Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2014

2949210395418

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	e 2014 ca	lendar year, or tax year beginning	, 2014, an	d ending		3		
	Check if Address	applicable	C Name of organization				D Employer in	dentification nun	nber
-	Name ch	· ·	FIRSTBORNS.ORG				45-56	32713	
Initial return		Ť I	Number and street (or P O box, if mail is not delivered to street address)		Room/suite		E Telephone r	number	
-		n/terminated	8868 COLUMBUS RD				(740)	504-731	9
П	Amende	d return	City or town, state or province, country, and ZIP or foreign postal code			171	F Group Ex	emntion	
	Applicati	on pending	MOUNT VERNON	ОН	43050	0/	Number		>
G	Accou	nting Meth	od X Cash Accrual Other (specify) ►			H Check	f the	organization	is not
	Websi		/A				ed to attach S		
J	Tax-exe	empt status	(check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) () \blacktriangleleft (insert no)	4947(a)(1)	or 527	(Form	990, 990-EZ	, or 990-PF)	
		of organiza		Other _					
L			, and 7b to line 9 to determine gross receipts If gross receipts olumn (B) below) are \$500,000 or more, file Form 990 instead				▶\$		
Pa	irtil		ie, Expenses, and Changes in Net Assets or F			the inst	ructions fo	r Part I)	
			he organization used Schedule O to respond to any question	n this Part I					
	1	Contribution	ons, gifts, grants, and similar amounts received. STATUT	E UNIT .	• • • • • •				
	2	Program s	service revenue including government fees and contracts	IVFD.	•	•	2		
	,	Mellineral	ilp dues and assessments	······································	• •	•	3		
			nt income	4° 2019 i 🗅	7	•	4		
			bunk from sale of assets other than inventory	<u>ترا</u>	7a	٠,			
	l		or other basis and sales expenses TPR BF	ベムハレザー	5 b	<u> </u>			
			s) from sale of assets other than inventory (Subtract line 5b from line 36 [DEN · · ·			5 c		
_		•	nd fundraising events	1 -			į		
R E V	l		ome from gaming (attach Schedule G if greater than \$15,000)		Sa .				
Ě	ı		ome from fundraising events (not including \$		of contribut	ions			
Ü			raising events reported on line 1) (attach Schedule G if the sur oss income and contributions exceeds \$15,000)		b b				
-	l	•	ct expenses from gaming and fundraising events		i c				
			e or (loss) from gaming and fundraising events (add lines 6a a	and			. 6 d		
			es of inventory, less returns and allowances	7			. 00		
	L .		t of goods sold	├	7 b				
			fit or (loss) from sales of inventory (Subtract line 7b from line				. 7с		
	1		enue (describe in Schedule O)				. 8	- · · · · · · · · · · · · · · · · · · ·	
	I		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-			. ▶ 9		
			d similar amounts paid (list in Schedule O)	RE	CEIVE	-D.	7 10		
	1					-0	11		
E	12	Salaries,	and to or for members	1 8 1 . MAI	R 1 2 20	10	12		
X	13		nal fees and other payments to independent contractors		1 2 20	الكل فا	13		
XPENSES	14		cy, rent, utilities, and maintenance	OCT	7-1-1	J <u>č</u> [14		
S	15		publications, postage, and shipping	- OGI	DEN, L	IT].	15		
5	16		enses (describe in Schedule O)				. 16		
	17	Total exp	enses. Add lines 10 through 16	<u></u>			. > 17		
_	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)				18		
A S S E T S	19	Net asset	s or fund balances at beginning of year (from line 27, column ((A)) (must ag	ree with en	d-of-year			
ĘĘ		figure rep	orted on prior year's return)				19		
S	20		inges in net assets or fund balances (explain in Schedule O)						
	21	Net asset	s or fund balances at end of year Combine lines 18 through 2	0		· · · · ·	21		E7 (2014)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

	990-EZ (2014) FIRSTBORNS ORG			45-	5632713	Page 2
Par	t II Balance Sheets (see the ins	structions for Part II)				
	Check if the organization used Sche	edule O to respond to any quest				
22	Cash, savings, and investments		<u>(</u>) Beginning of year		d of year
23			L	0.	22	<u> </u>
24	Other assets (describe in Schedule O) .			0.	24	<u> </u>
25	Total assets		<u> </u>		25	
26	Total liabilities (describe in Schedule O		l		26	
27	Net assets or fund balances (line 27 of	,		0.	27	<u> </u>
Par					Expen	0.
rai	Check if the organization used So				•	
What	is the organization's primary exempt purpose?	LIDDORT DRECNANT WON	IEM AT DICK		(Required for se c)(3) and 501(d	
Desc meas bene	oribe the organization's program service a sured by expenses In a clear and concise fited, and other relevant information for ea	ccomplishments for each of its the manner, describe the services ach program title	provided, the number of provided the number o	rices, as persons	organizations, of or others)	
28	NONE TO DATE. ORGANIZATI	ON IN FORMATION STA	AGE			
	(Grants \$ 0.) If	this amount includes foreign gra	nts, check here		28 a	0.
29						
	(Grants S) If	this amount includes foreign gra	nts check here		29 a	
30	(Crains \$	and amount molecular longingra	no, oncorrioro			
	(Grants \$) If	this amount includes foreign gra	nts check here	 	30 a	
31	Other program services (describe in Sch					
	, ,	this amount includes foreign gra			31 a	
32	Total program service expenses (add				32	0.
	t IV List of Officers, Directors				see the instruction	
	Check if the organization used So					
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe		
LOI		position	(If not paid, enter -0-)	benefit plans, and deferr compensation		ated amount of ompensation
-1 ~ ~	S CARTER	position		benefit plans, and deferr		
arr	S CARTER RECTOR	1.00		benefit plans, and deferr		
			(If not paid, enter -0-)	benefit plans, and deferr	ed other co	ompensation
GRE	RECTOR		(If not paid, enter -0-)	benefit plans, and deferr	ed other co	ompensation 0.
GRE DIF	RECTOR EG WEYRICH	1.00	(If not paid, enter -0-)	benefit plans, and deferr	O .	ompensation
GRE DIF ERI	RECTOR EG_WEYRICH RECTOR	1.00	(If not paid, enter -0-)	benefit plans, and deferr	O .	ompensation 0.
GRE DIF ERI	RECTOR EG_WEYRICH RECTOR EC_JOHNSON	1.00	(If not paid, enter -0-) 0.	benefit plans, and deferr	O.	0 .
GRE DIF ERI	RECTOR EG_WEYRICH RECTOR EC_JOHNSON	1.00	(If not paid, enter -0-) 0.	benefit plans, and deferr	O.	0 .
GRE DIF ERI	RECTOR EG_WEYRICH RECTOR EC_JOHNSON	1.00	(If not paid, enter -0-) 0.	benefit plans, and deferr	O.	0 .
GRE DIF ERI	RECTOR EG_WEYRICH RECTOR EC_JOHNSON	1.00	(If not paid, enter -0-) 0.	benefit plans, and deferr	O.	O .
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GRE DIF ERI	RECTOR EG_WEYRICH RECTOR EC_JOHNSON	1.00	(If not paid, enter -0-) 0.	benefit plans, and deferr	O.	O .

I'D-	rt;V Other Information (Note the Schedule A and personal benefit contract statement requir				,
Pa	T:V Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any questions.		<u> </u>	· · ·	. 🗌
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes-	No.
	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Х
34	, , , , , , , , , , , , , , , , , , , ,				,
25.	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year from		34		X
33.	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		, x
ı	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explan		35 b		,
!	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 60	033(e) notice,			
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant	The entry of the entry of the entry of the	-35 c	***	X
36	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36	′	X.
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a 0.	7 7 (m) 7 - 7 (m)		理なる
	b Did the organization file Form 1120-POL for this year?		37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emplo any such loans made in a prior year and still outstanding at the end of the tax year covered by this	yee or were	38 a		4.77
	b if 'Yes,' complete Schedule L, Part II and enter the total		30 a	7 J. M.	Χ',
	amount involved	38 b		2.8	
	Section 501(c)(7) organizations Enter				77
	a Initiation fees and capital contributions included on line 9	39 a			
	b Gross receipts, included on line 9, for public use of club facilities	39 b			
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year			KI 🛣	N.
	section 4911 ; section 4912 ; section 4955				
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any sec benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	that has not been	,	1-23/	220-220
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		Х
-	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ managers or disqualified persons during the year under sections 4912, 4955, and 4958	ızatıon			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbu				
	by the organization	. •			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax		40 -	Mini	X
44	shelter transaction? If 'Yes,' complete Form 8886-T		40 e	•	
	List the states with which a convict this return is filed.				<u> </u>
41	List the states with which a copy of this return is filed				·
41	List the states with which a copy of this return is filed				· , ;
					, ,
	a The organization's books are in care of MICHAEL J HAJJAR	Telephone no ► (740)	504	731	.9
42	ta The organization's books are in care of MICHAEL J HAJJAR Located at 7025 JOHNSTOWN RD MOUNT VERNON	Telephone no ► <u>(740)</u> OH ZIP+4 ► 43050	504		
42	a The organization's books are in care of MICHAEL J HAJJAR Localed at 7025 JOHNSTOWN RD MOUNT VERNON b At any time during the calendar year, did the organization have an interest in or a signature or oth	Telephone no ► (740) OH ZIP+4 ► 43050 er authority over a	 	-731 Yes	No
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42 43 44	Located at P 7025 JOHNSTOWN RD MOUNT VERNON b At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Telephone no (740) OH ZIP+4 43050 er authority over a al account)? Accounts (FBAR) here 43 e completed instead	42 b 42 c 44 a 44 b 44 d 45 a	Yes	No X X X X X X X X X X
42 43 44	The organization's books are in care of MICHAEL J HAJJAR Located at 7025 JOHNSTOWN RD MOUNT VERNON b At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial if Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must b of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	Telephone no (740) OH ZIP+4 43050 er authority over a al account)? Accounts (FBAR) here 43 e completed instead	42 b 42 c 44 a 44 b 44 c	Yes	No X X X X X X

Page 4

	e organization engage, directly or indirectly and indirectly are public office? If 'Yes,' complete s	,, ,		· · · ·	Yes No		
<u>PartiVI</u>	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.	ns only ons must answer que	estions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	e O to respond to any que	estion in this Part VI				
	e organization engage in lobbying activiti				Yes No		
•	ete Schedule C, Part II organization a school as described in sec						
	e organization make any transfers to an e						
50 Comp	,' was the related organization a section is lete this table for the organization's five h lyees) who each received more than \$100	ighest compensated emp	loyees (other than officers	s, directors, trustees and			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
NONE							
				_			
							
51 Comp	number of other employees paid over \$10 lete this table for the organization's five hensation from the organization. If there is	nighest compensated inde	pendent contractors who	each received more that	n \$100,000 of		
<u> </u>	(a) Name and business address of each independent of		(b) Type	of service	(c) Compensation		
NONE							
			-				
			-				
			-				
	number of other independent contractors ne organization complete Schedule A? No	-		▶			
	leted Schedule A sof perjury, Adeclare that I have examined this return, and complete Declaration of preparer other than officer		s and statements, and to the best ich preparer has any knowledge	<u> </u>	. ► X Yes No		
	Signature of officer			Date 4			
Sign Here	Type or grint name and title	PAjA		3/5/2019			
	Print/Type preparer's name	Preparer's signature	Date	1 1 1 1	PTIN		
Paid	William D. Short	William D. (Sh)	ort 03/05/	0,,,,,,	P01453366		
Preparer	Firm's name Mr. Tax	A A = A A A		Comin Fibi			
Use Only	Firm's address ► 1617 Old Dellav MOUNT VERNOM	are Ripad / /	OH 43050-9	Firm's EIN Phone no (74	40) 397-8331		
May the IR	S discuss this return with the preparer sp	bun above? See instructi	v ——		. ► Yes No		
	Form 990-EZ (2014)						

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public inspection)

Name of the organization Employer Identification number FIRSTBORNS.ORG 45-5632713 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 11 or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (described on lines 1-9 above or IRC section (IV) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? (see instructions)) Yes (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

| Part | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I fithe organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')				, "			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•	,	/.	, , , , , , , , , , , , , , , , , , , ,	
	The value of services or facilities furnished by a governmental unit to the organization without charge			*				
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning ın) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4			/	•		1	
8.	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			,			. 4	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						, , ,	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				q		1	
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activit	ies, etc (see instru	ctions)		`	12	, ,	
13	First five years. If the Form 990 organization, check this box and s							
	tion C. Computation of Pu				•		,	
	Public support percentage for 201						%_`	
15	Public support percentage from 2	013 Schedule A, P	art II, line 14			15	%	
16 a	33-1/3% support test — 2014. If and stop here. The organization							
~b	33-1/3% support test — 2013. If and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, check	this box	
17 a	10%-facts-and-circumstances to or more, and if the organization methodology the organization meets the facts-	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exp	olain in Part·VI hov	۷ 'ر⊟	
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	neets the 'facts-and -circumstances' tes	-circumstances' te at The organization	st, check this box a n qualifies as a put	and stop here. Exp olicly supported org	olain in Part VI hov ganization	v the ····· ► □.	
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	x and see instruction	ons ► 🔲	

Rartilll Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants '). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. . 6 Total. Add lines 1 through 5 . 7 a Amounts included on lines 1. 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 용 16 Public support percentage from 2013 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . 용 읭 18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . 19 a 33-1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . 20 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.)

Section A. All Supporting Organizations

			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe	1	Title: P	-31
	the designation If historic and continuing relationship, explain	GERTER	-1867 8CV-1967	Y~L80306073
Ž	Did the organization have any supported organization that does not have an IRS determination of status under section			
_	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	C. Marie	347/5	mitter 10 G
	described in section 509(a)(1) or (2)	2	L	1
٠.	D.d.th., and (C)2 (C)2 (C)2 (C)2 (C)2 (C)2 (C)2 (C)2		1	
3 6	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
		13,5-11,74 - 	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10° 20° 20°
k	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1.35		
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		E-8-12-2
	That are determination	7.35	100	934
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>	Territory.	*******
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	. Set no Flore	347 (m 8 b)
	NAC- and a second of the secon	A A		
4 6	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		
	,		Francisco Cartary	VV
ŧ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			大製
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	<u>iiiiiiiiiii</u>	Art. C	2527.4
	or supervised by or in connection with its supported organizations	4b	P116 15	_35 5458
	: Did the organization support any foreign supported organization that does not have an IRS determination under	1,55,7		
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that	222	125	
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		- 3. 57
5 :	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)	#L	137 m	
٠.	and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported	1	3, 300	
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		(, ⁽¹) = 1 , ²	
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
		E-MINT	\$392.S	24.55
ı	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?	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE	200
,	organization's organizing document/	5b		
•	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	,	1: 1
e	Did the executation manufacturing the fame of grants of the provision of converse or facilities) to	1 Fight 1875	100 cm	2.08
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one	281 # 12 50 2017 #	120 2 7	
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of	تنشي	12.15.	
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		A.5° 72
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	E 2, 00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.00 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
•	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with	11/2 20	(**;*)	F. 1
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		1287
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	35,527	30153	
_	complete Part I of Schedule L (Form 990)	8		<u> </u>
ο.	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	57.50 m		
5.	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in Part VI	9a		
1	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the	36		1
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	<u> </u>	
	D.J. dans of find a constant of the constant o	7.5		1503 J
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		1
		1,12	1 15	1 NO
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,'	, h,	ه کی درسال درسال	
	answer (b) below	10a		
	Diddhaanaan ka baaraan	300	1	3,474
1	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
			1	1 5

Pa	rt เป็น Supporting Organizations (continued)			
14	Has the erganization accounted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
	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) below, the			
. ,	governing body of a supported organization?	11a		, ' '.
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI	11c		L
S <u>ec</u>	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
		(Sarren	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
		100 33.5	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction 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 instructions)	:		
	a The organization satisfied the Activities Test Complete line 2 below			1
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ions)	~	
				T
2	Activities Test Answer (a) and (b) below.	1 - 22.7	Yes	No Date
,	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
,	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3 b		

1 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	lovem	ber 20. 1970 See instruc	tions. All
Sec	tion A – Adjusted Net Income	(A) Pnor Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3	-	
4	Add lines 1 through 3	4		
5	Add lines 1 through 3	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		•
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	Service Control of the Control of th	
·: 3.	.Minimum asset amount for prior year (from Section B, line 8, Column A)	3	第一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
4	Enter greater of line 2 or line 3	4	海 特别 秦 秦 传言	
5	Income tax imposed in prior year	5	医心理学学习	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6.		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Typ	<u> </u>	
			Cahadula A /Eas	m 990 or 990-E7) 2014

TEEA0406 07/18/14

	edule A (Form 990 or 990-EZ) 2014	Innorting Organizat	tions (continued)	Page 7
	tion D – Distributions	pporting organization	(Continued)	Current Year
1.	Amounts paid to supported organizations to accomplish exempt purpos	es		- June 1 Car
2				
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4				
-5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			 -
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	tion is responsive (provide	e details	
-9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			·
	tion 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	yymaagana		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)	rinders to the state of the sta	,	
3	Excess distributions carryover, if any, to 2014		TELEPHONE TO THE PARTY OF THE	7882 NORTH 17 (US)
a		AT THE PROPERTY OF THE PROPERT		
b	The second of th		A STATE OF THE STA	
С				
· d	1979 - The state of the state o		The manufacture of the second	in an and the second
	From 2013			
- ? f	Total of lines 3a through e	,		41.74
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			•
i	Carryover from 2009 not applied (see instructions)	nominatoral grande de La Lacitada grande de	daning Kanada Karata Karat	
	Remainder Subtract lines 3g, 3h, and 3i from 3f	,	Parton Market Const.	
4	Distributions for 2014 from Section D, line / \$		og objektive se	dum graması. Allındındığında
а	Applied to underdistributions of prior years	CONTRACTOR OF THE	est devicement wheth delicities and a second	
	Applied to 2014 distributable amount		FACEURAL PROPERTY OF THE	
	Remainder Subtract lines 4a and 4b from 4	,		
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
, 6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		and the Edding of Const.	
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7	an rep	Annual Programme Comment of the Comm	
a	property in the state of the st			
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	Excess from 2013		W. There will be a second with the last of the second	
	Excess from 2014	And the second s		40-100-100-100-100-100-100-100-100-100-1
	- LAGOOD HOME LOTT	Annual Designation of the second	Mark I. C. Committee Transport Mark V. V. Markett	

Schedule A (Form 990 or 990-EZ) 2014

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