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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

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Open to Public Inspection

Dep	oartment o	of the Treasury	Information about Form 990-EZ and its instructions is at www.irs.gov/forms	990.	Inspection	
			ar year, or tax year beginning Januaru . 2014, and ending	Down	Der 31,2014	
_	Check if a		3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		dentification number	
$\Box$	Address		Project Worthmore	45-	0933 835	
一片	Name cha	-		E Telephone number		
- 🗖	Initial retu	_	1532 6 alera St   380	110	-289-1418	
	Final retu	m/term.nated			·	
닏	Amended	1	Aurora, CO 80010	F Group Ex Number	-	
Ų		บบ bsuqกเชิ				
		ting Method:	☐ Cash ☐ Accrual Other (specify) ► H C		if the organization is not	
	Website -	e: ► <u> </u>		•	ttach Schedule B	
				omi 990, 95	10-EZ, or 990-PF).	
			□ Corporation □ Trust □ Association □ Other		<del></del>	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total and the form \$200	SSEIS	. Gula	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 84,702	
	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in		s for Part I)	
3—	<del></del>		the organization used Schedule O to respond to any question in this Part I		· · · · · · · · · · · · · · · · · · ·	
<b>6</b> 7	1		ons, gifts, grants, and similar amounts received	1	190,260	
<b>N</b>	2		ervice revenue including government fees and contracts	2	3'816	
	3		ip dues and assessments	3		
	4	Investmen		4		
$\overline{}$	) 5a		ount from sale of assets other than inventory 5a		}	
6	b		or other basis and sales expenses			
يليآ	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c		
4	6	•	d fundraising events			
REVENDED	a	Gross inc. \$15,000) .	ome from gaming (attach Schedule G if greater than			
	ь		me from fundraising events (not including \$ of contributions		İ	
Š			aising events reported on line 1) (attach Schedule G if the	}	Ì	
Œ	1		th gross income and contributions exceeds \$15,000)   6b			
	) c		et expenses from gaming and fundraising events 6c			
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
		line 6c)	to the point of the same and th	- 6d		
	7a	•	s of inventory, less returns and allowances	00	<del> </del>	
	b		of goods sold			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c		
	8		nue (describe in Schedule O)	8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		194.016	
	10		I similar amounts paid (list in Schedule O)	. 10		
	11		aid to or for members	11		
ဖွ	12	•	ther compensation, and employee benefits	12	48.052	
38	13		at fees and other payments to independent contractors	13	67, 108	
ě	14		y, rent, utilities, and maintenance	. 14		
Expense	15			. 15	3 289	
	16	Other expe	ublications, postage, and shipping	16	52.392	
	17	Total exne	nses. Add lines 10 through 16	▶ 17	180.003	
	40				8013	
55	19	Net assets	deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (must agree v	with 1.3	3015	
SS	1	end-of-yea	r figure reported on prior year's return)	. 19	76,629	
Net Assets	20	-	angule reported on prior year's return	20	17/001	
ž	21		or fund balances at end of year. Combine lines 16 higher 20	▶ 21	GU 707 -	
For			inn Act Notice see the senarate instructions	- 141	Form 990-F7 (2014)	

913

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	Delegge Charles ( the instructions &	or Port II)					
Ра	Balance Sheets (see the instructions for	ui Fail II) O to roopand to as	ny guartian in this C	Part II			ID
	Check if the organization used Schedule	O to respond to ar		A) Beginning of year	<u>· ·</u>	(B) End of	year
22	Cach sovings and investments			6142	22	34	138
22 23	Cash, savings, and investments		· · · · · · · -		23	<del>,</del>	130
24	Other assets (describe in Schedule O)				24	48	687
25	Total assets			80.848	25	102	82.5
26	Total liabilities (describe in Schedule O)				26	18	123
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)		27	84	702
	Statement of Program Service Accomp	plishments (see th	e instructions for P				
	Check if the organization used Schedule				_	Expens	
Wha			vees resetted	in Corado		uired for so c)(3) and 50	
Desc	ribe the organization's program service accomplis	shments for each of	its three largest pr	ogram services,	orga	nızations, o	optional for
as n	neasured by expenses. In a clear and concise m	anner, describe the	services provided,	the number of	othe	rs.)	
pers	ons benefited, and other relevant information for ea					,	
28	ESL English as Serond Lan	guage. Ou	er Refu	gees		1	
	ESL, English as Second Lan received instruction in Er	iglish lang	vage				
		•				100	42-
	(Grants \$ ) If this amount	includes foreign gra	nts, check here		28a	18	,430
29	Family Mentoring Service received Food and other Sup	b 4 Support	, Over	Families		1	
	received Food and other Sup	port by voius	itear teams			1	
			nts, check here	▶□	29a	63	3,557
30		L Dental Clini		· · · · · ·	202	1 03	,
30		received 5				}	
	refugees. Refugees	received 5	el vice 3			İ	
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆 1	30a	15	382
31	Other program services (describe in Schedule O)						
		includes foreign gra	nts, check here .	▶ 🗆	31a		
32	Total program service expenses (add lines 28a t				32	8/	<u> 269</u>
_	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the in		tions for	9 369 Part IV)
_		Employees (list each	one even if not comp ny question in this f	ensated—see the in		tions for	Part IV)
_	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to as (b) Average	one even if not comp	ensated-see the in	ee (e)	Estimated	amount of
_	t IV List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to a	n one even if not comp ny question in this in (c) Reportable compensation (Forms W-2/1099-MISC)	ensated—see the ir Part IV (d) Health benefits, combutions to employ benefit plans, and	ee (e)	<del></del>	amount of
_	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to as (b) Average hours per week	n one even if not comp ny question in this f (c) Reportable compensation	ensated—see the in Part IV (d) Health benefits, contributions to employ	ee (e)	Estimated	amount of
_	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	Employees (list each O to respond to as (b) Average hours per week	one even if not comp ny question in this ( (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated	amount of
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Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	V	
	instructions for Part vy Check if the organization used ochecute o to respond to any question in this		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		~
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 a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	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)?	35a		
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	35b		
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	35c		
36	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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > [37a]	[]		i
b	Did the organization file Form 1120-POL for this year?	37b	$\vdash$	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-	1 1	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes " complete Schedule 1. Part it and enter the total amount involved	38a		
. b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			!
a	Initiation fees and capital contributions included on line 9		1 1	į
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; 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	40b		
С	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	1		
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	40e		/
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Project worthmore Telephone no. ▶ 72		9-14	H8
	Located at ► 1532 6Alera St. # 380 Autora Co ZIP + 4 ► 80010 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<b>,</b>	Yes	NI-
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	No
	If "Yes," enter the name of the foreign country: ▶	1		
	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.?	42c	]	<u>'</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🏻
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
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	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	<u></u>	<u></u>

Form 99	0-EZ (2014)						P	age 4
			4: 74:				Yes	No
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities o Part I	in benait of c	or in oppositi	46		~
Part			,	<del></del>			<b></b>	<u> </u>
<u>. ur</u> c	All section 501(c)(3) organization	is must answer que	stions 47–49b and	1 52, and co	omplete the	tables f	or line	es
	50 and 51.	·						
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI		·		
							Yes	No
47	Did the organization engage in lobbying		section 501(h) elect	ion in effect	during the t		]	
	year? If "Yes," complete Schedule C, Par				<b></b> .	47	-	V
48	Is the organization a school as described in					. 48	<del> </del>	1
49a	Did the organization make any transfers			nization? .	· · · ·	. 49a	+	
EV P	If "Yes," was the related organization a s Complete this table for the organization'	ection 527 organization	m?		 Finare direct	. 49b	_1	d kov
50	employees) who each received more tha	s live nighest comper s \$100 000 of compe	isaleu employees (C neation from the ord	iniei man on ianization if	there is non	ors, irusii e enter"l	Vone '	, ney
~	employees) who each received more tha	r	<del></del>		n benefits,			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribution	s to employee	(e) Estimate other cor		
		devoted to position	(Forms W-2/1099-MISC		and deferred Ensation	Offici Col	npensa	шон
	None			1	1			
		1		ŀ				
		<del> </del>	ļ					
				-	-			
		}	<del>                                     </del>		<del></del>		<del></del>	
			}	1				
f	Total number of other employees paid or	ver \$100,000	. ▶					
51	Complete this table for the organization	's five highest compi	ensated independer	nt contractor	s who each	received	more	than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."	<del> </del>				
	(a) Name and business address of each indepen	dent contractor	(b) Type of se	ervice	(c)	Compensat	lon	
			<del> </del>		- <del> </del>	···		
	None				1			
~								
					1			
					<del> </del>			
			j					
					<del> </del>			
			į .		1			
d	Total number of other independent contr	actors each receiving	over \$100,000 .	.▶			<u></u>	
52	Did the organization complete Sched	ule A? Note. All se	ection 501(c)(3) or	ganizations	must attach	1 a /		
	completed Schedule A	<del> </del>	<u> </u>	<u> </u>	<u> </u>	. Ye	s 📗	No
Under p	renalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other the	return, including accompar	nying schedules and state	ements, and to ti	ne best of my kr tenne	nowledge ar	id belief	, It is
	1 A Maria Cara Cara Cara Cara Cara Cara Cara	2000	orridador de terrador pa apar		<del></del>			
Sign	Signature of officer	sugney		Da	rte			<del></del>
Here	MAUreen Beig	hey - Tr	easuler		5-2	23-20	115	
**********	Type or print name and title	7				×		
Paid	Print/Type preparer's name	Preparer's signature		Date	Check			
Prep				·····	self-emplo	yed		
Use			····		m's EIN ▶			<del></del>
May th	Firm's address > ne IRS discuss this return with the prepare	er shown above? See	instructions		толе по.	► □ Ye	e 🗀	No
							~	

### 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.

Department of the Treasury Internal Revenue Service Information about Sche

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	. ^				Employer identification			
Proxect Wa					45-093			
Part I Reason for Public Char						ns.		
The organization is not a private founda								
1 A church, convention of church	hes, or association	on of churches descri	bed in se	ction 17	0(b)(1) <b>(</b> A)(i).			
2 A school described in section								
3 A hospital or a cooperative hos						***		
hospital's name, city, and state	hospital's name, city, and state:							
section 170(b)(1)(A)(iv). (Com	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 A federal, state, or local govern								
7 An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	the general public		
8 A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9 12 An organization that normally receipts from activities related support from gross investme acquired by the organization a	t to its exempt and income and	functions—subject to unrelated business	certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its		
10								
11 An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check		
a Type I. A supporting organize the supported organization(sorganization. You must companization.	) the power to re	egularly appoint or ele						
b Type II. A supporting organic control or management of the organization(s). You must control organization	e supporting org	janization vested in th						
c Type III functionally integra its supported organization(s)						y integrated with,		
d Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and			
e Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III		
f Enter the number of supported	•							
g Provide the following information		oorted organization(s).				<u> </u>		
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		(see instructions))	Yes	No				
(A)								
(B)								
(C)						<del>                                 </del>		
(D)								
(E)								
Total	1	1	l .	1	1			

Schedu	de A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Part							
	(Complete only if you checked th						alify under
<del></del>	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	<del></del>
	on A. Public Support	4-1-0040	1 0044	1 4-1 0040	1-0.0040	1 4-1 0044	49 T-4-1
	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						ļ
	include any "unusual grants.")			<b>\</b>			
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			1		<del> </del>	<b></b>
5	The portion of total contributions by		1				
ŭ	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.						
	on B. Total Support			<u> </u>	<del></del>		<u></u>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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			<b></b>		<u> </u>	
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 activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her				-		on 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	t Percentag	je				
14	Public support percentage for 2014 (line 6	i, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2013 Sch	-				15	%
16a	331/x3% support test—2014. If the organization qual					la% or more, o	check this
b	331/3% support test—2013. If the organ check this box and stop here. The organi				•	e 15 is 33¹/3% 	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the	e "facts-and-c	ircumstances" tances" test. T	test, check ti	his box and st on qualifies as	a, and line top here.
18	Private foundation. If the organization di instructions						Isee

### 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						
	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.")			28,012	158,684	190,260	376,956
2	Gross receipts from admissions, merchandise			7	,	,	,
	sold or services performed, or facilities furnished in any activity that is related to the			j			
	organization's tax-exempt purpose		ļ		. \	3816	3816
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ı	j	1	ļ	ł	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		1				
5	The value of services or facilities		1				
	furnished by a governmental unit to the				1		
	organization without charge		1	1	1		_
6	Total. Add lines 1 through 5			28012	158,684	194.076	380,772
7a	Amounts included on lines 1, 2, and 3			,	,		
	received from disqualified persons .	1	l	1			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			Ð	0	<i>O</i>	6
8	Public support (Subtract line 7c from					أبيميا	
	line 6.)			28,012	158,684	194,006	380,772
	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			28,012	158 684	194,016	380,712
10a	Gross income from interest, dividends,			1	,	•	•
	payments received on securities loans, rents,			<b>†</b>			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ	<u> </u>			
C	Add lines 10a and 10b		<u> </u>	$\Theta$	<i>D</i>	<del></del>	<del>-</del>
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
	or not the business is regularly carned on		ļ				<u> </u>
12	Other income. Do not include gain or	•	1	1			
	loss from the sale of capital assets			1 22-2	.00,001	10.1.	
	(Explain in Part VI.)			ॐ४४,०।व्-	198,684	144,076	- 380, 11 C
13	Total support. (Add lines 9, 10c, 11,		}	2000	120,00	101 07	380.772
4.4	and 12.)			28,012	158,684	194,076	
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			i, or timn tax ye	ear as a secuc	
Canti			· · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · ·	• 🗗
	on C. Computation of Public Suppor			12 ookuma (fi)		45	9/
15	Public support percentage for 2014 (line		-			15	<u>%</u>
16	Public support percentage from 2013 Sci			<u> </u>	<del></del>	16	<u> </u>
	on D. Computation of Investment In			by line 12 colu	mn (fl)	17	%
17	Investment income percentage for 2014 (					18	<del></del>
18	Investment income percentage from 2013 331/3% support tests—2014. If the organ						
19a	17 is not more than 331/2%, check this box						
_	331/2% support tests—2013. If the organization						
ь	line 18 is not more than 331,2%, check this						
	Drivete foundation if the examination 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.)

Secti	on A. All Supporting Organizations		·/	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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		
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		
3а	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 Part VI when and how the organization made the determination.	3b		
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.	3с		
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		
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		
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 <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.	4c		
5 <b>a</b>	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	5c		
	Part VI.	6	}	1
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		
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		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		<u></u>
	A family member of a person described in (a) above?	11b		ļ
	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	L	
Section	on B. Type I Supporting Organizations		<b>.</b>	••••
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	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 <b>Part VI</b> 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.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			<b>.</b>
		<del></del>	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		
Section	on E. Type III Functionally-Integrated Supporting Organizations		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
` a	The organization satisfied the Activities Test. Complete line 2 below.			-7-
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 in:	structi	ons).
9	Activities Test. Answer (a) and (b) holew		Yes	No
2	Activities Test. <b>Answer (a) and (b) below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>	163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
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	<del> </del>	<b></b>
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> 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? <b>Provide details in Part VI.</b>	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the properties of the III of the			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section 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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	L		
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		
Section 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-functional instructions).	y-in	tegrated Type III support	ting organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Secti	on D - Distributions			Current Year			
1_							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations						
		oses of supported orga	nizations				
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
<del>- 6</del> 7	Other distributions (describe in <b>Part VI</b> ). See instructions. <b>Total annual distributions</b> . Add tines 1 through 6.						
		h the examination is rec	nanciva				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	in the Organization is les	ponsive				
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
			(ii)	(iii)			
S(	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	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							
<u>b</u>							
<u>c</u>	·						
<u>d</u>	F 2010						
e f	From 2013						
	Applied to underdistributions of prior years						
<u>g</u> h	Applied to discribitions of prior years  Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·				
<u>;</u>	Carryover from 2009 not applied (see instructions)	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<del></del>				
4	Distributions for 2014 from Section	<u> </u>		······································			
•	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
8	Breakdown of line 7:			·			
а							
ь							
d	Excess from 2013						
Θ	Excess from 2014						
			Cabadida	A (Form 000 or 000 E7) 204			

Part VI	Supplemental Information. Provide the Part III. line 12. Also complete this part	Page 8 ne explanations required by Part II, line 10; Part II, line 17a or 17b; and t for any additional information. (See instructions.)
·	Part III, line 12. Also complete this part	tor any additional information. (See instructions.)

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Inspection

101thmore

Part 1 - Overtion # 16 - other Expenses:

Administrative Charges:

30,303.20

Fundraisina;

7168.78

314.00

Program other:

14,606.02

Total:

52, 392,00

- Question # 24. Other assets

Beginning of year

Van - 4500.00

Dental Equipment-50,000

undeposited Funds - 20, 207

\$ 74,707

Liabilities: Beginning of year

Accounts Payable:

Income tax Payable: 1586

Accumulated Depreciation - 4500.00

Leasehold Improvements - 7400.00

Dental Eguipment - 50,000

Softward - 1912.00

undeposited Funds - 4875.00

Total: \$68,687.

Headilities: End of year Accounts Payable: 3880

Income tax Payable: 2243

Loan Payable \$ 12,000

Total Liabilities: