4955 | | | |
| | b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I | 40 b | | Х |
| | c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization | | | |
| | managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| (| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax | | | |
| | shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | X |
| 41 | shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | <u> </u> |
| 41 | • | 40 e | | <u> </u> |
| 41 | • | 40 e | | |
| | List the states with which a copy of this return is filed Ohio The organization's | | | |
| | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Telephone no (330) | | 958 | |
| | List the states with which a copy of this return is filed Ohio The organization's | | | |
| 42: | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Telephone no (330) | | - 958 Yes | 9 No |
| 42: | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a | 345 | | 9 |
| 42: | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345 | | 9 No |
| 42: | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345 | | 9 No |
| 42: | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345 | | 9 No |
| 42: | List the states with which a copy of this return is filed Ohio The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345 | | 9 No |
| 42: | a The organization's books are in care of PICHARD JANKOV Telephone no Sooks are in care of PICHARD JANKOV WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345- 42b | | 9 No |
| 42: | a The organization's books are in care of PICHARD JANKOV Telephone no Located at 1280 E MILLTOWN WOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345 | | 9 NoX |
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| 42 | a The organization's books are in care of RICHARD JANKOV Telephone no COBO Cocated at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345- 42b | | 9 NoX |
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| 42 | a The organization's books are in care of RICHARD JANKOV Telephone no COBO Cocated at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345- 42b | Yes | 9 No X |
| 42: | List the states with which a copy of this return is filled Ohio a The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 130) | 345- 42b | | 9 NoX |
| 42: | a The organization's books are in care of RICHARD JANKOV Telephone no Cost at Page 1280 EMILLTOWN WOOSTER OH ZIP+4 4691 between the during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead | 345- 42b 42c | Yes | 9 No X X |
| 43 | List the states with which a copy of this return is filed Ohio a The organization's books are in care of RICHARD JANKOV Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 345- 42b 42c | Yes | 9 No X X |
| 43 | List the states with which a copy of this return is filled Ohio a The organization's books are in care of RICHARD JANKOV Telephone no Located at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 345- 42b 42c | Yes | 9 No X X |
| 43 | a The organization's books are in care of RICHARD JANKOV Telephone no Ohio a The organization's books are in care of RICHARD JANKOV Telephone no MOOSTER OH ZIP+4 4691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? | 345- 42b 42c | Yes | 9 No X X |
| 43 | List the states with which a copy of this return is filed Ohio a The organization's books are in care of RICHARD JANKOV Telephone no MOOSTER OH ZIP+4 4691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O If 'No,' provide an explanation in Schedule O | 345- 42b 42c | Yes | 9 No X X |
| 43 | List the states with which a copy of this return is filed Ohio a The organization's books are in care of RICHARD JANKOV Detailed at 1280 E MILLTOWN WOOSTER OH ZIP+4 44691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 3 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 Did the organization receive any payments for indoor tanning services during the year? C Did the Organization receive any payments for indoor tanning services during the year? C Did the Organization receive any payments for indoor tanning services during the year? | 345- 42b 42c 44a 44a 44b | Yes | 9 No X X |
| 43 44: 45: | List the states with which a copy of this return is filed Ohio a The organization's books are in care of RICHARD JANKOV Telephone no MOOSTER OH ZIP+4 4691 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O If 'No,' provide an explanation in Schedule O | 345- 42b 42c 42c | Yes | 9 No X |

Wooster OH 44691 345-7353 X Yes No Form 990-EZ (2014)

Check

self-employed

Firm's EIN

Phone no

P00145786

54-2091918

11/13/15

GREGORY SWARTZENTRUBER

Gregory Swartzentrub

711 Winkler Dr Suite B

Firm's name ▶

Firm's address ▶

Paid

Preparer Use Only

SCHEDULE A (Form,990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

olidira or modo Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer Identification number** UPWARD BOUND YOUTH 34-1850567 Partil Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? (see instructions)) Yes No (A) (B) (C) (D) <u>(E)</u>

| | dule A (Form 990 of 990-EZ) 2014 | | BOUND TOUTH | | | 34-1630367 | r age z |
|--------------|---|---|--|------------------------------|---------------------|---|-------------|
| Par | til Support Schedule for (Complete only if you checked | Organizations | S Described in | Sections 170 | (b)(1)(A)(iv) ar | n d 170(b)(1)(A)(\ nder Part III, If the | /i) |
| | organization fails to qualify un | der the tests listed | below, please co | mplete Part III.) | | | |
| Sec | tion A. Public Support | | · · · · · · · · · · · · · · · · · · · | ı | | т т | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activiti | es, etc (see ınstru | ictions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and s | | | | | | ▶ □ |
| Sec | tion C. Computation of Pu | blic Support l | Percentage | | | | |
| 14 | Public support percentage for 201 | • | • | | | | % |
| 15 | Public support percentage from 20 |)13 Schedule A, P | art II, line 14 · · · | • • • • • • • • • | | 15 | %_ |
| 16 a | a 33-1/3% support test — 2014. If and stop here. The organization of | | | | | | |
| ŀ | 33-1/3% support test — 2013, If t and stop here. The organization o | he organization di qualifies as a publ | d not check a box icly supported orga | on line 13 or 16a, anization | and line 15 is 33-1 | /3% or more, check t | his box |
| 17 6 | a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a | eets the 'facts-and | l-cırcumstances' te | st, check this box : | and stop here. Ex | plain in Part VI how | ▶ [] |
| ı | o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and- | eets the 'facts-and | d-circumstances' te | st, check this box | and stop here. Ex | plain in Part VI how t | he $ hline$ |

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

34-1850567

UPWARD BOUND YOUTH

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

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

| Section A. Public Support | | | | | | |
|--|--|---|---|---|-------------------------------------|-----------------|
| Calendar year (or fiscal yr beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| Gifts, grants, contributions and membership fees | | | | | | |
| received (Do not include any 'unusual grants') | 61 562 | 76,511. | 66 151 | 110 407 | 07 720 | 421 742 |
| 2 Gross receipts from admis- | 61,562. | 76,311. | 66,454. | 119,487. | 97,728. | 421,742. |
| sions, merchandise sold or | | ĺ | | | | |
| services performed, or facilities furnished in any activity that is | | | | | | |
| related to the organization's | | | | | | |
| tax-exempt purpose | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the | | | | | | |
| organization's benefit and | | | | | | |
| either paid to or expended on its behalf | j | | | | | |
| 5 The value of services or | | | | | | |
| facilities furnished by a | | | | | | |
| governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | <u> </u> | 76,511. | 66,454. | 119,487. | 97,728. | 421,742. |
| 7 a Amounts included on lines 1, | 31,002. | 7070221 | 30,1011 | 2237.07. | 21,71201 | 101/, 101 |
| 2, and 3 received from disqualified persons | 35,700. | 41,850. | 4,240. | 2,250. | 800. | 84,840. |
| b Amounts included on lines 2 | 33,700. | 41,650. | 4,240. | 2,230. | 800. | 04,040. |
| and 3 received from other than | | | |] | | |
| disqualified persons that exceed the greater of \$5,000 or | | | | | r. | |
| 1% of the amount on line 13 | | | | | | |
| for the year | | | | | | |
| c Add lines 7a and 7b | 35,700. | 41,850. | 4,240. | 2,250. | 800. | 84,840. |
| 8 Public support (Subtract line 7c from line 6) | | | ! | | | 336 003 |
| Section B. Total Support | <u> </u> | <u> </u> | <u> </u> | · | J | 336,902. |
| Calendar year (or fiscal yr beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6 | | 76,511. | 66,454. | 119,487. | 97,728. | 421,742. |
| 10 a Gross income from interest, dividends, | 01/302. | 707311. | 00/151. | 113,107. | 31,7120. | 121,112. |
| payments received on securities loans, | | | | | | |
| rents, royalties and income from similar sources | 227. | 71. | 87. | 0. | 5. | 390. |
| b Unrelated business taxable | | | | • | | 333, |
| income (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 227. | 71. | 87. | 0. | 5. | 390. |
| 11 Net income from unrelated business activities not included in line 10b. | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | -· | | | |
| 12 Other income. Do not include gain or loss from the sale of | 1 | | | | |) |
| čapital assets (Explain in | | İ | | | | |
| Part VI) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11 and 12) | 61,789. | 76,582. | 66,541. | 119,487. | 97,733. | 422,132. |
| 14 First five years. If the Form 990 | is for the organization | on's first, second, t | hird, fourth, or fifth | tax vear as a sect | ion 501(c)(3) | |
| organization, check this box and | stop here | · · · · · · · · · | <u> </u> | | | ▶ |
| Section C. Computation of P | | | | | ······ | |
| 15 Public support percentage for 20 | • | • | | | <u> </u> | 79.81 % |
| 16 Public support percentage from | | | | · · · · · · · · · · |] 16 | 58.82 % |
| Section D. Computation of Ir | | | | <u> </u> | 17 | 0.00.0 |
| 17 Investment income percentage f | | | | | | 0.09 % |
| 18 Investment income percentage f | | • | | | <u> </u> | 0.21 % |
| 19 a 33-1/3% support tests — 2014. is not more than 33-1/3%, check | וו נחפ organization d this box and stop h | io not check the bo ere. The organizat | ox on line 14, and l lion qualifies as a r | ime 15 is more that publicly supported | n 33-1/3%, and line organization | e 1/ ► [X] |
| b 33-1/3% support tests - 2013. | If the organization d | id not check a box | on line 14 or line | 19a, and line 16 is | more than 33-1/39 | %, and |
| line 18 is not more than 33-1/3% | , check this box and | stop here. The or | ganizatıon qualıfie | s as a publicly sup | ported organizatio | n ▶ 📘 |
| 20 Private foundation. If the organ | nization did not check | a box on line 14, | 19a, or 19b, check | this box and see | | |
| DAA | | | | | | 00 000 EZ\ 2014 |

Part IV Supporting Organizations

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

| Section A. All Supporting | g Organizations |
|---------------------------|-----------------|
|---------------------------|-----------------|

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

| Pä | rt IV Supporting Organizations (continued) | | | |
|-----|--|----------------|-----|-------------|
| | | harates strate | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| i | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| | b A family member of a person described in (a) above? | 11b | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | | Name and a | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard | 3 | | ś |
| Sec | ction E. Type III Functionally-Integrated Supporting Organizations | | | |
| | Check the box post to the method that the aggregation used to extra the lateral Dest Took discuss the use of a first set of | | | |
| ' | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| | a The organization satisfied the Activities Test Complete line 2 below | | | |
| | b The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| | c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction) | tions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | , X |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | | |

| Pari | Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizat | tions | | | | | | |
|------|---|--------|-----------------------------|--------------------------------|--|--|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | | | |
| Sect | ion A – Adjusted Net Income | | (A) Pnor Year | (B) Current Year (optional) | | | | | |
| 1 | Net short-term capital gain | 1 | | | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | - <u>-</u> - | | | | | | |
| _3 | Other gross income (see instructions) | 3 | | | | | | | |
| 4 | Add lines 1 through 3 | 4 | | | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | | | |
| Sect | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | | | | | | |
| a | Average monthly value of securities | 1 a | | | | | | | |
| b | Average monthly cash balances | 1 b | | | | | | | |
| С | Fair market value of other non-exempt-use assets | 1 c | | | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | U | | | | | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | | | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | | |
| 6 | Multiply line 5 by 035 | 6 | | | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | | |
| Sec | tion C – Distributable Amount | | | Current Year | | | | | |
| _1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | | |
| _4 | Enter greater of line 2 or line 3 | 4 | | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrate (see instructions). | d Type | e III supporting organizati | on | | | | | |
| BAA | | | Schedule A (Fo | rm 990 or 990-EZ) 2014 | | | | | |

| chedule | Λ | /Form | aan c | or agn_ | F٦١ | 2014 | |
|---------|---|-------|-------|---------|-----|------|--|

Page 7

| Part | V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organiza | itions (continued) | |
|------|---|--------------------------------|--|---|
| Sect | ion D — Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpose | es | <u> </u> | |
| | Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppor | ted organizations | <u> </u> | <u> </u> |
| 4 | Amounts paid to acquire exempt-use assets | <u> </u> | <u> </u> | |
| | Qualified set-aside amounts (prior IRS approval required) | | · · · · · · · · · · · · · · · · · · · | |
| | Other distributions (describe in Part VI). See instructions | | · | |
| 7 | Total annual distributions. Add lines 1 through 6 | <u> </u> | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions. | | | <u> </u> |
| 9 | Distributable amount for 2014 from Section C, line 6 | <u> </u> | <u></u> <u>.</u> | |
| 10 | Line 8 amount divided by Line 9 amount | | <u>.</u> <u>.</u> | |
| Sect | ion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | |
| a | | | | |
| b | | | | |
| С | | | | |
| d | | | | |
| е | From 2013 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2014 distributable amount | | | |
| ī | Carryover from 2009 not applied (see instructions) | | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| а | | <u> </u> | | |
| b | | | | |
| С | | | | |
| ď | Excess from 2013 | | | |
| е | Excess from 2014 | | | |

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2014

OMB No 1545-0047

Open to Public Inspection :

Department of the Treasury Internal Revenue Service Name of the organization

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

UPWARD BOUND YOUTH

Employer Identification number

34-1850567

Pt III, Line 31

Devlopment of multi-use facility for youth and adult education and care; along with after-school programs and recreation.

Richard Jankov wages: W-2 wages: \$42,000 less \$8,000 for shared payroll

Pt IV with another organization = \$34,000