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## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

me	nai Revenue			11990.			
<u>A</u>	For the 2	2014 calendar year, or tax year beginning 1/1/2014 , 2014, and end	ing	12/31	, 20 14		
В	Check if a	pplicable C Name of organization Mortar			er identification number		
	Address cl			47-	-2431620		
	Name chai	nge Number and street (or P O box if mail is not delivered to street address) Room/		E Telephone number			
$   \sqrt{} $	Initial retur			5/3	5-238-049		
	Final return/	terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return Cincinnati, Ohio 45202		<b>G</b> Gross re	eceipts \$ 2731.0		
	Application		H(a) Is th	ns a group return for	subordinates <sup>7</sup> ☐ Yes		
			H(b) Ar	e all subordinate	s included? Yes Vo		
ī	Tax-exem	ot status		If "No," attach a	a list (see instructions)		
J	Website:		H(c) G	roup exemption	number >		
ĸ	Form of org	ganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation 20	014 M State	of legal domicile. OH		
_	art I	Summary		I			
		Briefly describe the organization's mission or most significant activities: Mino	rity Busine	ss Accelerat	or		
بهم	[		·		**		
Z 2	-						
₽Ë	2 0	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more t	than 25% of	its net assets		
Activities & Governance	1	Number of voting members of the governing body (Part VI, line 1a)	. 00.0	3			
j		Number of independent voting members of the governing body (Part VI, line 1)	 N	4			
Ćά	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<i>.,</i>	5			
<b>E</b>				6			
		Total number of volunteers (estimate if necessary)		7a			
_	1	Total unrelated business revenue from Part VIII, column (C), Vine 12		·			
<u>بع</u>	b	Net unrelated business taxable income from Form 990-T, line 34		7b or Year	Current Year		
S			Pric		·		
<u></u>	1	Contributions and grants (Part VIII, line 1h)	<b>———</b>	0	2731.04		
ΔĒ		Program service revenue (Part VIII, line 2g)					
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)					
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	<del></del>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ļ		2731.04		
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
		Benefits paid to or for members (Part IX, column (A), line 4)					
ø	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a F	Professional fundraising fees (Part-IX, column (A), line 1-1e)					
g	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)					
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   C			50		
		Fotal expenses. Add lines 13–17 (ந்பூதர் equal முவர் l͡x̄, c͡cʃlʃt͡ந்n (Ā) line 25)		-			
	19 F	Revenue less expenses. Subtract line 18 from line 12			2681.04		
<u>_</u>	1		Beginning of	of Current Year	End of Year		
ets (	20 7	Total assets (Part X, line 16) OGDEN, UT		0	2681.04		
Ass	21	Total liabilities (Part X, line 26)		0			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		0	2681.04		
	art II	Signature Block	<del></del>		2001.0-		
_		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and	to the best of r	my knowledge, and belief it is		
		and complete Declaration of preparer (other than officer) is based on all information of which prepare			my momoaga ana bollon, k k		
		VALLATO.		11/11	1205		
Sig	an l	Signature of officer		Date	7 203		
He		William Thomas Board Chair					
116	16	Type or print name and title			<del></del>		
_		, , , , , , , , , , , , , , , , , , , ,	Date		PTIN		
Pa		, , , , , , , , , , , , , , , , , , , ,		Check	L_]		
Pr	eparer	· [	<del></del> -	self-em	pioyeu		
	se Only			Firm's EIN ▶			
	-	Firm's address		Phone no			
_		S discuss this return with the preparer shown above? (see instructions)	· · · ·	<u></u>	Yes No		
For	Paperwo	ork Reduction Act Notice, see the separate instructions. Cat	No 11282Y	•	Form <b>990</b> (2014		

	) (Revenue \$	g grants of \$	including	) (Expenses \$	(Code:	4b
/	/ (πονειτάε ψ	g grants or \$		) (Expenses Ψ	(00de	
					 N/A	
					IN/A	
<u> </u>	) (Revenue \$	g grants of \$	including	) (Expenses \$	(Code:	<u> </u>
/		g g.u		/ (Exponedo 4	(0000.	
					N/A	
<del></del>			Schedule ()	am services (Describe in S	Other press	<u>-</u>
	)	) (Revenue \$	na arants of \$	including	(Expenses \$	4
		, (v.o.,o <u>.</u>	19 9/4//12 27 4	am service expenses ►		<del>-</del>
Form <b>990</b> (		·			. 5.0. 5. 5010	_

Part I	V Checklist of Required Schedules								
			Yes	No					
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"								
	complete Schedule A	1	L :	1					
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1					
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		✓					
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		✓					
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,			1					
	Part III	_5							
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	l							
	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		✓					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<b>✓</b>					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_		,					
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		<b>✓</b>					
9	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		1					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>							
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,								
	VII, VIII, IX, or X as applicable.								
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"								
	complete Schedule D, Part VI	11a		✓					
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more								
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓					
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓					
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets								
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	L	✓					
	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 .	11f		1					
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<b>√</b>					
	Schedule D, Parts XI and XII	12a							
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			1					
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\vdash$	<b>√</b>					
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>   </del>						
b	fundraising, business, investment, and program service activities outside the United States, or aggregate								
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			-					
	for any foreign organization? If "Yes." complete Schedule F, Parts II and IV	15		✓					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other								
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓					
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		<b>√</b>					
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		<b>✓</b>					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<del></del>					
_	If "Yes," complete Schedule G, Part III	19		✓					
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓					
		Forr	n <b>990</b>	(2014)					

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

Form **990** (2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		٠	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			ì
C	reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	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 2a 0			ľ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶			
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
Ь	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		<b>✓</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		1
ь 10	Section 501(c)(7) organizations. Enter:	35		V
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	against amounts due or received from them.)	12a		<b>√</b>
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   0	La	تني	· ·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>√</b>
	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			
C	Enter the amount of reserves on hand	140		/
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<b>✓</b>

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 th				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management				<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a g			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	on's assets? elect or appoint	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken during			
а	The governing body?		8a	✓	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?		8b_		✓
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	ue C	ode.)	
·				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by	14		
а	The organization's CEO, Executive Director, or top management official		15a		 
b	Other officers or key employees of the organization		15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	lar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► Ohio  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	-	n 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	:▶	

Form 990 (2014)

•			
Part VII	Compensation of Officers, Dire	ctors, Trustees, Key Employees	s, Highest Compensated Employees, and
	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 no	r any relate	d orga	aniz			ompe	nsa	ited any curren	t officer, director	r, or trustee.
					C)					
(A)	(B)	(40.0	at at		ition	e than o		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	ss pe d a d	rson	is both or/trus	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) N/A										0
(2)										
(3)										
(4)	1									
(5)										· · · · · · · · · · · · · · · · · · ·
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
•					(0	•					
	(A)	(B)	(do n	ot ch	Pos		than o	nne	(D)	(E)	(F)
	Name and title	Average					is both		Reportable	Reportable	Estimated
		hours per week (list any		rand			or/trust	<del></del>	compensation from	compensation fro related	m amount of other
_		hours for	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
		related organizations	vidu	Institutional trustee	cer	em	nest oloye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization
		below dotted	tor to	ona		plo)	မိုင္ခ		(44-2/1099-141130)		and related
		line)	ust	ta		/ee	nper				organizations
			e	stee			nsati				
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41.51		ļ <u> </u>						-			
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32											
(23)											
(24)											
(25)											
								<u> </u>			
1b	Sub-total			•	•						
C	Total from continuation sheets to Part	-		•			•	<b>•</b>	ļ <u></u>		
d	Total (add lines 1b and 1c)						•	<u> </u>	<u> </u>		0
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,	000 of
	reportable compensation from the organi	zation ► 0									
•	Did the constitution list and forman of	مان مانده					م بدما		Javaa ay biab	aat aamnanaa	Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete to							mp	noyee, or nigh	est compensa	
	• •								 	, , , , , , , , , , , , , , , , , , ,	. 3 🗸
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortat en \$1	DIE (	UUU SOIT	iper	isalio	ma °"	na other comp	ensation from	uch
	individual	greater the	ан фі	50,	000	: "	76.	٥,	complete Sch	edule 3 loi s	. 4
_	Did any person listed on line 1a receive of	r accrue co	· ·	neat	ion	fror	n anv	 . iin	related organiz	 ration or individ	
5	for services rendered to the organization										· 5 🗸
Section	on B. Independent Contractors										-   •   •
1	Complete this table for your five highest	compensate	ed inc	lene	ende	ont	contr	acto	ors that receive	ed more than \$	100 000 of
•	compensation from the organization. Rep										
	year.										<b>3</b>
	(A)								(B)		(C)
	Name and business add	ress							Description of s	ervices	Compensation
N/A											
								Ĺ			
2	Total number of independent contractor	•	-					th	ose listed abo	ove) who	

Part VIII		Statement of Revenue		D 13/411		
	<del></del>	Check if Schedule O contains a response or note t	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ \$	1a	Federated campaigns 1a		- Tevenuc		012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1			
S, G	С	Fundraising events 1c	]			
ar /	d	Related organizations 1d				
s, C imil	е	Government grants (contributions) 1e				
tion r Si	f	All other contributions, gifts, grants,				
ibul The		and similar amounts not included above 1f 2731.04				
d of	g	Noncash contributions included in lines 1a-1f \$				
<u>ğ</u>	h	Total. Add lines 1a–1f				
ne	_	Business Code				
eve	2a					ļ
ë E	b					
e <b>r</b>	C d					
ı Sı	e					
Program Service Revenue	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f		- · · · · ·		
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal	]			
	6a	Gross rents				
	b	Less: rental expenses	<u> </u>			
	0	Rental income or (loss)				
	d 7a	Net rental income or (loss)				1
	, a	assets other than inventory				
	b	Less: cost or other basis				
	_	and sales expenses .	- 1			
	o d	Gain or (loss)				
e						
Other Revenue	ba	Gross income from fundraising events (not including \$				
ě		of contributions reported on line 1c).				
F		See Part IV, line 18 a				
ţ	b	Less: direct expenses b	1			
٥		Net income or (loss) from fundraising events . >				
	9a	Gross income from gaming activities.  See Part IV, line 19 a				
	b	Less: direct expenses b	1			~~~ ~~-
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b		<del> </del>			
	C d	All other revenue				<del> </del>
	a e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions				2371.04
			·			Form <b>990</b> (2014)

Form 99	0 (2014)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any li			<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		<del></del>		
b	Legal ,				
C	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				- <u>-</u> -
13	Office expenses	50			
14	Information technology				<del></del>
15	Royalties				
16	Occupancy				·-·
17 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	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				هاکیلی د د د.
	(A) amount, list line 24e expenses on Schedule O.)				<u>.</u>
a					
b			<del></del>		
d	<u></u>				
e	All other expenses			<del>                                     </del>	
25	Total functional expenses. Add lines 1 through 24e				50
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   If following SOP 98-2 (ASC 958-720)				
				<u> </u>	

P	art X	Balance Sheet			<del>-</del>
		Check if Schedule O contains a response or note to any line in this Part	X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	2681.04
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ŀ	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
sts		sponsoring organizations of section 501(c)(9) voluntary employees beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8_	-
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	1		
	_	other basis. Complete Part VI of Schedule D		40	
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12 13	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	· - · · · · · · - · -	16	
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account hability. Complete Part IV of Schedule D .		21	
s	22	Loans and other payables to current and former officers, directors,			
ë		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	İ	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0
'n		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ë		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥, ≱	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	2681.04

			•
orm	990	(2014	1)

Page 12

3 Revenue less expenses. Subtract line 2 from line 1	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) 2 35  Revenue less expenses. Subtract line 2 from line 1 3 2681.04  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5  Net unrealized gains (losses) on investments 5 5 5  Donated services and use of facilities 6 6 7 Investment expenses 7 7 8 7 8 7 7 8 9 7 7 7 8 8 9 7 7 7 9 9 9 9		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Prior period adjustments  Net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  Cash  Combine Interest of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a 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	1		<b>—</b>		27	/31.04
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part iX, column (A), line 25)				50
Separate basis	3	Revenue less expenses. Subtract line 2 from line 1			26	81.04
Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-			0
7 Investment expenses	5	Net unrealized gains (losses) on investments				
9 Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990:  ☐ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	6					
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	<del> </del>			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.  Desparate basis Consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why i	8	· · · · ·	$\vdash$			
The state of the organization changed either its oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			9			
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII			10		26	81.04
Accounting method used to prepare the Form 990:	Part					_
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	· ·	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?					Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		_		i
Were the organization's financial statements compiled or reviewed by an independent accountant?			kpiain	ın		
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Schedule O.  3a 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?						
<ul> <li>3a 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?</li></ul>			xpiain	ın		
the Single Audit Act and OMB Circular A-133?	_		forth	.n		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  3b	3a		iorth	l		,
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			orac +		-	<b>-</b>
	b					
		required addit of addits, explain why in schedule of and describe any steps taken to dideigo such a	addits.		000	(004.4)