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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

2014

Open to Public
Inspection

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JANUARY 01, 2014, and ending DECEMBER 31, 2014

| | | |
|---|---|---|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization WHIRLING RAINBOW FOUNDATION Number & street (or P.O. box, if mail is not delivered to street addr.) PO BOX 1111 Room/ suite City or town, state or province, country, and ZIP or foreign postal code HOMER AK 99603 | D Employer identification number 56-2531153 E Telephone number (907) 715-4433 F Group Exemption Number ► |
| G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____ | | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| I Website: ► WWW.WHIRLINGRAINBOW.COM | | |
| J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 50,370 | | |

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

| | | |
|---|--|--|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> | | 842 20,237 3 4 5c 6d 7c 8 29,291 9 50,370 |
| Revenue | 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events 6d a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less direct expenses from gaming and fundraising events 6c 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 b Less cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 50,370 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 25,183 14 Occupancy, rent, utilities, and maintenance 14 14,064 15 Printing, publications, postage, and shipping 15 4,767 16 Other expenses (describe in Schedule O) 16 36,592 17 Total expenses. Add lines 10 through 16 17 80,606 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -30,236 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 30,256 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20 | |

For Paperwork Reduction Act Notice, see the separate instructions.

20

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . .

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 30,256 | 21 |
| 23 Land and buildings | 0 | 0 |
| 24 Other assets (describe in Schedule O) | 0 | 0 |
| 25 Total assets | 30,256 | 21 |
| 26 Total liabilities (describe in Schedule O) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 30,256 | 21 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

What is the organization's primary exempt purpose? See Attachment 11
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 SEE ATTACHMENT #2

(Grants \$ 842) If this amount includes foreign grants, check here ► **28a** 77,807

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here . . . ► 30a _____

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ► 31a

32 Total program service expenses (add lines 28a through 31a)

32 77,807

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV .

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099 MISC) | (d) Health benefits, contributions to employee benefit plans, & deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|---|---|--|
| SEE ATTACHMENT #3 | | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | 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 activity in Schedule O. | 33 | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | X |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | X |
| c 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 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," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 37a | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations. Enter | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ | 40a | |
| b Section 501(c)(3) and 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 | X |
| c Section 501(c)(3) and 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. | 40c | |
| d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | 40d | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed ► AK | | |
| 42a The organization's books are in care of ► SEE ATTACHMENT #4 | Telephone no ► _____ | |
| Located at ► _____ | ZIP + 4 ► _____ | |
| b 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)? | 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). | | |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | X |
| If "Yes," enter the name of the foreign country ► _____ | | |
| 43 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 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | X |

N/A

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|----|---|
| 46 | X |
|----|---|

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|----|---|
| 47 | X |
|----|---|

47 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

| | |
|----|---|
| 48 | X |
|----|---|

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | |
|-----|---|
| 49a | X |
|-----|---|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | |
|-----|---|
| 49b | X |
|-----|---|

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
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f Total number of other 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 compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
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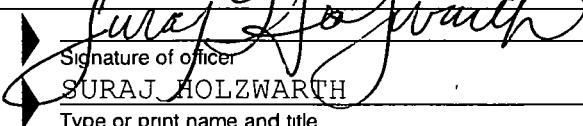
d Total number of other independent contractors each receiving over \$100,000 ►

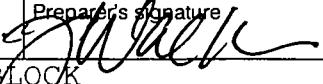
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|---|--|
| X | |
|---|--|

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 Here |  Signature of officer SURAJ HOLZWARTH | Date |
| | Type or print name and title | DIRECTOR |

| | | | | | |
|---------------|--|---|--|---|-------------------|
| Paid Preparer | Print/Type preparer's name VALERIE WALKER | Preparer's signature  | Date  | Check <input type="checkbox"/> if self-employed | PTIN P00632026 |
| Use Only | Firm's name ► H AND R BLOCK | | | Firm's EIN ► 800326773 | |
| | Firm's address ► 1301 S Seward Meridian | | | Phone no | 907-376-3278 |

May the IRS discuss this return with the preparer shown above? See instructions

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|---|--|
| X | |
|---|--|

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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.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

WHIRLING RAINBOW FOUNDATION

Employer identification number
56-2531153

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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)**.
- 7 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.)
- 9 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 June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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.
 - a **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**.
 - 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**.
 - 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**.
 - d **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**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2014

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.)

Section A. Public Support

| Calendar 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.") .. | 5,515 | 88,416 | 95,385 | 2,747 | 842 | 192,905 |
| 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 | | 39,783 | 62,382 | 63,074 | 49,528 | 214,767 |
| 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 | 5,515 | 128,199 | 157,767 | 65,821 | 50,370 | 407,672 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 407,672 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|--------------|----------------|----------------|---------------|---------------|----------------|
| 9 Amounts from line 6 | 5,515 | 128,199 | 157,767 | 65,821 | 50,370 | 407,672 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 5,515 | 128,199 | 157,767 | 65,821 | 50,370 | 407,672 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

| | | |
|---|----|----------|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---------------------------------------|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00 % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests -- 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | | ► <input checked="" type="checkbox"/> |
| 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 | | ► <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | ► <input type="checkbox"/> |

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

WHIRLING RAINBOW FOUNDATION

PAGE 1 LINE 8 - OTHER SERVICE REVENUE

DRUMS, CERMONIAL AND WELLNESS ITEMS, BOOKS, CD'S, ETC. - 29291

PART 1 LINE 16 - OTHER EXPENSE

GIFTS FOR ELDERS AND HOSTS - 683

FOOD FOR PROGRAM TOURS - 6103

AIR AND LAND TRAVEL - 14719

SUPPLIES FOR WORKSHOPS - 8398

LICENSE MEMBERSHIPS ADS - 409

BANK FEES AND INTEREST - 2277

DEPRECIATION EXPENSE - 1723

MISC - 4003

Employer identification number
56-2531153

Depreciation and Amortization
(Including Information on Listed Property)

Name(s) shown on return Business or activity to which this form relates Identifying number
WHIRLING RAINBOW FOUNDATION FOR 56-2531153

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | | |
|--|----------------------------------|-------------------------|
| 1 Maximum amount (see instructions) | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500000 |
| 6 (a) Description of property | (b) Cost (busn. use only) | (c) Elected cost |
| | | |
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 500000 |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ► | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

| | | |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

| | | |
|--|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2014 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► | | |

Section B -- Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|---|--|----------------------------|-----------------------|-------------------|-----------------------------------|
| 19a 3-year property | | 1205 | 3 | MQ | 200 DB | 502 |
| b 5-year property | | 8140 | 5 | MQ | 200 DB | 1221 |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs. | MM | S/L | |
| | | | 27 5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions)

| | | |
|--|----|------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions | 22 | 1723 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

2014 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

| | | | | | | |
|---|--|--|--|-------|--------------|------------|
| OPEN TO PUBLIC | | INSPECTION For calendar year 2014, or tax period beginning | | 01-01 | , and ending | 12-31-2014 |
| Name of Organization WHIRLING RAINBOW FOUNDATION | | | Employer Identification Number 56-2531153 | | | |
| <p style="text-align: center;">Primary Purpose</p> <p>WRF IS AN INTERNATIONAL SPIRITUAL AND EDUCATIONAL ORGANIZATION WHICH HONOR AND CELEBRATES THE DIVERSE CULTURAL AND SPIRITUAL PATHS OF THE HUMAN FAMILY. THE FOUNDATION CULTIVATES THE UNIVERSAL TEACHINGS OF INNER PEACE, LOVING COMPASSION, WISDOM AND UNDERSTANDING AT THE CORE OF EVERY CULTURE AND SPIRITUAL TRADITION.</p> | | | | | | |

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

01-01-2014, and ending

12-31-2014.

Name of Organization

WHIRLING RAINBOW FOUNDATION

Employer Identification Number

56-2531153

Part III - Statement of Program Service Accomplishments

| Grants and allocations | 842 | Amount includes foreign grants | Program service expenses | 77,807 |
|------------------------|-----|--------------------------------|--------------------------|--------|
|------------------------|-----|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

OUR MISSION IS TO SPREAD PEACE AND UNDERSTANDING THROUGH THE HEALING POWER OF THE GRANDMOTHER DRUM. WE ACHIEVED THIS BY TAKING THE DRUM AND OUR SPIRITUAL TEACHERS TO GROUPS THROUGHOUT THE WORLD. ALL FUNDS GO DIRECTLY TO THIS PURPOSE.

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

| INSPECTION | For calendar year 2014, or tax period beginning | 01-01-2014, and ending | 12-31-2014 | |
|---|---|--|---|--|
| Name of Organization WHIRLING RAINBOW FOUNDATION | | | Employer Identification Number 56-2531153 | |
| (A) Name and Title | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben. plans & def. comp. | (E) Expense account & other compensation |
| SURAJ HOLZWARTH | 30.00 | 0 | 0 | 0 |
| KAT HABBER | 5.00 | 0 | 0 | 0 |
| JIM PETRUZZI | 5.00 | 0 | 0 | 0 |
| LESLIE KERR | 5.00 | 0 | 0 | 0 |

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

| | | | | | |
|-----------------------------|------------|---|--------------------------------|--------------|-------------|
| OPEN TO PUBLIC | INSPECTION | For calendar year 2014, or tax period beginning | 01-01 | , and ending | 12-31-2014. |
| Name of Organization | | | Employer Identification Number | | |
| WHIRLING RAINBOW FOUNDATION | | | 56-2531153 | | |
| Part V - Line 42a | | | | | |

Individual Name MICHAELA BAUMGARTNER

or

Business Name

Street Address PO BOX 1111

U.S. Address

Zip code 99603 City HOMER State AK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (907) 376-3278

Fax Number (907) 376-4397

2014 FEDERAL DEPRECIATION SCHEDULE

WHIRLING RAINBOW FOUNDATION
56-2531153

| DESCRIPTION | DATE | METHOD | COST | PRIOR - LIFE | CURRENT 179 | PR SPEC ALLOW | CURR SPEC ALLOW | BASIS | PRIOR DEPR | CURRENT DEPR | ACCUM DEPR | ADJ BASIS |
|-----------------|---------------|-----------|------|-----------------|----------------|------------------|--------------------|-------|---------------|-----------------|---------------|--------------|
| FORM 990 | | | | | | | | | | | | |
| SOUND EQUIPMENT | 05-01-14 | 200DBMQ-3 | 1205 | 0 | 0 | 0 | 0 | 1205 | 0 | 502 | 502 | 703 |
| 2004 NISSAN XTE | 07-01-14 | 200DBMQ-5 | 8140 | 0 | 0 | 0 | 0 | 8140 | 0 | 1221 | 1221 | 6919 |
| 2 ASSETS | TOTALS: | | 9345 | 0 | 0 | 0 | 0 | 9345 | 0 | 1723 | 1723 | 7622 |
| 2 ASSETS | GRAND TOTALS. | | 9345 | 0 | 0 | 0 | 0 | 9345 | 0 | 1723 | 1723 | 7622 |