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## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Inspection

A	For the 2	014 cale	ndar year, or tax year beginning		2014, and	lending		, 20				
В	Check if ap	oplicable.	C Name of organization Vision for C	Children, Inc.				D Employ	er identification nu	ımber		
	Address ct	hange	Doing business as						45-3569341			
	Name char	nge	Number and street (or P O. box if ma	all is not delivered to street addres	s) R	com/surte		E Telephoi	ne number			
	Initial return	n	1176 Olde Cameron Lane						615-599-4208			
	Final return/	terminated	City or town, state or province, coun	try, and ZiP or foreign postal code	8							
	Amended r	return	Frankin, TN 37067					G Gross receipts \$ 255494				
	Application	n pending	F Name and address of principal office	H(a) is this a o	roup return for :	subordinates?    Yes	✓ No					
			Robert Howen, 1301 Terry Lane	. Hixson. TN 37343				•	s included? Yes	=		
	Tax-exemp	ot status	501(c)(3) 501(c) (	) ◀ (insert no.) ☐ 4947(a)	)(1) or 🔲	527	•		list. (see instruction			
J	Website:		onforchildren.net	, , , , , , , , , , , , , , , , , , , ,	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		H(c) Group	exemption	number ▶			
K	Form of ord		✓ Corporation Trust Associa	tion ☐ Other ▶	L Year o	f formation	<del></del>	<del></del>	of legal domicile:	TN		
	art I	Summ	<del></del>		1		2012	1 0	or regar connect.			
			escribe the organization's miss	ion or most significant acti	vities: I	In the nar	ne of lesi	s helning	n meet the phys	ical		
æ			l, spiritual and educational need		-							
Activities & Governance	<u> </u>		the cycle of darkness and pover									
Ĕ	2 0		is box ► if the organization							II		
Š	3 1		of voting members of the gove			0360 01 1	more trial	3				
0			of independent voting member		•	 		4				
8	5 T		nber of individuals employed in					5				
7	6 T		nber of volunteers (estimate if i	=	v, iii le Zi	a)		<u> </u>		0		
3	7a T		•		<u></u>	٦٠٠٠		6		73		
Š	b N		elated business revenue from I					7a		0		
<u>S.</u>	D IN	ver unre	lated business taxable income	from Form 990-1, line 34	<del></del>		Prior Ye	7b	Current Ye	0		
	8 0	`antribur	tions and grants (Dort VIII line	111 00 2	การ ไ	IRS-JS	PHOLIC		Current 16			
Revenue )			tions and grants (Part VIII, line	1011600	ا . درن	<b>粉</b>		0		243903		
			service revenue (Part VIII, line			=    -		0		0		
	10 Ir	nvestme	ent income (Part VIII, column (A	), lines 8, 4, and 10 EN	<u>. U.I.</u>			0	<del></del>	0		
			venue (Part VIII, column (A), line			. :	·······	0		8316		
<i>5</i> )			enue-add lines 8 through 11 (n			12)		0		252219		
			nd similar amounts paid (Part I)	·		0		88591				
			paid to or for members (Part IX			·		. 0		0		
es	1		other compensation, employee t	• • • • • • • • • • • • • • • • • • • •		· —		0		0		
Expenses			onal fundraising fees (Part IX, c			·		0		0		
ă			draising expenses (Part IX, col		1	179						
ш			penses (Part IX, column (A), line			·		. 0		163153		
	18 T	otal exp	penses. Add lines 13-17 (must	equal Part IX, column (A), I	line 25)			0		251744		
	19 F	Revenue	less expenses. Subtract line 1	8 from line 12		.		0		475		
5 8						Beç	ginning of Cu	rrent Year	End of Ye	ar		
発	20 T	otal ass	sets (Part X, line 16)			· [		0		12814		
Net Assets or Fund Balances	21 T	otal liab	oilities (Part X, line 26)					0		28678		
			ts or fund balances. Subtract li	ine 21 from line 20	<u></u>			0		-15864		
Pa	art II	Signat	ture Block									
Un	der penaltie	es of perju	ry, I declare that I have examined this r	return, including accompanying so	chedules ar	nd stateme	nts, and to t	he best of r	ny knowledge and	belief, rt is		
tru	e, correct, a	and comp	lete Declaration of preparer (other than	officer) is based on all information	n of which i	preparer ha	as any knowi	edge.				
	-	1	Robert D. Houre	<u> </u>				2/19	12015			
Siç	-	,	ature of officer				Da	te				
He	re	K	OBERT D. HOWE	N PRESIDENT								
			or print name and title									
Pa	id.	Print/Ty	pe preparer's name	Preparer's signature		Date		Check	□ if PTIN			
	eparer	1						self-emp				
	eparer se Only	Firm's name Firm							Firm's EIN ▶			
<b>V</b> 3	o <del>o</del> Oiliy		ddress ▶	none no.								
Ма	y the IRS		s this return with the preparer s	shown above? (see instruc	tions) .				· · Tyes	No		
			ction Act Notice see the senera	<del></del>		Cot N=	11202V	<del></del>	<del></del>	90 (2014)		

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Part	•
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	In the name of Jesus, Vision for Children is helping meet the physical, emotional, spiritual and educational needs of children and
	young people, enabling them to change their world around them by breaking the cycle of darkness and poverty. Vision for Children
	has been called to rise up to meet this challenge – changing the future now!
2	Did the organization undertake any significant program services during the year which were not listed on the
~	1 # 444 444
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	, , , ,
4a	(Code: ) (Expenses \$ 135314 including grants of \$ 70476 ) (Revenue \$ 0)
	Vision for Children, Inc. works in the poorest section of Chile, La Pintana. In this community, only 30% graduate high school and the
	area is rampant with gangs, violent crime, prostitution, child abuse and child neglect. The courts routinely take children from their
	families due to abuse and neglect and place them into group homes called Hogars (which we would refer to as orphanages). We work
	through an organization we caused to be founded in Chile, Vision for Children - Chile which is formally recognized by the government
	of Chile as a non-profit. Through this, we run the House of Hope which assists young ladies who are too old to live in the hogars or
	in extreme poverty to complete high school and to work towards obtaining an advanced degree. In 2014 alone we have one young
	lady become a beautician and another a practical nurse. Another girl left the program with a high school diploma and one-year left in
	a nursing program. We also assist local schools, hogars and neighborhood children in English, band, choir, art and other programs
	designed to keep them out of gangs and into school. We send Mission Work Teams and Interns to Chile several times a year to help
	in these programs and to do construction of facilities to enhance our assistance. In 2014, a woman lost her home and two children to
	arson and we were able to build and give to her a temporary house. Some 500 children and young adults were supported in 2014.
4b	(Code:) (Expenses \$
	Vision for Children, Inc. has been asked why we do not assist in the US. In 2014, a five-unit apartment building was donated in
	Kingston, NY. This is close to an orphanage for boys. This apartment was to be renovated to be used as a House of Hope to assist
	those orphanes too old for the orphange to continue their education. Contractors and engineers were consulted to determine what
	repairs needed to be performed to first bring the building into compliance with the City of Kingston and secondly to modify it to be
	used as a House of Hope. Rather than approve our applications for building permits to bring the building into compliance, Kingston
	caused the building and all improvements to be razed. The expenses in 2014 were engineering and municipal expenses in obtaining
	and modifying the structure. Expenses include a \$95,000 expense due to the loss of the existing building. During 2014, no one was
	helped in this program. A new building will have to be constructed prior to commencing operations in New York.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	***************************************
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses ▶ 235005

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť	<del>                                     </del>	<del></del>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del>                                     </del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III			
9		8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Į.
	debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	-	-
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<u>.v</u>	<b>-</b>	<del>                                     </del>
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		<u> </u>	
	complete Schedule D, Part VI	11a	✓	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	L	✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<b>✓</b>
12 d	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			<b>✓</b>
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		ļ
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<b>                                     </b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	<b> </b>	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	<b>✓</b>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		<del>                                     </del>
	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			-0-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>·</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>√</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	<b>2</b> 8a		1
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	1	
31	conservation contributions? If "Yes," complete Schedule M	30		-
32	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2014)

Part '				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4		<del></del>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┨		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<u> </u>
20	Obstantiants Stad Sandha asta day as a star flag Star Star Star Star Star Star Star Star			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		<del>                                     </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l	1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ť
	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	_	<u> </u>
7 a	Organizations that may receive deductible contributions under section 170(c).			ĺ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b> </b>	-
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<b>/</b>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	··•		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the		L	L
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	ļ	<b>.</b>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	<u> </u>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	┨		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	ł	·	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		]	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans	-		1
C	Enter the amount of reserves on hand	1	ļ	<del>  </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	✓
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	i	1

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See it							
Coati	Check if Schedule O contains a response or note to any line in this Part VI		•	. 🗸				
Secur	on A. Governing Body and Management	-	Yes	No				
12	Enter the number of voting members of the governing body at the end of the tax year   1a		103	140				
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
-	any other officer, director, trustee, or key employee?	2		✓				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>				
6	Did the organization have members or stockholders?	6		<b>✓</b>				
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	"						
а	The governing body?	8a	1					
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	<u> </u>				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>\</b>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1					
13	Did the organization have a written whistleblower policy?	13		1				
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>				
b	Other officers or key employees of the organization	15b		<b>/</b>				
16a	and any and any and any and any any and any							
<b>L</b>	with a taxable entity during the year?	16a		<b>✓</b>				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
<del></del>	organization's exempt status with respect to such arrangements?	16b		<u> </u>				
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► TN, NY			<del></del>				
17 18	List the states with which a copy of this Form 990 is required to be filed TN, NY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)				
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	policy	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re <u>Diane Fox, 875 S. Center St., Corry, PA 16407; 814-665-5875</u>	cords	:▶					

Form 990 (2014)	om.	990	(2014)	
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Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

☑ Check this box if neither the organization	nor any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any							(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividus or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Robert Howen, Director, President	20 0	1		1					o	
(2) Kerry Mitras, Director, Vice President	15	1		1				0	0	
(3) Kelley Galatoire, Director, Secretary	2 0	1		/				0	0	
(4) Thomas Orme, Director, Treasurer, Executive Director	40	1		1						
(5) Joseph Botana II, Director		1		ľ				0		
(6)										,, , , <u>, , , , , , , , , , , , , , , ,</u>
(7)										
(8)				-						
(9)							-			
(10)				<del> </del>						
(11)										
(12)										
(13)			_	ļ						
(14)				<b> </b>			$\vdash$			

Form **990** (2014)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
		(C)												
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	i	(	F)	
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	an	Reportable compensation	Reportable compensation fro	_		nated unt of	
		week (list any			,	_	or/trust	· ·	from	related	""		her	
		hours for related	yde	nstit	Officer	Key employee	를 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	Former	the	organizations (W-2/1099-MISC			nsation	3
		organizations	necto dua	utio	ę	due	est c	₫	organization (W-2/1099-MISC)	(W-2) 1089-MISC	'		n the Ization	
		below dotted line)	ă	ne.	ŀ	loye	) Janon				-		elated zations	
		iii ko)	Individual trustee or director	Institutional trustee		đ	Highest compensated employee					Organi	Zauons	,
				8			ated				- 1			
(15)											-		<del></del>	
(16)												····	<del></del> -	
(17)				_										
(18)				_				ļ			ļ		·	
(19)														
(20)											•			
(21)								<u> </u>						
(22)											-			
<u> </u>					_									
(23)														
(24)														
(25)								-	<u> </u>					
1b	Sub-total	<u> </u>	L	i	L	L			0		0			
C	Total from continuation sheets to Part	 VII Sectio	n Δ	•	•		•				<u> </u>			0
d	Total (add the call a)			•	•		•	•	0		0			
2	Total number of individuals (including but	not limited			_		above	e) w				f		
	reportable compensation from the organi	zation > 0		<del></del>	-				·				Yes	No.
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee.	kev e	emp	olovee, or high	nest compensa	ited	$\overline{}$	103	110
	employee on line 1a? If "Yes," complete s											3	一十	<b>/</b>
4	For any individual listed on line 1a, is the	sum of rep	portal	ble	con	per	nsatio	n a	and other comp	ensation from	the			
	organization and related organizations	greater that	an \$1	150,	000	)? <i>I</i> 1	"Ye	s, "	complete Sch	nedule J for s	uch			]
	individual			•	•		•		• • • • •		•	4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	dual	5		<b>-</b>
Section	n B. Independent Contractors								**					
1	Complete this table for your five highest compensation from the organization. Repyear.													ix
	(A) (B)									(C)				
None	Tano aro oscinoso acq							-	200011011011011					
									· · · · · · · · · · · · · · · · · · ·					
2	Total number of independent contractor received more than \$100,000 of compens							) th	nose listed ab	ove) who				

11 11

Part	VIII	Statement of Revenue											
		Check if Schedule O	contains a	respor	nse or note to	any line in this	Part VIII	<u></u>	🗸				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts nts	1a	Federated campaigns		1a	0								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u> </u>	1b	0								
ts, ( Am	С	Fundraising events .	_	1c	0								
GF	d	Related organizations	_	1d	0								
ns, Sim	е	Government grants (con		1e	0								
utio er 9	T	All other contributions, gi and similar amounts not inc											
혈				1f	243903								
ê E	9	Noncash contributions includ			1000000								
	h	Total. Add lines 1a-1	Τ		Business Code	243903		·····					
Program Service Revenue	2a	None		F	daness Code								
ě	b	None		├									
8	C												
ervi	d	***************************************		·									
пS	e			├-				·····					
grai	f	All other program sen	vice revenue		<del>,</del> —								
Pro	g	Total. Add lines 2a-2			>	0			<u> </u>				
	3	Investment income											
		and other similar amo	ounts)		🕨	o	o	0	o				
	4	Income from investment	t of tax-exemp	ot bond	proceeds ▶	0	0	0	0				
	5	Royalties	, <b>.</b>		•	0	0	0	0				
			(i) Real		(ii) Personat								
	6a	Gross rents		0	0								
	b	Less: rental expenses		0	0								
	С	Rental income or (loss)		0	0								
	d	Net rental income or (		<u> </u>	▶	0	0	0	0				
	7a	Gross amount from sales of	(i) Secunties	<u> </u>	(ii) Other								
		assets other than inventory		0	0								
	b	Less: cost or other basis											
	_	and sales expenses .		0	0								
	C	Gain or (loss)		0	0				ļ				
o o	d	Net gain or (loss) .		Ė	🖊	0	0	0	O				
Other Revenue	8a	Gross income from fu	ındraising										
eve		events (not including \$	0	!									
Æ		of contributions reported See Part IV, line 18											
캶	ь	Less: direct expenses		a b	11591								
0	1	Net income or (loss) f			3275 ents . ▶	0246							
		Gross income from ga			onto .	8316	· ·	0	0				
		See Part IV, line 19 .			o								
	ь	Less: direct expenses			0								
		Net income or (loss) f				0	0	0	0				
	10a	Gross sales of in	ventory, le	ss 「									
		returns and allowance	es	а	o								
		Less: cost of goods s		ь	0								
	С	Net income or (loss) f		invent	ory ▶	0	0	0	0				
		Miscellaneous R	levenue	В	Business Code								
	11a	None		L									
	b												
	C												
	ď	All other revenue .		L									
	12	Total. Add lines 11a-			🟲	0							

Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete co	lumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	o	0		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
		88591	88591		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
J	trustees, and key employees	o	o	o	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	- 0			<u>У</u>
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	<u>0</u>	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		_:	_	_
•		0	0	0	0
9	Other employee benefits	0	0	0	0
10 11	Payroll taxes	0	0	0	0
	Fees for services (non-employees):			ا	•
a	Management	2000	2000	0	0
C	Accounting	3000	2000	3000	0
d	Lobbying	0	0	3000	<u>0</u>
A	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	<del>-</del>	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column			<u>`</u>	<u></u>
	(A) amount, list line 11g expenses on Schedule O.)	1778	1778		
12	Advertising and promotion	1789	646	0	1143
13	Office expenses	5188	472	4680	36
14	Information technology	853	0	853	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	48375	44159	4216	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	o	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	2664	0	2664	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	o	o	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	State fees	147	0	147	0
b	NY Donation Closing Cost	827	827	0	0
C	NY Building demolition adjustment	95000	95000	0	0
d	NY taxes	1532	1532		
9 95	All other expenses  Total functional expenses. Add lines 1 through 24e	<del></del>			
25	Joint costs. Complete this line only if the	251744	235005	15560	1179
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

1. 31 11.

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X	• •	🗸
	·		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash non-interest-bearing	4247	1	6182
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ıts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ř	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 5000			
	b	Less: accumulated depreciation 10b 0	0	10c	5000
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	534	15	1632
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4781	16	12814
	17	Accounts payable and accrued expenses	3300	17	4240
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and	·		
jab		disqualified persons. Complete Part II of Schedule L	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	17820	24	24438
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	21120	26	28678
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	,	27	·
3at	28	Temporarily restricted net assets		28	<del></del>
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds	-16339	30	-15864
set	31	Paid-in or capital surplus, or land, building, or equipment fund	-10339	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
te l	33	Total net assets or fund balances	-16339	33	-15864
-	34	Total liabilities and net assets/fund balances	4781	34	12814

· 3' · ' j'

	· · · · · · · · · · · · · · · · · · ·				_
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	52219
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	51744
3	Revenue less expenses. Subtract line 2 from line 1	3			475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	16339
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		_	15864
Part	XII Financial Statements and Reporting	_		_	
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛛
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				1
	of the audit, review, or compilation of its financial statements and selection of an independent accou				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	in		
	Schedule O.				<u> </u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			Ì
	the Single Audit Act and OMB Circular A-133?		· 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u> </u>
			For	m <b>99</b> 0	(2014

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ 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	number
	n for Children, Inc.						69341
Par				<del></del>		<del></del>	ons.
1 ne c	organization is not a private foundated or church, convention of church		•	-	-	•	
2	☐ A school described in section			Deu in Be	Cuon 17	o(b)(1)(A)(i).	
	☐ A hospital or a cooperative ho		·	n section	170(b)(1	D(A)(iii).	
4	A medical research organization hospital's name, city, and state	on operated in co					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	n section 170(b)	)(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investment acquired by the organization as	receives: (1) mo d to its exempt ent income and	re than 331/3% of its functions—subject to unrelated business	support ( certain taxable ii	exception ncome (l	ns, and (2) no more	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 50	<b>09(a)(1)</b> o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must con	s) the power to re	egularly appoint or ele				
b		zation supervise e supporting org	d or controlled in con ganization vested in th				
С	☐ Type III functionally integrated 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	
е	Check this box if the organize functionally integrated, or Ty						I, Type III
f	Enter the number of supported	organizations .					
9	Provide the following information	n about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	•						

Part	Support Schodule for Organiza	tions Deser	had in Cast	one 470/h\/d	VAVior and 4	70/h\/4\/A\/.	1 490 2
Part	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
0	Part III. If the organization fails to	quality unde	r the tests lis	stea below, p	lease comple	te Part III.)	
	on A. Public Support	<u> </u>		T	<del></del>	, <del></del>	
	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.")	:		1			
•		0	0	0	0	252219	252219
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	0	0	0	0	0	0
A	Total. Add lines 1 through 3	0	<u>0</u> 0	0	0	0	0
-	•		<u> </u>	0	0	252219	252219
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)						O
6	Public support. Subtract line 5 from line 4.						252219
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	0	0	252219	252219
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	o	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0		0	0	<u>_</u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0		0	0	<u> </u>
11	Total support. Add lines 7 through 10		<del></del>				252219
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he				•	ear as a sectio	
Secti	on C. Computation of Public Suppor			<del></del>			ينا
14	Public support percentage for 2014 (line			1. column (fl)		14	%
15	Public support percentage from 2013 Sci					15	%
16a	331/3% support test—2014. If the organic box and stop here. The organization qua	zation did not o	check the box	on line 13, and	d line 14 is 331		
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33 <sup>1</sup> / <sub>3</sub> %	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che	eck this box ar ation qualifies	nd stop here. E	line 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the neets the "facts	facts-and-ci- a-and-circums	rcumstances"	test, check th	is box and ste	and line op here.
18	Private foundation. If the organization di instructions				, or 17b, chec	k this box and	see

20

Part						<del> </del>	
	(Complete only if you checked the						der Part II.
0	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	1.)	<del></del>
	on A. Public Support	(1) 0040		(10010	l thanks		
_	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.")	į	ŀ				
2	Gross receipts from admissions, merchandise		ļ			<del></del>	
-	sold or services performed, or facilities		}				
	furnished in any activity that is related to the		1				
•	organization's tax-exempt purpose						
3	unrelated trade or business under section 513		1				
4	Tax revenues levied for the organization's benefit and either paid				ŀ		
	to or expended on its behalf						
_	·		<del> </del>				
5	The value of services or facilities furnished by a governmental unit to the	l	ŀ				
	organization without charge						i
6	-		ļ				
6 7a	<b>Total.</b> Add lines 1 through 5	<del></del>	<del> </del>				
'a	received from disqualified persons .						
	·	<del></del>	<del></del>	-		····	<del></del>
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	ŀ	1		1		
_	Add lines 7a and 7b	<del></del>	<del></del>				
С 8	Public support (Subtract line 7c from				হৈছে চাওকেন্দ্ৰেল	75 - 638 , <b>72</b> - 25,37 E	
•	line 6.)			man dear to the	高級主義制		
Secti	on B. Total Support	<u> </u>	B. C. SKILL WAS E		no from the all y - 2		L
	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	(2) 20.0	12,2011	(0) 2012	(4) 2010	(0) 2014	(i) rotal
10a	Gross income from interest, dividends,	***					
	payments received on securities loans, rents,						
	royalties and income from similar sources .		1				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		1				
C	Add lines 10a and 10b						
11	Net income from unrelated business		1	<del>,</del>			
	activities not included in line 10b, whether						
	or not the business is regularly carried on				i		
12	Other income. Do not include gain or				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	loss from the sale of capital assets						
	(Explain in Part VI.)				!		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					<b>&gt;</b> 🗀
Secti	on C. Computation of Public Support	rt Percentag	e				
15	Public support percentage for 2014 (line					15	%
16	Public support percentage from 2013 Sci	hedule A, Part	III, line 15 .		<u>.</u>	16	%
	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (	line 10c, colur	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/x3% support tests—2013. If the organization	zation did not o	heck a box on	line 14 or line	19a, and line 16	is more than 3	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly su	apported organ	ization 🕨 🗀

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

<del></del>	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Sect	ion A. All Supporting Organizations		1.7	T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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 Part VI.	5c		
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		
<b>9</b> 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 <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		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.	90		

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

10a

10b

Part	V Supporting Organizations (continued)		•	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<b> </b>
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?  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.	11b 11c		<u> </u>
	on B. Type I Supporting Organizations	IIC		L
	5. 5. 1, po 1 - appoint 3 - gamentario	$\neg$	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		. 50	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 Part VI how the supported organization(s) effectively operated, supervised, or	1		
	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		Ļ,
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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		<u> </u>	
occu	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	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		
Secti	on D. All Type III Supporting Organizations	<u></u>		
•			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	L	<u> </u>
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		
Secti	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 i	nstru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-7-
Ь	☐ 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 (s	ee ins	s <b>tru</b> ctio	ons).
2	Activities Test. Answer (a) and (b) below.		Voc	No
			res	No
а	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		l i	
	that these activities constituted substantially all of its activities.	2a	ļ	
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<b> </b>	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b> </b>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u></u> -	<del> _</del> -	<b>[</b> _]
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	LI	<u> </u>

other Type III non-functionally integrated supporting organizations must cor	mplete		
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	<del>-</del>	
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	The state points of	
7 Other expenses (see instructions)			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount	8	(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)	1d		
e 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		
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		

Part	Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Secti	on D - Distributions	***		Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity		· · · · · · · · · · · · · · · · · · ·	,
3_	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	nizations		
4				
5_	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in <b>Part VI</b> ). See instructions.			
<u>6</u>				
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		710
Se	ection 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:			
<u>a</u>				
<u>b</u>				
<u>c</u> _				
<u>d</u>				
	From 2013		· · · · · · · · · · · · · · · · · · ·	
	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u></u>	Applied to 2014 distributable amount			
<del></del>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
	D, line 7: \$ Applied to underdistributions of prior years			
<u>a</u> b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
_	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3			·
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
	Evenes from 2014	<del></del>		

•,	
	Form 990 or 990-EZ) 2014 Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Part II Sect	tion A. The IRS approved the application retroactively to the date of our incorporation which was during 2012. We did not begin to
function ur	ntil 01/01/2014 and thus have no income for 2012 and 2013.
	······································
	***************************************
	······································
***********	
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#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	f the org	anization		Employ	yer identification number
		Idren, Inc.			45-3569341
Par	t I	<b>Organizations Maintaining Donor Adv</b>		ids or	Accounts.
		Complete if the organization answered '	"Yes" to Form 990, Part IV, line 6.		
			(a) Donor advised funds		(b) Funds and other accounts
1	Total i	number at end of year		1	
2	Aggre	gate value of contributions to (during year)		T	
3	Aggre	gate value of grants from (during year) .		1	
4	Aggre	gate value at end of year		1	
5		e organization inform all donors and donor are the organization's property, subject to th			
6	Did the only for conference	e organization inform all grantees, donors, a or charitable purposes and not for the benering impermissible private benefit?	and donor advisors in writing that gran	nt fund or any	s can be used other purpose
Part		Conservation Easements.			
		Complete if the organization answered '	"Yes" to Form 990, Part IV, line 7.		
1		se(s) of conservation easements held by the			
		eservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation of	f a hist	orically important land area
	☐ Pr	otection of natural habitat	☐ Preservation of	f a cert	ified historic structure
		eservation of open space			
2		lete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form of a conservation
		nent on the last day of the tax year.			Held at the End of the Tax Year
а					2a
b		acreage restricted by conservation easement			2b
C		er of conservation easements on a certified t			2c
d		er of conservation easements included in			
					2d
3		er of conservation easements modified, trans	sferred, released, extinguished, or terr	minated	d by the organization during the
	tax ye				
4		er of states where property subject to conse			
5		the organization have a written policy re- ons, and enforcement of the conservation ea			
6		and volunteer hours devoted to monitoring, in			
-	<b>A</b>		# # # # # # #		
7	Amou ►\$	nt of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ements	during the year
8		oneh consensation accoment reported on line		• 4! -	- 470/h\/4\/D\@
0	and se	each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	rsectio	
^		. , , , , , , ,		· · ·	· · · · · □ Yes □ No
9		t XIII, describe how the organization reports or			
		ce sheet, and include, if applicable, the text of ization's accounting for conservation easeme		nanciai	statements that describes the
Part		Organizations Maintaining Collection		. O4b =	- Cimilar Assats
raiju	Щ	Complete if the organization answered		Otne	r Similar Assets.
10	If the				and belong the
ıa	works	organization elected, as permitted under SF of art, historical treasures, or other similar	AS 116 (ASC 936), not to report in its	s reven	ue statement and balance sneet
	public	service, provide, in Part XIII, the text of the f	notnote to its financial statements tha	it desci	rihes these items
ь		organization elected, as permitted under S			
	works public	of art, historical treasures, or other similar service, provide the following amounts relati	assets held for public exhibition, eding to these items:	ducatio	n, or research in furtherance of
	(i) Re	venue included in Form 990, Part VIII, line 1			▶ \$
	(II) As	sets included in Form 990, Part X			▶ \$
2	If the	organization received or held works of art,	, historical treasures, or other similar	r asset	
		ing amounts required to be reported under S			
8	Reven	ue included in Form 990, Part VIII, line 1 .			> \$
<u> </u>	Asset	s included in Form 990, Part X			▶ \$

Part	Organizations Maintaining	, Colle	ections of A	Art, His	torical 1	reasures,	or O	ther Similar A	ssets (cont	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and oth	ner reco	rds, chec	k any of the	e follo	wing that are a	significant u	se of its
а	☐ Public exhibition			d	□ Loan	or exchang	e prog	rams		
b	☐ Scholarly research			е	☐ Other	•				
C	☐ Preservation for future generation	s								***
4	Provide a description of the organiza XIII.	tion's	collections a	nd expla	ain how t	hey further	the org	ganization's exe	mpt purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather									□ No
Part						3			L., 160	
	Complete if the organization 990, Part X, line 21.			to Fon	m 990, P	art IV, line	9, or	reported an an	nount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								ot	□ No
b	If "Yes," explain the arrangement in P	art XII	l and comple	te the fo	ollowing ta	able:	Г		Amount	
C	Beginning balance						10	;	-	
d	Additions during the year						10	1		
е	Distributions during the year						16			
f	Ending balance						11			
2a	Did the organization include an amou						ıstodia	l account liabilit	v? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in P									
Par				·					• • • • • • • • • • • • • • • • • • • •	
	Complete if the organization	n ansv	vered "Yes"	to For	m 990, P	art IV, line	10.			
		(a)	Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three years bad	k (e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions	i	Ī							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and				·····					
	programs		1							
f	Administrative expenses							· · · · · · · · · · · · · · · · · · ·		
g	End of year balance				<del></del>					·-··
2	Provide the estimated percentage of	the cu	rrent vear en	d balanc	e (line 1o	. column (a)	) held	as:	I	
а	Board designated or quasi-endowme		,	%		,	,,			
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and			0%.						
3a	Are there endowment funds not in th	e pos	session of the	e organi	zation the	at are held a	and ac	lministered for t	he	
	organization by:	•							_	es No
	(i) unrelated organizations								3a(i)	- 110
	(ii) related organizations								3a(ii)	<del></del>
b	If "Yes" to 3a(ii), are the related organ								3b	<del></del>
4	Describe in Part XIII the intended use								<u> </u>	
Part	VI Land, Buildings, and Equip									
	Complete if the organization			to Fon	m 990. P	art IV. line	11a.	See Form 990.	Part X. line	a 10.
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Book v	
4			(învestme		4	ther)		epreciation		
1a	Land					5000				5000
b	Buildings									
C	Leasehold improvements									
d	Equipment	. [								
e	Other									
Total	Add lines 1a through 1e (Column (d) r	must a	gual Form 00	O Port	Y column	(R) line 10	(C)			5000

Part VII	Investments — Other Securitie Complete if the organization and		rm 990, Part IV. line 1	1b. See Form 990.	Part X. line 12.
	(a) Description of security or catego (including name of security)		(b) Book value	(c) Method of v Cost or end-of-year	aluation.
1) Financial	derivatives				<del></del>
-	neld equity interests			<u></u>	
3) Other	***************************************	***************************************		· · · · · · · · · · · · · · · · · · ·	
(A) (D)					<del></del>
(B) (C)			· <del>  -</del>	<del> </del>	<del> </del>
<del>(O)</del> 					<del>.</del>
(E)			-		
(F)			<del></del>		
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Relate				
	Complete if the organization and	swered "Yes" to Fo	T		•
	(a) Description of investment		(b) Book value	(c) Method of v Cost or end-of-year	
(1)					
(2)			<del>                                     </del>	·	
(3)	<del></del>				
(4)			<u> </u>	<del> </del>	
(5) (6)		<u> </u>			<del></del>
(7)		······	<del>                                     </del>		
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨	· · · · · · · · · · · · · · · · · · ·			
Part IX	Other Assets.				
·	Complete if the organization an		rm 990, Part IV, line 1	11d. See Form 990,	
(4)		(a) Description	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		(b) Book value
<u>(1)</u>	. 4 1			<del>,</del>	
(2)			<del></del>		· · · · · · · · · · · · · · · · · · ·
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	//\ / - / - OOO D . W		· · · · · · · · · · · · · · · · · · ·		
	mn (b) must equal Form 990, Part X,	COI. (B) IINO 15.)	· · · · · · · · ·	▶	
Part X	Other Liabilities. Complete if the organization an	swered "Yes" to Fo	rm 990, Part IV, line 1	11e or 11f. See Form	n 990, Part X,
<del></del>	line 25.	T			
(1) Federal in	(a) Description of liability	(b) Book value	<del></del>		
(2)	ICOITIO TAXOS				
(3)					
(4)		<del></del>			
(5)					
(6)					
(7)					
(8)		<u></u>			
(8) (9)					
(8) (9) otal. (Column (	b) must equal Form 990, Part X, col. (B) line 25.) Fruncertain tax positions. In Part XIII, pro				

Par	Complete if the organization ensured "Ves" to Form 000			
	Complete if the organization answered "Yes" to Form 990			
1	Total revenue, gains, and other support per audited financial statemen	ts	· · · ·   1   1   1   1   1   1   1   1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	·	<del></del>	
b	Other (Describe in Part XIII.)	. 4b		
С 5	Add lines 4a and 4b			
				<del></del> ,
rait	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 990			
1	Total expenses and losses per audited financial statements	J, Part IV, III E 12	a.	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		• • • • • • • • • • • • • • • • • • • •	
	•	امما		
a	Donated services and use of facilities	. 2a		
b		. 2b		
c d	Other losses	. 2d	<del></del>	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		2e   3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		• • • • • • • • • • • • • • • • • • • •	
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
C	Add these de and de		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			<del></del>
Part	XIII Supplemental Information.			<del></del>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, line	s 1b and 2b: Part V. line 4: P	art X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this page			<b>,</b>
Part V	l 1a During 2014, a 5-unit apartment building was donated. During 2014,, th	e City of Kingston.	NY caused the apartment build	ding to
	<u> </u>			
be raz	ed. At the end of 2014, there was no inprovements on the property.			
			***************************************	

Schedule D (For		Page 5
Part XIII	Supplemental Information	(continued)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		·
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		***************************************
		***************************************

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

ASTILLE O	the organization					Employer ide	nuncation i	number
	for Children, Inc.			· · · · · · · · · · · · · · · · · · ·			3569341	
Part	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organi	zation answ	vered "Ye	s" on
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?	gibility for the	grants or as				<b></b> ✓Yes	□No
2	For grantmakers. Describe assistance outside the Unite Activities per Region. (The fo	ed States.	_		·	_	and oth	er
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specific service(s) in r	d in (d) is rvice, type of	(f) To expenditu and invest in regi	res for Iments
(1)	South America	0	0	Program Services	See Part V			135000
(2)								
(3)								
(4)								
(5)								
(6)								<del></del>
(7)							<del></del>	
(8)								
								····-
(9)								<del></del>
(10)								
(11)								
(12)								
(13)	<del>,</del>							
(14)								
(15)			<del></del>					<del></del>
(16)								
(17)								
3a b	Sub-total Total from continuation sheets to Part I	0	0					135000
С	Totals (add lines 3a and 3b)	0	0					135000

Page 2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, FMV (h) Description of non-cash assistance 64838 See Part V Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance 70476 wire transfer, cash (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant general support South America (c) Region (b) IRS code section and EiN (if applicable) (a) Name of organization Part II £ E ₹ 4 (15) (12) 3 <u>N</u> <u>1</u> Ô E 0 0

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities က N

(16)

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014

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

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance E (16) Ξ 3 ල € (2) 9 Ε 8 <u>6</u> (12) (14) (15) (17) <del>1</del>8)

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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes [	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes [	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes [	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	☐ Yes [	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes [	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes [	☑ No

#### Part V

#### **Supplemental Information**

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

Part I 2. Vision for Children, Inc. caused a non-profit to be formed in Chile which is called Vision for Children - Chile. It is approved by the
government in Chile to work with abused and poor in La Pintana, Chile. Each month we are issued a report of the activities and quarterly a
financial report. The Executive Directors of each organization hold regular conference calls. Missions trips are held several times
each year at which time the Executive Director and other officers trravel to Chile to work.
Part I 3 (1)(e). These program services include support for the House of Hope that provides a home and/or assists with obtaining high school
diploma, university, technical school or life skills training for abused and poor young women. It also includes providing assistance to hogars
(homes for children taken away from their families due to abuse or neglect) and local schools. The graduation rate from high school is only
30%. We have programs to teach band, chorus, Bible Training and other training to attempt to keep children out of gangs and off drugs and
remain in school. These programs are supported by Missions Teams and Interns from the United States as well as the girls living at the
House of Hope and volunteers from those living in Chile.
Part II 1 (1)(a). Vision for Children - Chile
Part II 1 (1)(h). Non cash assistance includes costs of sending missionary work teams and interns to Chile including air fare, ground
transportation, food, building materials and other direct ministry costs.
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Inspection Employer identification number

	for Children, Inc.		<del></del>		4 <u>5</u> -	3569341
Part	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	l nonco	(d) ethod of determining sh contribution amounts
1	Art-Works of art					
2	Art-Historical treasures					
3	Art-Fractional interests					
4	Books and publications		n a transfer and the contract of			
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities-Publicly traded					
10	Securities - Closely held stock .					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities-Miscellaneous					
13	Qualified conservation	[				
	contribution—Historic	İ	į			
	structures				ļ	
14	Qualified conservation contribution—Other					
15	Real estate - Residential					
16	Real estate—Commercial	1	1	1000	2012 a	ppraisal
17	Real estate-Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► ()					
26	Other ► ()					
27	Other ► ()					
28	Other ► (	<u> </u>				
29	Number of Forms 8283 received				or	
	which the organization completed	Form 828	3, Part IV, Donee Acknowle	dgement	29	0
						Yes No
30a	During the year, did the organization					
	28, that it must hold for at least th			ontribution, and which i	s not requ	uired 📑
	to be used for exempt purposes	for the enti	re holding period?			- 30a ✓
b	If "Yes," describe the arrangement					
31	Does the organization have a gift acceptance policy that requires the review of any non-standard					
						. 31 🗸
32a	Does the organization hire or use	e third par	ties or related organization	s to solicit, process, o	r sell non	cash
	contributions?	-	_	· ·		. 32a 🗸
b	If "Yes," describe in Part II.					
33	If the organization did not report a describe in Part II.	n amount ir	o column (c) for a type of pro	perty for which column	(a) is chec	ked,

5 😘

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I 16 D	uring 2014 a 5-unit apartment building was donated. This apartment building was to be modified to become a House of Hope to
support or	phans from local orphanages in New York in obtaining higher education. An appraisal done in 2012 indicated that the value of the
apartment	building in its current condition was \$100,000. A structural engineer and a building contractor examined the building and
determined	that it was structurally sound and repairable. An inventory and evaluation of the building indicated \$90000 in salvage value for
antique fix	tures, new unused high efficiency furnaces, new unused high efficiency hot water heater, timbers and flooring.
The City of	Kingston caused the building to be razed which decreased the value to \$5000 for property. The 2012 appraisal of the property is
being used	to set the value at time of donation.
	······

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

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#### 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.

OMB No. 1545-0047

Open to Public

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.

gov/form990. Inspection

Namo or are organization	Employer identification number
Vision for Children, Inc.	45-3569341
Part I. No Prior Year information provided as we did not begin functioning until 01/01/2014.	
Part III 2. Even though approved retroactively to 2012, Vision for Children, Inc. did not begin fur	ctioning until 01/01/2014. At that time, an
auxiliary organization of Faith Community Church, Franklin, TN turned over their Mission Function	on including assets and liabilities. In 2014,
a 5-unit apartment building was donated to Vision for Children, Inc. which allowed us to begin e	kpanding our ministry into the United States.
Part VI 11b. The PDF of the Form 990 and all Schedules will be emailed to all board members wi	th a time for comments.
Part VI 12c. The Conflict of interest Policy was reviewed during a board meeting in 2014 and wil	be done annually.
Part VI 19. The governing documents, conflict of interest policy and financial statements are av	ailable upon request.
Part VIII 1g. A 5-unit apartment building in Kingston, NY was donated during 2015. Independent	appraisal set the value at \$100,000. Our
evaluation of the property determined that approximately \$90,000 in salvage material would be of	btained during renovation. Value carried at
the \$100,000 fiigure. Note later that the building was razed by the City of Kingston without our p	ermission causing a total loss.
Part IX 24c. The razing of the 5-unit apartment building took the building and land that we value	d at \$100,000 to the land value of \$5,000. This
is that \$95,000 expense showing the loss of the building.	
Part X Column A. Vision for Children, Inc. was given the ministry that had been performed by a	n auxiliary of Faith Community Church,
Franklin, TN. When this ministry was given to us, we also assumed theit assets and liabilities.	The figures shown as "Beginning of Year"
are the assets and liabilities that were assumed. Vision for Children, Inc. had no assets or liabil	ities until that time.

Scriedule O (r Orm 990-E2) (2014)	Page 4	ś
Name of the organization	Employer identification number	-
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