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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury

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

Open to Public

		enue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/form99	90.	Inspection
				31,	2014
В	Check if	f ble C	Name of organization D	Employer i	dentification number
	Addr	ress change			
	Nam	e change	THE WILY NETWORK	47-2	434992
X		i returi		Telephone	number
		return/ inated	16 WARREN ROAD		
	Ame	nded return C	ity or town, state or province, country, and ZIP or foreign postal code	Group Exe	nption
	Applic	cation pending	DEDHAM, MA 02026	Number >	•
G /	Accou	nting Method	l: X Cash	Check >	If the organization is
1 1	Websi	te: NW	W.THEWILYNETWORK.ORG	not require	d to attach Schedule B
J	Tax-ex	kempt status	(check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(Form 990,	990-EZ, or 990-PF).
K	orm c	of organizatio	n: X Corporation Trust Association Other	<u> </u>	
L	Add Im	nes 5b, 6c, an	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
	columi	n (B) below) a	are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	5,500.
Pa	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ions for Par	tl)
		Check if t	the organization used Schedule O to respond to any question in this Part I		
	1	Contribution	ns, gifts, grants, and similar amounts received	1	5,500.
	2	Program se	ervice revenue including government fees and contracts	2	
	3	Membershij	p dues and assessments	3	
2	4	Investment		4	
<u> </u>	5a	Gross amou	unt from sale of assets other than inventory MAY 5ag 2015 C		
	Ь	Less: cost o	or other basis and sales expenses		
=	C	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b, from-line-5a)	5c	
2	6		d fundraising events		
	a	Gross incon	ne from gaming (attach Schedule G if greater than	,	
Ţ,		\$15,000)	6a		
SCAR Revenue UN	b	Gross incon	ne from fundraising events (not including \$ of contributions	T	
罗		from fundra	aising events reported on line 1) (attach Schedule G if the sum of such		
刻		gross incon	ne and contributions exceeds \$15,000) 6b	i l	
2	c	Less: direct	expenses from gaming and fundraising events		
B	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
-	7a	Gross sales	of inventory, less returns and allowances 7a		
	Ь	Less: cost o	of goods sold 7b	_	
	C	Gross profit	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other reven	ue (describe in Schedule O)	8	
_	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	5,500.
	10		similar amounts paid (list in Schedule 0)	10	
	11		d to or for members	11	
S	12	Salaries, oth	her compensation, and employee benefits	12	
nse.	13	Professiona	al fees and other payments to independent contractors	13	3,500.
Expenses	14	Occupancy,	rent, utilities, and maintenance	14	
Ü	15	Printing, pu	blications, postage, and shipping	15	
	16	Other expen	nses (describe in Schedule O)	16	
	17	Total exper	nses. Add lines 10 through 16	▶ 17	3,500.
	18	Excess or (c	deficit) for the year (Subtract line 17 from line 9)	18	2,000.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))		······································
Ast			e with end-of-year figure reported on prior year's return)	19	0.
<u>fet</u>	20		ges in net assets or fund balances (explain in Schedule O)	20	0.
2	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	2,000.
I L			Reduction Act Notice, see the senarate instructions		Form 990-F7 (2014)

432171 12-15-14

_	1990-EZ (2014) THE WILL METWORK			± / - Z	4349	92 raye 2
Pá	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any questior	n in this Part II			
		(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		0	. 22		2,000.
23	Land and buildings	•		23		
24				24		
	,	<u> </u>	<u> </u>	-		2 000
25	Total assets		0	• 25		2,000.
26	Total liabilities (describe in Schedule 0)		0	- 26		0.
27			0	. 27		2,000.
Pa	art III Statement of Program Service Accomplishmen	nts (see the instructi	ons for Part III)		Ex	cpenses .
	Check if the organization used Schedule O to res	pond to any question	n in this Part III			for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE C		THE CONTRACT CONTRACT			and 501(c)(4)
					ganizaui hers.)	ons; optional for
	on be the organization's program service accomplishments for each of its three largest program over, describe the services provided, the number of persons benefited, and other relevant inform		s In a clear and concise	١٠٠		
	Total and an incomplete provided, the frames of persons deficition, and other relevant information					
28				<u> </u>		
				_		
	(Grants \$) If this amount includes foreign of	grants, check here	•	<u> </u>	a	
29		,				
				-		
	<u> </u>			<u> </u>		
	(Grants \$) If this amount includes foreign of	grants, check here		29	a	
30						
				_		
	(Grants \$) If this amount includes foreign of	rants check here		□ 30	12	
21		grants, crieck fiere			4	
31	Other program services (describe in Schedule O)		_	ر. ا		
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	<u> 31</u>		
	Total program service expenses (add lines 28a through 31a)			▶ 3	2	0.
	art IV List of Officers, Directors, Trustees, and Key E			see the inst	tructions f	or Part IV)
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res			see the inst	tructions f	or Part IV)
	art IV List of Officers, Directors, Trustees, and Key E		n in this Part IV	(d) Health	tructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any question	(c) Reportable compensation (Forms	(d) Health	benefits,	or Part IV) (e) Estimated amount of other
	art IV List of Officers, Directors, Trustees, and Key E	pond to any question (b) Average hours	n In this Part IV	(d) Health contribut employee	benefits, tions to benefit deferred	or Part IV) (e) Estimated
Pa	Check if the organization used Schedule O to res (a) Name and title	pond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	benefits, tions to benefit deferred	(e) Estimated amount of other
KA	Check if the organization used Schedule O to res (a) Name and title THRYN SARGENT	(b) Average hours per week devoted to position	n In this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee	benefits, uons to benefit deferred sation	(e) Estimated amount of other compensation
KA DI	Check if the organization used Schedule O to res (a) Name and title THRYN SARGENT RECTOR	pond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contribut employee	benefits, tions to benefit deferred	(e) Estimated amount of other
KA DI JU	Check if the organization used Schedule O to res (a) Name and title THRYN SARGENT RECTOR IDITH ALPERIN KING	(b) Average hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee	benefits, tions to benefit deferred sation	(e) Estimated amount of other compensation
KA DI JU PR	Check if the organization used Schedule O to res (a) Name and title THRYN SARGENT RECTOR DITH ALPERIN KING ESIDENT & DIRECTOR	(b) Average hours per week devoted to position	n In this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee	benefits, uons to benefit deferred sation	(e) Estimated amount of other compensation
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KA DI JU PR AL	Check if the organization used Schedule O to res (a) Name and title THRYN SARGENT RECTOR DITH ALPERIN KING ESIDENT & DIRECTOR LISON POLLEY HIRSCH	(b) Average hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee	benefits, uons to benefit deferred sation	(e) Estimated amount of other compensation 0 •
KA DI JU PR AL	Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee	benefits, tions to benefit deferred sation	(e) Estimated amount of other compensation
KA DI JU PR AL TR	Check if the organization used Schedule O to respond to the companization used	(b) Average hours per week devoted to position 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee	benefits, toons to benefit deferred sation	(e) Estimated amount of other compensation 0 .
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Page 3

	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			٠,,
	activity in Schedule O	33	<u> </u>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	ا		_*
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<u> </u>	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05.		x
	on lines 2, 6a, and 7a, among others)?	35a 35b	N/	
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	147	<u> </u>
Ç	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		 ^
50	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	 "	<u> </u>	
	Did the organization file Form 1120-POL for this year?	1 37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	<u> </u>		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			l
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	1		
	by the organization • 0 •			l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	l
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed NONE		4.4.0	
42 a	The organization's books are in care of ► JUDITH ALPERIN KING Telephone no. ► 781.32	36.2	440	
_	Located at ► 16 WARREN ROAD, DEDHAM, MA ZIP+4 ► C	202	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T 61 -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	
	account)?	42b	 	X
	If "Yes," enter the name of the foreign country.			
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c		X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42C		<u> </u>
40	If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		ш
	and effect the amount of tax exempt interest received of accorded during the tax year			-
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.55	1
• • •	Form 990-EZ	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	<u> </u>		<u> </u>
•	of Form 990-EZ	44b		x
c	Did the organization receive any payments for indoor tanning services during the year?	44c		х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an explanation			
-	ın Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			1
υ				Ĭ
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		L

Form	990-EZ (2	014)	THE WILY NETWORK	_	<u>47-2434</u>	<u>992</u>		Page 4
	-						Yes	No
46	Did the or	ganızatior	n engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candi	dates for pu	blic office?			
			chedule C, Part I			46		<u> X</u>
Pa			n 501(c)(3) organizations only					
	-	All section	on 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les for line	s 50 and 51.			
	(Check if	the organization used Schedule O to respond to any question in this Part VI					<u> </u>
							Yes	No
47	Did the or	ganızatıor	n engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Ye	s," complete	Sch. C, Part II	47		X
48	is the orga	anization	a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			48_		X
49 a	Did the or	ganızatıor	n make any transfers to an exempt non-charitable related organization?			49a		X
b	If "Yes," wa	as the rela	ated organization a section 527 organization?			49b		L
50	•		for the organization's five highest compensated employees (other than officers, directors, trustees	s and key em	iployees) who e	ach re	ceived	more
	than \$100	,000 of c	ompensation from the organization. If there is none, enter "None."					
		(eportable ation (Forms	(d) Health benefit contributions to) Estin	
			W-2/10	099-MISC)	employee benefit		ount of mpens	
			NONE		compensation		препа	ation
_								
						↓	_	
						\bot		
						ᆚ_		
f			ner employees paid over \$100,000					
51	Complete	this table	for the organization's five highest compensated independent contractors who each received more	than \$100,	000 of compens	atıon f	rom th	9
			re is none, enter "None." NONE					
	(a) N	ame and	business address of each independent contractor (b) Type of s	service	(c)	Comp	ensatio	<u>n</u>
					ļ ļ			
					i			
d			her independent contractors each receiving over \$100,000					
52			n complete Schedule A? Note . All section 501(c)(3) organizations must attach a			₹	_	¬
	complete					XΥ		<u> No</u>
			y, I declare that I have examined this return, including accompanying schedules and statements, a			dge an	d belie	i, it is
true,	, correct, ar	nd comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer has ar	ny knowledg				
		ىيىك ∙	ero Alpeni Kin		5 / 13 / <u>15</u>			
Sig		71						
He	re		OITH ALPERIN KING, PRESIDENT					
				Chook	# Intil			
		1	/pe preparer's name Preparer's signature Date	Check] if PTIN			
Pa	id		I E. FINNERTY, 2 2 105/12/15	self- emplo	·	0		
	eparer	JR.	71/1/ 2. 2011/2013	- 	P00			<u> </u>
	e Only		name ► LGC&D LLP	+	▶ 45-39			
		Firm's	address ►TEN WEYBOSSET STREET - SOFTE 700	Phone no.	401-42	1-4	800	
_			PROVIDENCE, RI 02903			,		
May	the IRS dis	scuss this	return with the preparer shown above? See instructions			<u>X </u>		No
						Form !	990-EZ	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name o	f the organization ਯੂਸ਼ਦ	WILY NETWO	סע					ridentification number 27-2434992
Part I				omplete th	us part) Se	e instruction		1-2434332
	anization is not a private found	<u>_</u>				e manachon	 -	
1	A church, convention of ch					VAVi)		
2 🗀	A school described in secti			u iii seetie	I	אייאיי		
3	A hospital or a cooperative		•	action 170	Y6V4V6Vii	ii)		
4 🗀	A medical research organiz						Viii\ Enter	the hospital's name
- -	city, and state	ation operated in co	injunction with a nospite	ii describer	3 111 300010	11 17 0(15)(1)(2)	Mini. Cinci	ше позриат з патье,
5 🗀	An organization operated for	or the benefit of a co	illege or university owne	d or opera	ted by a g	overnmental i	ınıt descrit	ned in
5	section 170(b)(1)(A)(iv). (0		mege of university office	а ог орста	ica by a g	overninentar (ariik deserik	5CG 111
e 🗀	A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗀	An organization that norma	•					he general	public described in
	section 170(b)(1)(A)(vi). (C	-		J			J	
8 🗆	A community trust describe		(1)(A)(vi). (Complete Par	rt II)				
9 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its su	pport from	contribution	ons, members	ship fees, a	and gross receipts from
	activities related to its exer	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fi	rom busine	esses acqu	ired by the oi	ganızatıon	after June 30, 1975
	See section 509(a)(2). (Co	mplete Part III)						
10	An organization organized	and operated exclus	ively to test for public s	afety. See	section 50	9(a)(4).		
11	An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ns of, or to c	arry out the	e purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2)	See section (509(a)(3). (Check the box in
_	lines 11a through 11d that	describes the type o	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.	
a L	Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported org	janization(s),	typically by	/ giving
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
г	organization. You must o	•						
b L	Type II. A supporting org	•						· ·
	control or management of			same perso	ons that co	ontrol or mana	age the sup	oported
Г	organization(s) You mus			-				
c L			TT			_	illy integrat	ed with,
٦ ٦	its supported organizatio		•					
d L	Type III non-functionally		• •					
	that is not functionally int	-	•				u an allem	liveriess
e [requirement (see instruct Check this box if the organic	•	-				II Type III	
C L	functionally integrated, o					i Type I, Type	in, Type in	
f Er	nter the number of supported	• •	many integrated suppor	ting organi	Lution.			
	ovide the following information	•	ed organization(s)					
	(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of	monetary	(vi) Amount of
	organization		(described on lines 1-9 above or IRC section	governing	in your document?	support		other support (see
			(see instructions))	Yes	No	Instruct	ions)	Instructions)
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for 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 organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year 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.")		<u> </u>		<u></u>		<u></u>
2	Tax revenues levied for the organ-					}	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		ŀ				
	the organization without charge					ļ	
4	Total. Add lines 1 through 3		<u></u> .	ļ	<u> </u>	ļ	
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)						<u> </u>
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	ction B. Total Support	(.) 0040	(1) 0014	T (1) 2010	(4) 0040	1-1-0044	(0.T-+-1
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4			-	+	1	<u> </u>
8	Gross income from interest,			1			
	dividends, payments received on			1			
	securities loans, rents, royalties						
_	and income from similar sources	· · ·		4	+	+	<u> </u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on		 		+		
10	Other income Do not include gain						
	or loss from the sale of capital					j	
	assets (Explain in Part VI.)		 	+	 		
11	•••	-4- /			J	40	
12	•	•	·			12	
13	First five years. If the Form 990 is for organization, check this box and stop	-	s iirst, secona, tri	ira, tourth, or tilth	tax year as a secti	on 50 (c)(3)	
Se	ction C. Computation of Pub		ercentage				
	Public support percentage for 2014 (column (fl)		14	%
	Public support percentage from 2013		-	(7)		15	%
	33 1/3% support test - 2014. If the			on line 13, and line	e 14 is 33 1/3% or		
	stop here. The organization qualifies	•		·			
t	33 1/3% support test - 2013. If the		=		d line 15 is 33 1/39	% or more, check t	this box
	and stop here. The organization qual	lifies as a publicly	supported organi	zation			▶□
17 a	10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	a publicly supporte	ed organization	_	ightharpoons
ŧ	10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets to	ne "facts-and-circi	umstances" test,	check this box and	d stop here. Expla	in in Part VI how th	
	organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a pub	licly supported org	ganization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instructio	ns 🕨 🗀
					Sch	edule A (Form 99	0 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 THE WILY NETWORK 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

Se	ction A. Public Support	elow, please coll	ipiete Part II)				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	1-7	1-7	197== ::=	(0) = 0 10	1 (0, 20.1	(i) iotai
	membership fees received (Do not						
	include any "unusual grants ")				1	5,500.	5,500.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	- · · · · · · · · · · · · · · · · · · ·	†			 	
	are not an unrelated trade or bus- iness under section 513				_		
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5					5,500.	5,500.
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	5,500.	5,500.
	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year			<u></u>		5,500.	5,500.
	Add lines 7a and 7b		+	<u> </u>		3,300.	3,300.
8	Public support (Subtract line 7c from line 6.)		<u></u>	l		<u> </u>	<u> </u>
	endar year (or fiscal year beginning in)	(-) 0010	453.004.4	(-) 0040	1,00010	1 (1001)	<u> </u>
	Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014 5,500.	(f) Total 5,500.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3,300.	3,300.
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						
12	Other income Do not include gain				1		
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)					5,500.	5,500.
14	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiza	
	check this box and stop here	•			•	(//)	\triangleright X
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2014 (li	ne 8, column (f) c	divided by line 13, o	column (f))		15 1	L00.00 %
16	Public support percentage from 2013	Schedule A, Pari	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						ightharpoons
t	33 1/3% support tests - 2013. If the	organization did	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	$ \qquad \qquad \blacktriangleright \Box $
	22 00 17 14						

Voc No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- 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.
- 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- **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**.
- 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If *Yes, * answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		-
_	-	:
3a		1
-		
3b		:
3c		
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10a		
10b		-
990 or 99	0-EZ)	2014

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must con	nplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of pnor-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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	vantear	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	Type III Non-Functionally Integrated 509	(a)(s) supporting Org	anizations (continued)	r — — — — —
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted and the performance of t	pt purposes of supported		
	organizations, in excess of income from activity	·		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(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)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	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			
b	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)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8	Breakdown of line 7			
а				
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				···
	Excess from 2013			<u></u>
	Excess from 2014			
_ <u> </u>			•	

Schedule A (Form 990 or 990-EZ) 2014

edule A (Form 990 or 990-EZ) 2014 THE WILY NETWORK IT VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Also complete this part for any additional information. (See instructions)	47 - 2434992 Pa
Also complete this part for any additional information. (See instructions)	
Also complete this part for any additional information. (See instructions)	
	
	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization

Employer identification number 47-2434992

THE WILY NETWORK FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSES OF THE WILY NETWORK, INC. ARE EXCLUSIVELY CHARITABLE AND ARE TO SUPPORT AND ASSIST INDIVIDUALS THAT ARE, OR WERE FORMERLY, IN A FOSTER CARE SYSTEM, THE UNDERTAKING OF ANY OTHER ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSE AS MAY LAWFULLY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND BY A CORPORATION ORGANIZED UNDER CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.