

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



Department of the Treasury Internal Revenue Service

SCANNED JUN 29 2015

Form **990**

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047

2014

Open to Public Inspection

B Check displaces Part	Ā	Fort	he 2014 calen	dar year, or tax	year begi	nning		, 20	14, and	dendin	g			1		
During business as a fine for Policy and set of the control of t	В	Check	if applicable	C Name of organiz	ation THI	E JP PRESCR	RIPTION D	RUG AWA	RENES	S FOU	NDATIO	N D Er	nployer	identificat	tion number	
Number of volume analysis Specific Spe		\Box	Address change	Doing business a									6-19	90112	9	
Table stream Page		\vdash	•			ox if mail is not deliv	ered to street a	ddress)		Room/	suite	E Te	lephone	number		
City or bown, state or promise, country, and ZPP or foreign posted code City or bown, state or promise, country, and ZPP or foreign posted code City or bown, state or promise of the promise of th		1	_	7385 S .TAC	KSON (CAP WAY				1		1	303	520	-8905	
Amoniced resum DORNAR Finance and address of servopial officer DORN HTLE 7385 S. JACKSIN GAP RW AURORA Finance and soldness of servopial officer DORN HTLE 7385 S. JACKSIN GAP RW AURORA Finance and soldness of servopial officer DORN HTLE 7385 S. JACKSIN GAP RW AURORA Finance and soldness of servopial officer DORN HTLE 7385 S. JACKSIN GAP RW AURORA Finance and soldness of servopial officer Policy Finance and soldness Finance and soldn		H					or foreign postal	code				- 	000	, 01-0		
Note Properties Propertie		\vdash		î			- ,		. 8	0016		G G	oss rec	einte Ŝ	12 03	1
Tax-except) status Sign(3) Sig		\vdash			er of pageins	al officer			.0 _ 0,	0010	H(a) is th					
Tax-exempt status X 501(c)(3) 501(c) " (inset no.) 9447(c)(1) or 1927		Ш [~]	pplication pending	l			מכור ביו זו א		CO 01	0016	H(b) Are	all subordin	nates Inc	duded?	Property .	
Website: N/A N		Tay	v ovomat status	<u> </u>							אי זו	o,' attach a	list. (se	e instructio	ns)	
Recommendation X Composition Tous Association Other Liver of formation 2014 Mississ of legal domicine CO	' -				[301(c) () (11)	serrio)	1777(a)(1) 01	321	H(c) Gro	un evemntii	on numb	nor ►		
Part I Summary					T T	T			l V						dominio Ci	
Binefly describe the organization of smission or most significant activities: INCREASE 2UBLIC AWARENESS OF MISUSE AND ABUSE OF PRESCRIPTION DRUGS. 2 Check this box *					Trust	Association	Other		L Year	or tormau	on ∠ U	14	WI Sta	ite or regar o	pomicie Ci	<u></u>
AND ABUSE OF PRESCRIPTION DRUGS. 2 Check this box	Pa				n'a miani	n or most sign	ificant activi	tios:	TATOD	EACE	DITE	TC AN	77 DE	NECC	OF MICE	TCE
2 Check this box F If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 5 Total number of individuals employed in calendar year 2014 (Part V, line 1b). 4 Software of individuals employed in calendar year 2014 (Part V, line 1b). 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a). 6 Total number of individuals employed in calendar year 2014 (Part V, line 2a). 6 Total number of individuals employed in calendar year 2014 (Part V, line 2a). 6 Total number of votinetizes (estimate in fencessary). 6 Total number of votinetizes (estimate in fencessary). 7 Total our elated business revenue from Part VIII, column (C), line 12. 7 Total our elated business taxable income from Form 990-7, line 34. 8 Contributions and grants (Part VIII, line 2g). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 2b). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 2b). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 13, 30 Column (A), lines 13, 30 Column (A), lines 13, 30 Column (A), lines 5, 4, and 2b). 13 Grants and similar amounts paid (Part IX, column (A), lines 13, 30 Column (A), lines 5, 4, and 2b). 14 Benefits paid to or for members (Part IX, column (A), lines 1). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5, 5, 000. 16 Total fundrasing expenses (Part IX, column (A), lines 1). 16 a Professional fundrasing fees (Part IX, column (A), lines 5). 16 a Professional fundrasing fees (Part IX, column (A), lines 5). 16 a Professional fundrasing fees (Part IX, column (A), lines 5). 16 a Professional fundrasing fees (Part IX, column (A), lines 5). 16 a Professional fundrasing fees (Part IX, column (A), lines 5). 17 Other expenses (Part IX, column (A), lines 5). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5). 19 Tot		'	•	_		-	incarit activi	ues.	TMCK	EMOE.	_FODI	TC W	MKE.	ME22 -	OF MISO	75E
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h))Ce		WND WROS	E OF EKESC	KILIT	NW DROGS.										
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)	חמר]														
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)	Ver	,	Check this bo	Y ► Tif the o	anizatio	n discontinued	uts operatio	ns or disp	osed of	more t	 han 25%	of its ne	et ass	 ets.		
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)	ဗိ	i														5
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)	∞	4												4		
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)	ties	5				_							_	5		
B Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)	Ξ	6												6		15
8 Contributions and grants (Part VIII, line 1h)	Ą															0.
9 Program service revenue (Part VIII, Ine 2g) 10 Investment income (Part VIII, Column (A), lines 3, 4, and 2h) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 12c, and 11c) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) CISIDENT 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) CISIDENT 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) CISIDENT 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labebilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total labebilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 26 Signature Block 27 Don HILL 28 Total substitute of files 29 Preparter is foneaure 20 Don HILL 20 Total substitute of files 20 Don HILL 21 Total substitute (Part X, line 25) 22 Preparter is soneaure 23 Signature of officer 24 Date 25 Signature of officer 26 Date 27 Preparter is foneaure 28 Signature of officer 29 Signature of officer 20 Signature of officer 20 Signature of officer 20 Signature of officer 21 Total substitute of files 22 Signature of officer 23 Signature of officer 24 Signature of officer 25 Signature of officer 26 Signature of officer 27 Signature of officer 28 Signature of officer 29 Signature of officer 29 Signature of officer 20 Signature of officer		b	Net unrelated	business taxable	income f	rom Form 990-	T, line 34 ·						<u>. l</u>	7b		0.
9 Program service revenue (Part VIII, Ine 2g) 10 Investment income (Part VIII, Column (A), lines 3, 4, and 2h) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 12c, and 11c) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) CISIDENT 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) CISIDENT 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) CISIDENT 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labebilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Total labebilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 26 Signature Block 27 Don HILL 28 Total substitute of files 29 Preparter is foneaure 20 Don HILL 20 Total substitute of files 20 Don HILL 21 Total substitute (Part X, line 25) 22 Preparter is soneaure 23 Signature of officer 24 Date 25 Signature of officer 26 Date 27 Preparter is foneaure 28 Signature of officer 29 Signature of officer 20 Signature of officer 20 Signature of officer 20 Signature of officer 21 Total substitute of files 22 Signature of officer 23 Signature of officer 24 Signature of officer 25 Signature of officer 26 Signature of officer 27 Signature of officer 28 Signature of officer 29 Signature of officer 29 Signature of officer 20 Signature of officer						t	- DE	CEIV	ED	1	ļ	Prior Y	ear			
10 Investment income (Part VIII, column (A), lines 3, 4, and 20	<u>o</u>									기있.	·				8	622.
Total revenue — add lines 8 through 11 (must equal Part VIII_column*(A)_line*13_1	enn									·1·01	·					
Total revenue — add lines 8 through 11 (must equal Part VIII_column*(A)_line*13_1	ev.		investment in	come (Part VIII, c	olumn (A)), lines 3, 4, an	11: P\$P	IN: 0 4	<i>S013</i> ·	· \&	:					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) GDT-1 4 Benefits paid to or for members (Part IX, column (A), line 41) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6 Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) 7 Other expenses (Part IX, column (A), line 11d, 11f-24e). 9 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20 3, 174. Part II Signature Block Under penalties of perjuy, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completes Declaration of preparey-other then officer) is based on all information of which preparer has any knowledge. Paid Paid Print Yippe or print name and title. Print Yippe or print name and title. Print Yippe or print name and title. Print Signifiature of officer Prim's address SMITH & LOVELI/, CPAS Firm's address SMITH & LOVELI/, CPAS Firm's address SMITH & LOVELI/, CPAS Firm's address Signifiature of officer Signifiature of officer Firm's address SMITH & LOVELI/, CPAS Firm's address SMITH & LOVELI/, CPAS Firm's address Signifiature of officer Firm's address SMITH & LOVELI/, CPAS Firm's address SMITH & Print Firm's address Firm's address Firm's address	ш.	J									 					
14 Benefits paid to or for members (Part IX, column (A), line 41) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,000 19 Revenue less expenses. Subtract line 18 from line 12 8 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,174 21 Total liabilities (Part X, line 26) 3,174 21 Total liabilities (Part X, line 26) 3,174 22 Total assets of fund balances. Subtract line 21 from line 20 3,174 23 Total liabilities (Part X, line 26) 3,174 24 Total liabilities (Part X, line 26) 3,174 25 Total liabilities (Part X, line 26) 3,174 25 Total liabilities (Part X, line 26) 3,174 26 Total liabilities (Part X, line 26) 3,174 27 28 Total liabilities (Part X, line 26) 3,174 28 Total liabilities (Part X, line 26) 3,174 29 Total liabilities (Part X, line 26) 3,174 29 Total liabilities (Part X, line 26) 3,174 29 Total liabilities (Part X, line 26) 3,174 20 Total liabilities (Part X, line 26) 20 Total liabilities (Part X, line 26) 20 Total liabilities (Part X, line 26)		-								<u> </u>	} 				8	3,1/4.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Total liabilities (Part X, line 26) Total liabilities (Part X, line 26) Don HILL Type or pint name and title. Print/Type preparer's name MALLORY SMITH Preparer Use Only Tim's address Sign Firm's address Sign Fi		·								• • • •	·					
16a Professional fundraising fees (Part IX, column (A), line 11e)		l				• •									·	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20 3,174. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer, other than officer) is basyd on all information of which preparer has any knowledge. Sign Here Pont/Type or pint name and title. Proparer's pinature Proparer's pinature Proparer's pinature Date Check X or PTIN Self-employed P01392124 Preparer Use Only Firm's address SMITH & LOVELY CPAS Firm's address Englewood CO 80112 Phone no. (303) 790-7611	S	15				•										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20 3,174. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer, other than officer) is basyd on all information of which preparer has any knowledge. Sign Here Pont/Type or pint name and title. Proparer's pinature Proparer's pinature Proparer's pinature Date Check X or PTIN Self-employed P01392124 Preparer Use Only Firm's address SMITH & LOVELY CPAS Firm's address Englewood CO 80112 Phone no. (303) 790-7611	ns.	16 a	Professional f	undraising fees (I	Part IX, co	olumn (A), line	11e)			• • • •	·		_			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20 3,174. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer, other than officer) is basyd on all information of which preparer has any knowledge. Sign Here Pont/Type or pint name and title. Proparer's pinature Proparer's pinature Proparer's pinature Date Check X or PTIN Self-employed P01392124 Preparer Use Only Firm's address SMITH & LOVELY CPAS Firm's address Englewood CO 80112 Phone no. (303) 790-7611	×be	b	Total fundrais	ing expenses (Pa	rt IX, colu	ımn (D), line 25	5) ►			0.	L		٠.,			
19 Revenue less expenses. Subtract line 18 from line 12 3,174. 20 Total assets (Part X, line 16) 3,174. 21 Total liabilities (Part X, line 26) 3,174. 22 Net assets or fund balances. Subtract line 21 from line 20 3,174. 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer cher than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Doby HILL Type or print name and title. Print/Type preparer's name Preparer's planature Date Check X f PTIN Self-employed P01392124 Preparer Use Only Firm's address 355 C Inverness Dr S Firms EIN 84-1023093 Englewood CO 80112 Phone no. (303) 790-7611	ш	17	Other expens	es (Part IX, colun	nn (A), lini	es 11a-11d, 11	f-24e)				. _					5,000.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16)		18	Total expense	s. Add lines 13-1	7 (must e	qual Part IX, c	olumn (A), lı	ne 25) .								5,000.
Beginning of Current Year End of Year 3,174. 20 Total assets (Part X, line 16)		19	Revenue less	expenses. Subtra	act line 18	3 from line 12					. [3	3,174.
Total assets (Part X, line 16)	₹ 8 8 8										Begir	ning of C	urrent	Year		
Don Hill Signature Block	eete alan	20	Total assets (Part X, line 16) .												3,174.
Don Hill Signature Block	A A	21	Total liabilities	(Part X, line 26)												
Don Hill Signature Block	şã	22	Net assets or	fund balances. S	ubtract lin	e 21 from line	20				.]			}	3	3,174.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign DON HILL PRESIDENT DON HILL Print/Type or print name and title. Print/Type preparer's name Preparer's signature Date Check X st PTIN Preparer Use Only Firm's name SMITH & LOVELI/, CPAS Firm's address 355 C Inverness Dr S Firm's EIN 84-1023093 Englewood CO 80112 Phone no. (303) 790-7611			Signatur	e Block												
Sign Here DON HILL PRESIDENT			Ities of perjury, I dec	lare that I have examin	ed this return	n, including accomp	anying schedule	es and statem	ents, and	to the be	st of my kn	owledge an	nd belief	, it is true, o	correct, and	
Sign Here Don HILL	comp	olete D	eclaration of prepare	er (other than officer) is	based on al	l information of whice	h preparer has	any knowledg	je. 			,				
Here DON HILL Type or pnnt name and title. Print/Type preparer's name MALLORY SMITH Preparer Use Only MALTORY SMITH & LOVELY, CPAS Firm's address SMITH & LOVELY, CPAS Englewood CO 80112 PRESIDENT Check X if PTIN self-employed P01392124 Print's EIN * 84-1023093 Englewood CO 80112 Phone no. (303) 790-7611				UNUTUL	1								3/15			
Type or print name and title. Print/Type preparer's name Preparer Use Only Firm's address Print/Type preparer's name Preparer Signature Preparer Signature Preparer Use Only Englewood Preparer Signature Preparer Signature Date Check X if PTIN self-employed P01392124 Policy Print's EIN Self-employed P01392124 Print's EIN Self-employed P01392124 Firm's EIN Self-employed P01392124 Print's EIN Self-empl	Sig	ın	Sigriatu	re of officer	1							Date				
Print/Type preparer's name Preparer's signature Date Check X if PTIN Paid MALLORY SMITH 05/14/15 self-employed P01392124 Preparer Use Only Firm's name 555 C Inverness Dr S Firm's EIN 84-1023093 Englewood CO 80112 Phone no. (303) 790-7611	He	re									PRE	SIDEN	T			
Paid MALLORY SMITH Self-employed P01392124 Preparer Use Only Firm's name Firm's address Smith & LOVELY, CPAs Firm's address Smith & LOVELY, CPAs Firm's EIN 84-1023093 Englewood CO 80112 Phone no. (303) 790-7611				·												
Preparer Use Only Firm's name 555 C Inverness Dr S 555 C Inverness Dr S 560 Englewood CO 80112 Phone no. (303) 790-7611			Print/Type pi	reparer's name		Preparer's gigna	ature		Da	ite		Check	X	of PTIN	4	
Preparer Use Only Firm's name 555 C Inverness Dr S 555 C Inverness Dr S 560 Englewood CO 80112 Phone no. (303) 790-7611	Pa	id	MALLOF	RY SMITH	~	1/1/1	_		0:	5/14/	'15 >	self-em	ployed	PΟ	1392124	1
Use Only Firm's address 355 C Inverness Dr S Firm's EIN ► 84-1023093 Englewood CO 80112 Phone no. (303) 790-7611			er Firm's name	► SMITH	& LOVE	CLI// CPA										
Englewood CO 80112 Phone no. (303) 790-7611			-1									Firm's	EIN ►	84-10	023093	
	May	/ the	IRS discuss this			hown above?	see instruct						• • •			

					RENESS FOUNDA.	TON	4	0-19011	23	r age z
Par		nt of Progra				111				
				ise or note to	any line in this Part	111		· · · · · ·	• • • •	
. 1	Briefly describe th	•		- MTCHOL	•					
	INCREASE PU									
									. – – –	
										
2							re not listed on the prior		V	
								□	Yes	X No
_	If 'Yes,' describe t				-bin bassis an		w program conject?		Yes	X No
3	If 'Yes,' describe to				changes in now it co	nducis, an	ny program services?		162	
4					ents for each of its thi	ee largest	program services, as m and allocations to others	easured by	expense	es.
	Section 501(c)(3) and revenue, if an	and 501(c)(4) o y, for each prog	rganizations ram service	are required reported	to report the amount	of grants	and allocations to others	, the total ex	rpenses	•
4 a	(Code:) (Expenses	\$	0.	including grants of	\$	0 .) (Reve	nue \$		3,622.)
	DONATIONS		·			·				-, ,
									. 	
									. 	
							~			
										~
4 b	(Code·	_) (Expenses	\$	5,000.	including grants of	\$	5,000.)(Reve	nue \$		5,000.)
	SCHOLARSHIE	PS							_	
								. 		
							. -		. – – –	
						- -			. – – –	
									· -	
										
							. 	- -		
	~					- -			· -	
	~									
	(Cada:	\	<u> </u>				\	Ċ		
40	(Code:	_) (Expenses	۶		including grants of	٠) (Reve	iue \$		′
								- 		-
						- -				
						 -			-	
										
								- -		
4 d	Other program ser	vices. (Describe	e in Schedule	e O.)						
	(Expenses \$			luding grants	of \$) (Revenue \$)
4 e	Total program ser	vice expenses	>	5.	000.					

Pa	rt IV Checklist of Required Schedules			- NI -
•			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
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		х
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 98-19? If Yes, complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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 debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ì	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	11 b		х
(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	11 c		х
(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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e		Х
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	of Mac' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 h	1	Ī

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	1		Х
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	2		х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	3	ĺ	Х
24	a 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	4a		x
ı	- ' · · · · · · · · · · · · · · · · · ·	4b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	4c		
		4d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	!5a		х
J	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 pnor Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	.5b		Х
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	6		Х
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	.7		х
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	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	8a		X
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	8b		х
C	c 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	8c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	9		X
30	the company of the contract of	.0		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 3	1		Χ
32		2		Х
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	3		<u> </u>
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	4		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	5a		Х
ŀ	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	5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	6		х
37		7		Х
38		8		Х

BAA

Pa	Statements Regarding Other IRS Filings and Tax Compliance			Г
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_	162	NO
	a Enter the number reported in Box 3 of Form 1096. 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?	1 c	Х	<u> </u>
2 a	n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
k	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	(
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŧ	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		х
Ł	o 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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6 a		х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	- 55		
	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?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			-
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	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			
	Gross income from members or shareholders	j	l	1
		-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		i	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			l
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Forn	990 (2014) THE JP PRESCRIPTION DRUG AWARENESS FOUNDATION 46-1901129		Р	age 6
Pại	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in the control of the control	v, an n	d for	
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. П
Sec	etion A. Governing Body and Management			<u> </u>
	Mon A. Coverning Dody and management		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
	· · · · · · · · · · · · · · · · · · ·			
	Enter the number of voting members included in line 1a, above, who are independent			
2	officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 7 a	Did the organization have members or stockholders?	- Б 7 а		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, ,		
а	The governing body?	8 a		х
	Each committee with authority to act on behalf of the governing body?	8 b		X
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40.	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No X
	If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		
L	operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	_	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a		х
	Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
t	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 organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DON HILL 7385 S JACKSON GAP WAY AURORA CO 80016 (30	3) 5	20-8	3905
BAA	TEC 40400 4440044	E	000 //	20141

Form 990 (2014) THE JP PRESCRIPTION DRUG AWARENESS FOUNDATION	46-1901129	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII		L								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp	ensated Employees									

- 1 a 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 related organization compensated any current officer, director, or trustee. Position (do not check more (B) (D) (F) (A) Name and Title (E) than one box, unless person is both an officer and a director/trustee) Average hours per week Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation from the Reportable compensation from the organization (W-2/1099-MISC) Key employee Individual trustee employee institutional trustee ormer Highest compensated (list any hours for related organizations tions below dotted (1) DON HILL 20.00 Х PRESIDENT 0. 0. 0. (5) (7) (9) (10)(11) (12) (13)(14)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

	Check if Schedule O contains a response or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d				
ibutions, G other Simil	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 8,622.	,		,	
Sontr and C	g Noncash contributions included in lines 1a-1f. \$ h Total. Add lines 1a-1f	8,622.			,
e e	Business Code	0,022.			
Program Service Revenue	b				
vice	C				
ı Sel	d				
gran	f All other program service revenue				
Po	g Total. Add lines 2a-2f				<u> </u>
	3 Investment income (including dividends, interest and other similar amounts)	· · · · · · · · · · · · · · · · · · ·			
	4 Income from investment of tax-exempt bond proceeds >				
	5 Royalties				ļ
	(i) Real (II) Personal				
	b Less: rental expenses	•			
	c Rental income or (loss) .				
	d Net rental income or (loss)]
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	,		3	
	b Less cost or other basis and sales expenses	·	,)	
	c Gain or (loss)				
	d Net gain or (loss)				
/enne	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).		,]
Other Revenu	See Part IV, line 18			-	
the	b Less: direct expenses b 3,857. c Net income or (loss) from fundraising events	-448.		0	140
	9 a Gross income from gaming activities. See Part IV, line 19 a	-448.	,	0.	-448.
	b Less: direct expenses b			,	
	c Net income or (loss) from gaming activities · · · · · · . ►				•
	10 a Gross sales of inventory, less returns and allowances a		·		
	b Less. cost of goods sold b	_		*	
	c Net income or (loss) from sales of inventory · · · · · · ►		,	<u> </u>	
	Miscellaneous Revenue Business Code				1
	11a			<u> </u>	
	"	· <u>-</u>			
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	8 174			-448

Par	t IX Statement of Functional Expen	ses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must co. Check if Schedule O contains a res	mplete all columns All o	ther organizations must	complete column (A).	
*Do 1 6b, 1	check if Schedule O contains a respect include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		•		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
	•				
11 a	Fees for services (non-employees). Management				
b	Legal				
	Accounting				
	Lobbying				
-	Professional fundraising services See Part IV, line 17 .		у		
	Investment management fees		···		······································
g 12	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance				
	SCHOLARSHIPS	5,000.	5,000.	0.	0.
b					
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e.	5,000.	5,000.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	3,000.	3,000.	0.	0.

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 3,174. 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under 6 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. 6 7 8 9 Land, buildings, and equipment: cost or other basis. 10 a 10 a b Less: accumulated depreciation 10 b 10 c 11 11 12 Investments — other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 16 0 3,174 17 17 18 18 19 19 20 20 Liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 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 . . . 25 26 0 0. Organizations that follow SFAS 117 (ASC 958), check here ► and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,174.

BAA

33

Form 990 (2014)

3.174.

3.174.

0 33

0

34

For	m 990 (2014) THE JP PRESCRIPTION DRUG AWARENESS FOUNDATION 46-	190112	9	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
•	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·		$\cdot \square$		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,1	74.		
, 2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0	00.		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,1	74.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4					
5							
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
_	column (B))	10		3,1	74.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	·	_				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:		1		l		
	Separate basis Consolidated basis Both consolidated and separate basis		Ì				
ı	b Were the organization's financial statements audited by an independent accountant?		2 b		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate						
	basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt, 	2 c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 a	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
ŀ	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь				
BAA				990 (2	2014)		

TEEA0112 05/28/14

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.

Attach to Form 990 or Form 990-EZ.

2014

Open to Public

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.

Employer identification number Name of the organization THE JP PRESCRIPTION DRUG AWARENESS FOUNDATION 46-1901129 Part I 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 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 g Provide the following information about the supported organization(s). (I) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Amount of other (II) EIN (v) Amount of monetary (iv) is the organization listed support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2014

Part II 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. If the

(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. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		·						
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)					12,031.	12,031.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	, ,				12,031.	12,031.		
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						12,031.		
Sec	tion B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4					12,031.	12,031.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10			,			12,031.		
12	Gross receipts from related activities	es, etc (see instruc	tions)			12			
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second, t	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	► [X]		
Sec	tion C. Computation of Pul	olic Support P	ercentage						
	Public support percentage for 2014						%		
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14			15	%		
16 a	33-1/3% support test $-$ 2014. If t and stop here. The organization ${\bf q}$	he organization did ualifies as a public	d not check the bo ly supported organ	x on line 13, and th	ne line 14 is 33-1/3	% or more, check th	s box		
b	33-1/3% support test — 2013. If the and stop here. The organization of	ne organization did ualifies as a public	not check a box only supported orga	on line 13 or 16a, a nization	ind line 15 is 33-1/3	8% or more, check th	nis box ▶		
17 a	17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructions	· · · · · - ∐		

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

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

<u>Sec</u>	ction A. Public Support									
	ndar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')									
2	Gross receipts from admis-									
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's									
2	tax-exempt purpose						·			
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	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									
ŀ	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									
•	Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 6.)		-	ı		·				
Sec	tion B. Total Support						···············			
Caler	ndar 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	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				ļ					
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 organization, check this box and s	top here		hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □			
	tion C. Computation of Pul									
	Public support percentage for 2014						8			
16	Public support percentage from 20	13 Schedule A, Pa	rt III, line 15			16	ફ			
	tion D. Computation of Inv									
17							ક			
18							ક			
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	ns box and stop he	ere. The organizati	on qualifies as a p	ublicly supported o	rganization	▶			
	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									
	Private foundation. If the organiza	ation did not check	a box on line 14, 1	19a, or 19b, check	this box and see in	structions	▶ 🗍			

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.)

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

Pa	ort IV 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) 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		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit 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			
			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			
			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	tion 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):			
	The organization satisfied the Activities Test. Complete line 2 below.			
- 1	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	ons).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	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		
ļ	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.	-		
i	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	3а		·
١	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	31		

Sch	edule A (Form 990 or 990-EZ) 2014 THE JP PRESCRIPTION DRUG AWARENESS	5 FOU	JNDATION 46-19	01129 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
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 Sec			uctions. All
Sec	tion A — Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for			
	production of income (see instructions)	6		<u> </u>
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		ļ <u> </u>
Sec	tion B – Minimum Asset Amount		(A) Pnor 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):			
	Average monthly value of secunties	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		
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		
88	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1_		
2	Enter 85% of line 1	2		
3_	Mınimum 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	,	

7 BAA Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions	<u>.</u>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (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	<i></i>		
Sec	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			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			,
3	Excess distributions carryover, if any, to 2014:			*
а			<u></u>	
b		,	`	
С				
d				
e	From 2013			
f	Total of lines 3a through e			
_g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)		,	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7. \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	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)		y Y	
7	Excess distributions carryover to 2015. Add lines 3j and 4c		* *	
8	Breakdown of line 7.			
а		-	-	
b				
С		,		
d	Excess from 2013			
е	Excess from 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).