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# Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending

<b>B</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	<b>C</b> Name of organization <b>CF Solutions, Inc.</b>		<b>D</b> Employer identification number 73-1530931
	Doing business as		<b>E</b> Telephone number
	Number and street (or P O box if mail is not delivered to street address) Room/suite 7471 E. 46th Pl.		
	City or town, state or province, country, and ZIP or foreign postal code Tulsa OK 74145		<b>G</b> Gross receipts \$ 6,443,488.
<b>F</b> Name and address of principal officer Linda Jenson 11586 S. 66th E. Ave. Bixby OK 74008			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J</b> Website: N/A			<b>H(c)</b> Group exemption number
<b>K</b> Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other
<b>L</b> Year of formation 1997		<b>M</b> State of legal domicile OK	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>See attached explanation Part III, line 1, Page 2.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . . 4	
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . . 6	
	6	Total number of volunteers (estimate if necessary) . . . . . 0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a	
7b	Net unrelated business taxable income from Form 990-T, line 34 . . . . . 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 4,600.	Current Year 6,110.
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-97,648.	273.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	705,022.	737,545.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	611,974.	743,928.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	46,312.	55,486.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	389,830.	399,608.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g, 11i-11j, 11k-11l, 11m-11n, 11o-11p, 11q-11r, 11s-11t, 11u-11v, 11w-11x, 11y-11z, 12a-12b, 12c-12d, 12e-12f, 12g-12h, 12i-12j, 12k-12l, 12m-12n, 12o-12p, 12q-12r, 12s-12t, 12u-12v, 12w-12x, 12y-12z, 13a-13b, 13c-13d, 13e-13f, 13g-13h, 13i-13j, 13k-13l, 13m-13n, 13o-13p, 13q-13r, 13s-13t, 13u-13v, 13w-13x, 13y-13z, 14a-14b, 14c-14d, 14e-14f, 14g-14h, 14i-14j, 14k-14l, 14m-14n, 14o-14p, 14q-14r, 14s-14t, 14u-14v, 14w-14x, 14y-14z, 15a-15b, 15c-15d, 15e-15f, 15g-15h, 15i-15j, 15k-15l, 15m-15n, 15o-15p, 15q-15r, 15s-15t, 15u-15v, 15w-15x, 15y-15z, 16a-16b, 16c-16d, 16e-16f, 16g-16h, 16i-16j, 16k-16l, 16m-16n, 16o-16p, 16q-16r, 16s-16t, 16u-16v, 16w-16x, 16y-16z, 17a-17b, 17c-17d, 17e-17f, 17g-17h, 17i-17j, 17k-17l, 17m-17n, 17o-17p, 17q-17r, 17s-17t, 17u-17v, 17w-17x, 17y-17z, 18a-18b, 18c-18d, 18e-18f, 18g-18h, 18i-18j, 18k-18l, 18m-18n, 18o-18p, 18q-18r, 18s-18t, 18u-18v, 18w-18x, 18y-18z, 19a-19b, 19c-19d, 19e-19f, 19g-19h, 19i-19j, 19k-19l, 19m-19n, 19o-19p, 19q-19r, 19s-19t, 19u-19v, 19w-19x, 19y-19z, 20a-20b, 20c-20d, 20e-20f, 20g-20h, 20i-20j, 20k-20l, 20m-20n, 20o-20p, 20q-20r, 20s-20t, 20u-20v, 20w-20x, 20y-20z, 21a-21b, 21c-21d, 21e-21f, 21g-21h, 21i-21j, 21k-21l, 21m-21n, 21o-21p, 21q-21r, 21s-21t, 21u-21v, 21w-21x, 21y-21z, 22a-22b, 22c-22d, 22e-22f, 22g-22h, 22i-22j, 22k-22l, 22m-22n, 22o-22p, 22q-22r, 22s-22t, 22u-22v, 22w-22x, 22y-22z, 23a-23b, 23c-23d, 23e-23f, 23g-23h, 23i-23j, 23k-23l, 23m-23n, 23o-23p, 23q-23r, 23s-23t, 23u-23v, 23w-23x, 23y-23z, 24a-24b, 24c-24d, 24e-24f, 24g-24h, 24i-24j, 24k-24l, 24m-24n, 24o-24p, 24q-24r, 24s-24t, 24u-24v, 24w-24x, 24y-24z, 25a-25b, 25c-25d, 25e-25f, 25g-25h, 25i-25j, 25k-25l, 25m-25n, 25o-25p, 25q-25r, 25s-25t, 25u-25v, 25w-25x, 25y-25z, 26a-26b, 26c-26d, 26e-26f, 26g-26h, 26i-26j, 26k-26l, 26m-26n, 26o-26p, 26q-26r, 26s-26t, 26u-26v, 26w-26x, 26y-26z, 27a-27b, 27c-27d, 27e-27f, 27g-27h, 27i-27j, 27k-27l, 27m-27n, 27o-27p, 27q-27r, 27s-27t, 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36i-36j, 36k-36l, 36m-36n, 36o-36p, 36q-36r, 36s-36t, 36u-36v, 36w-36x, 36y-36z, 37a-37b, 37c-37d, 37e-37f, 37g-37h, 37i-37j, 37k-37l, 37m-37n, 37o-37p, 37q-37r, 37s-37t, 37u-37v, 37w-37x, 37y-37z, 38a-38b, 38c-38d, 38e-38f, 38g-38h, 38i-38j, 38k-38l, 38m-38n, 38o-38p, 38q-38r, 38s-38t, 38u-38v, 38w-38x, 38y-38z, 39a-39b, 39c-39d, 39e-39f, 39g-39h, 39i-39j, 39k-39l, 39m-39n, 39o-39p, 39q-39r, 39s-39t, 39u-39v, 39w-39x, 39y-39z, 40a-40b, 40c-40d, 40e-40f, 40g-40h, 40i-40j, 40k-40l, 40m-40n, 40o-40p, 40q-40r, 40s-40t, 40u-40v, 40w-40x, 40y-40z, 41a-41b, 41c-41d, 41e-41f, 41g-41h, 41i-41j, 41k-41l, 41m-41n, 41o-41p, 41q-41r, 41s-41t, 41u-41v, 41w-41x, 41y-41z, 42a-42b, 42c-42d, 42e-42f, 42g-42h, 42i-42j, 42k-42l, 42m-42n, 42o-42p, 42q-42r, 42s-42t, 42u-42v, 42w-42x, 42y-42z, 43a-43b, 43c-43d, 43e-43f, 43g-43h, 43i-43j, 43k-43l, 43m-43n, 43o-43p, 43q-43r, 43s-43t, 43u-43v, 43w-43x, 43y-43z, 44a-44b, 44c-44d, 44e-44f, 44g-44h, 44i-44j, 44k-44l, 44m-44n, 44o-44p, 44q-44r, 44s-44t, 44u-44v, 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70m-70n, 70o-70p, 70q-70r, 70s-70t, 70u-70v, 70w-70x, 70y-70z, 71a-71b, 71c-71d, 71e-71f, 71g-71h, 71i-71j, 71k-71l, 71m-71n, 71o-71p, 71q-71r, 71s-71t, 71u-71v, 71w-71x, 71y-71z, 72a-72b, 72c-72d, 72e-72f, 72g-72h, 72i-72j, 72k-72l, 72m-72n, 72o-72p, 72q-72r, 72s-72t, 72u-72v, 72w-72x, 72y-72z, 73a-73b, 73c-73d, 73e-73f, 73g-73h, 73i-73j, 73k-73l, 73m-73n, 73o-73p, 73q-73r, 73s-73t, 73u-73v, 73w-73x, 73y-73z, 74a-74b, 74c-74d, 74e-74f, 74g-74h, 74i-74j, 74k-74l, 74m-74n, 74o-74p, 74q-74r, 74s-74t, 74u-74v, 74w-74x, 74y-74z, 75a-75b, 75c-75d, 75e-75f, 75g-75h, 75i-75j, 75k-75l, 75m-75n, 75o-75p, 75q-75r, 75s-75t, 75u-75v, 75w-75x, 75y-75z, 76a-76b, 76c-76d, 76e-76f, 76g-76h, 76i-76j, 76k-76l, 76m-76n, 76o-76p, 76q-76r, 76s-76t, 76u-76v, 76w-76x, 76y-76z, 77a-77b, 77c-77d, 77e-77f, 77g-77h, 77i-77j, 77k-77l, 77m-77n, 77o-77p, 77q-77r, 77s-77t, 77u-77v, 77w-77x, 77y-77z, 78a-78b, 78c-78d, 78e-78f, 78g-78h, 78i-78j, 78k-78l, 78m-78n, 78o-78p, 78q-78r, 78s-78t, 78u-78v, 78w-78x, 78y-78z, 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96c-96d, 96e-96f, 96g-96h, 96i-96j, 96k-96l, 96m-96n, 96o-96p, 96q-96r, 96s-96t, 96u-9		

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

The primary exempt purpose is to provide medications, enteral formulas and equipment to treat cystic fibrosis patients and other chronically ill patients that suffer from respiratory, gastrointestinal, and immunologic diseases irregardless of their ability to pay. See Sch O Form 990, Part III, Line 1-Continued.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[ ] Yes [X] No If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[ ] Yes [X] No If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4 a (Code ) (Expenses \$ 55,486. including grants of \$ ) (Revenue \$ )

See Line 2 Part IX. CF Solutions paid for flowers, medicines, respiratory equipment and enteral formula for patients who could not afford to pay.

4 b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 55,486.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
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. . . . .		X
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 . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .	X	
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		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. . . . .	X	
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. . . . .		X
c 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 . . . . .	X	
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 . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . .	X	
f 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 . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV . . . . .		X
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 . . . . .		X
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 . . . . .		X
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) . . . . .		X
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 . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. . . . .		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II . . . . .		X
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 . . . . .	X	
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 . . . . .		X
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 . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . .		
25a 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 . . . . .		X
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 . . . . .		X
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 . . . . .	X	
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 . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .	X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . .		X
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 . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . . . .		X
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 . . . . .		X
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 . . . . .		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI . . . . .		X
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 . . . . .	X	

**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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2 a</b>	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. . . . .		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O. . . . .		
<b>4 a</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)? . . . . .		X
<b>4 b</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)		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	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? . . . . .		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
<b>11 Section 501(c)(12) organizations.</b> Enter.			
<b>11 a</b>	Gross income from members or shareholders. . . . .		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). . . . .		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .			
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
<b>13 b</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. . . . .		
<b>13 c</b>	Enter the amount of reserves on hand. . . . .		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . .		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OKLAHOMA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records Raymond Gardner, Jr. 2828 E. 51st, Suite 401, Tulsa, OK 74105 (918) 712-7022

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Jenson President	40.00	X		X		X	99,096.			
(2) Michael Jenson Secretary	20.00	X		X			35,000.			
(3) Rebecca Irvin Staff Pharmacist	40.00	X					59,058.			
(4) Thomas Raddatz	40.00	X		X			58,076.			
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> . . . . .						251,230.			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						251,230.			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i> . . . . .		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b> 1,026.				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 5,084.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		6,110.			
<b>Program Service Revenue</b>	<b>2 a</b> Business Code					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶		273.	273.		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6 a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,026. of contributions reported on line 1c) See Part IV, line 18. . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9 a</b> Gross income from gaming activities See Part IV, line 19. . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 6,437,105.					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b> 5,699,560.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		737,545.	737,545.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> -----						
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶					
<b>12 Total revenue.</b> See instructions . . . . . ▶		743,928.	737,818.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	55,486.	55,486.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	251,230.		251,230.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	116,622.		116,622.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	31,756.		31,756.	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	11,100.		11,100.	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	150.		150.	
<b>g</b> Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	1,621.		1,621.	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	120.		120.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	27,932.		27,932.	
<b>23</b> Insurance . . . . .	72,672.		72,672.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
<b>a</b> _____				
<b>b</b> Utilities _____	11,955.		11,955.	
<b>c</b> Security _____	3,204.		3,204.	
<b>d</b> Answering Service _____	790.		790.	
<b>e</b> All other expenses . . . . .	72,519.		72,519.	
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	657,157.	55,486.	601,671.	
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash – non-interest-bearing . . . . .	182,381.	1	339,377.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	1,103.	4	1,103.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	9,600.
	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .	128,700.	8	70,700.
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 1,157,997.		
	b Less accumulated depreciation . . . . .	10b 603,292.	576,390.	10c 554,705.
	11 Investments – publicly traded securities . . . . .		11	
	12 Investments – other securities See Part IV, line 11 . . . . .		12	
	13 Investments – program-related See Part IV, line 11 . . . . .	105,185.	13	105,045.
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .	795.	15	795.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	994,554.	16	1,081,325.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	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 of Schedule D . . . . .	490.	25	490.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	490.	26	490.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	994,064.	27	1,080,835.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33 <b>Total net assets or fund balances.</b> . . . . .	994,064.	33	1,080,835.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	994,554.	34	1,081,325.	

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Form 990 (2014)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	743,928.
2	Total expenses (must equal Part IX, column (A), line 25)	2	657,157.
3	Revenue less expenses Subtract line 2 from line 1	3	86,771.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	994,064.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,080,835.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 b	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, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 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	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 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		

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Form 990 (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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

CF Solutions, Inc.

Employer identification number

73-1530931

**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 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		
(A) N/A						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**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') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3% support test – 2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	21,289.	13,659.	12,044.	4,600.	6,110.	57,702.
<b>2</b> 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	6,043,635.	6,068,357.	6,321,365.	6,914,089.	6,437,105.	31,784,551.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	6,064,924.	6,082,016.	6,333,409.	6,918,689.	6,443,215.	31,842,253.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						31,842,253.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6	6,064,924.	6,082,016.	6,333,409.	6,918,689.	6,443,215.	31,842,253.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,484.	187.	197.	233.	273.	3,374.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,484.	187.	197.	233.	273.	3,374.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0.					0.
<b>13 Total support.</b> (Add lines 9, 10c, 11 and 12)	6,067,408.	6,082,203.	6,333,606.	6,918,922.	6,443,488.	31,845,627.
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.99 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15.	<b>16</b>	99.97 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.01 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	0.03 %

- 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
- b 33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
<b>b</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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>7</b> 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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>b</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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>c</b> 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? <i>If 'Yes,' provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If 'Yes,' answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a**  The organization satisfied the Activities Test Complete line 2 below
  - b**  The organization is the parent of each of its supported organizations Complete line 3 below
  - c**  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

**2** Activities Test Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	<b>2b</b>	
<b>3</b> Parent of Supported Organizations Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain . . . . .	1	
2	Recoveries of prior-year distributions . . . . .	2	
3	Other gross income (see instructions) . . . . .	3	
4	Add lines 1 through 3 . . . . .	4	
5	Depreciation and depletion . . . . .	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) . . . . .	6	
7	Other expenses (see instructions) . . . . .	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) . . . . .	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities . . . . .	1 a	
b	Average monthly cash balances . . . . .	1 b	
c	Fair market value of other non-exempt-use assets . . . . .	1 c	
d	<b>Total</b> (add lines 1a, 1b, and 1c) . . . . .	1 d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6) . . . . .	8	

Section 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	<b>Distributable Amount.</b> 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-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .	
4 Amounts paid to acquire exempt-use assets . . . . .	
5 Qualified set-aside amounts (prior IRS approval required). . . . .	
6 Other distributions (describe in Part VI) See instructions . . . . .	
7 <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. . . . .	
9 Distributable amount for 2014 from Section C, line 6 . . . . .	
10 Line 8 amount divided by Line 9 amount . . . . .	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6 . . . . .			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) . . . . .			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> 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 \$ . . . . .			
a Applied to underdistributions of prior years . . . . .			
b Applied to 2014 distributable amount . . . . .			
c 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 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c . . . . .			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

BAA

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

CF Solutions, Inc.

73-1530931

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about values and questions 5-6 about donor information.

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions 1-9 about conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions 1a-1b and 2 about art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	105,185.	105,324.	105,433.	105,522.	104,138.
b Contributions					
c Net investment earnings, gains, and losses	10.	11.	41.	61.	1,534.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	150.	150.	150.	150.	150.
g End of year balance	105,045.	105,185.	105,324.	105,433.	105,522.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/>	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,157,997.	603,292.	554,705.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				554,705.

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12) . . ▶		

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Endowment Funds	105,045.	Cost
(2) See Part V.		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13) . . ▶	105,045.	

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) State Payroll Taxes Payable	490.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total</b> (Column (b) must equal Form 990, Part X, column (B) line 25) . . ▶	490.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
	a Net unrealized gains (losses) on investments . . . . .	2 a			
	b Donated services and use of facilities . . . . .	2 b			
	c Recoveries of prior year grants . . . . .	2 c			
	d Other (Describe in Part XIII) . . . . .	2 d			
	e Add lines 2a through 2d . . . . .			2 e	
3	Subtract line 2e from line 1 . . . . .			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
	a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4 a			
	b Other (Describe in Part XIII.) . . . . .	4 b			
	c Add lines 4a and 4b . . . . .			4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .			5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements. . . . .			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
	a Donated services and use of facilities . . . . .	2 a			
	b Prior year adjustments . . . . .	2 b			
	c Other losses . . . . .	2 c			
	d Other (Describe in Part XIII) . . . . .	2 d			
	e Add lines 2a through 2d . . . . .			2 e	
3	Subtract line 2e from line 1 . . . . .			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4 a			
	b Other (Describe in Part XIII) . . . . .	4 b			
	c Add lines 4a and 4b . . . . .			4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .			5	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part V, Line 4. The intended use of the funds interest earned will be used for the Program Service Accomplishment outlined in Part III, line 1, Page 2.

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

CE SOLUTIONS, INC.

Employer identification number

73-1530931

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA3901 06/19/14

**Schedule I (Form 990) (2014)**

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Provide medicines to	250	200.	52,486.	book	Medicine, respiratory
2 Patients who can not					equipment, & enteral
3 afford to pay.					formulas.
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization: **CF Solutions, Inc.** Employer identification number: **73-1530931**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) Thomas W. Raddatz	Officer			Education		X	9,600.	9,600.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						▶ \$	9,600.					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Thomas W. Raddatz	Officer	9,600.	Loan		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2014**

▶ 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](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

CF Solutions, Inc.

73-1530931

Pt VI, Line 2 Michael Jenson, Secr., is the husband of Linda Jenson, President.

Pt VI, Line 6 The organization has four voting members.

Pt VI, Line 7a The organization has four voting members who may elect one or more members of the governing body.

Pt VI, Line 7b The decisions of the governing body are subject to the approval of the four board members.

Other Pt. VI, line 11a. The form 990 is provided to the governing body before it is filed. The 990 is reviewed by the members of the board prior to its being distributed to the IRS.

Pt VI, Line 15b The process for determining compensation of the officers and other employees-total employees for 2014 is 6: 1. A review of reasonable salaries using data available on the internet is performed on an annual basis by the independent accountant and then the governing body is presented the findings for the ultimate review.

Pt VI, Line 19 The organization makes its governing documents and financial statements available to the public upon request.

Other Part III, Page 2, Line 1: Briefly describe the organization's mission: CF Solutions, Inc. paid for the prescriptions and care in line with their exempt purpose for the patients who were not able to pay. In 2014 CF Solutions, Inc. paid for \$ 55,486 in medicine and supportive supplies for the patients who could not afford to pay.

**Depreciation and Amortization  
(Including Information on Listed Property)**

**2014**

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No **179**

Name(s) shown on return

CF Solutions, Inc.

Identifying number

73-1530931

Business or activity to which this form relates

Form 990 / Form 990EZ

**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	
6	(a) Description of property	(b) Cost (business 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 instrs)	11	
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 2015 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	757.

**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	26,389.
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 <input type="checkbox"/>		

**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 depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		70.	5.0 yrs	HY	200 DB	14.
c 7-year property		5,405.	7.0 yrs	HY	200 DB	772.
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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20 a 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	27,932.
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	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

**24 a** Do you have evidence to support the business/investment use claimed? . . . .  Yes  No **24b** If 'Yes,' is the evidence written? . . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use								
<b>27</b> Property used 50% or less in a qualified business use								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .								<b>28</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2014 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2014 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <u>CF Solutions, Inc.</u>	Employer identification number (EIN) or <u>73-1530931</u>
	Number, street, and room or suite number. If a P O box, see instructions <u>7471 E. 46th Pl.</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>Tulsa</u>	<u>OK 74145</u>

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Raymond Gardner, Jr.

Telephone No ► (918) 712-7022 Fax No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 17, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2014 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . .	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . .	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . .	3 c	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Form 4562**

CF Solutions, Inc.  
Form 990 - / Form 990EZ

**Depreciation and Amortization Report**

Tax Year 2014  
▶ Keep for your records

2014

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Rehab Center Equipment		01/06/14	54		100.00			54	7.00	200DB/HY		8
Software		01/13/14	100		100.00			100	3.00	SL/NA		33
Hot Water Tank		01/14/14	1,294		100.00			1,294	7.00	200DB/HY		185
Patient Pumps		01/20/14	2,985		100.00			2,985	7.00	200DB/HY		426
Computer Printer		02/24/14	70		100.00			70	5.00	200DB/HY		14
Software		10/13/14	552		100.00			552	3.00	SL/NA		46
Software		10/13/14	70		100.00			70	3.00	SL/NA		6
Security Camera System		10/22/14	480		100.00			480	7.00	200DB/HY		69
Security Camera System		11/03/14	505		100.00			505	7.00	200DB/HY		72
Software		11/10/14	50		100.00			50	3.00	SL/NA		3
Table-Security Camera System		11/10/14	87		100.00			87	7.00	200DB/HY		12
SUBTOTAL CURRENT YEAR			6,247	0		0	0	6,247				874
Prescription Equipment		06/15/98	1,626		100.00			1,626	7.00	200DB/HY	1,626	0
Office Equipment		06/15/98	2,936		100.00			2,936	7.00	200DB/HY	2,936	0
Leasehold Improvements		06/15/98	3,700		100.00			3,700	7.00	200DB/HY	3,700	0
Furniture & Fixtures		06/15/98	5,709		100.00			5,709	7.00	200DB/HY	5,709	0
Lease Purchase-Computer		06/15/98	10,949		100.00			10,949	7.00	200DB/HY	10,949	0
Patient Pumps		06/15/98	30,285		100.00			30,285	7.00	200DB/HY	30,285	0
Pharmacy Equipment		06/15/98	6,801		100.00			6,801	7.00	200DB/HY	6,801	0
Pharmacy Equipment		06/15/99	3,644		100.00			3,644	7.00	200DB/HY	3,644	0
Furniture & Fixtures		06/15/99	946		100.00			946	7.00	200DB/HY	946	0
Furniture & Fixtures		06/15/99	158		100.00			158	7.00	200DB/HY	158	0
Lease Purchase-6 Pumps		06/15/99	16,848		100.00			16,848	7.00	200DB/HY	16,848	0
Rehab Center Equipment		06/15/00	97		100.00			97	7.00	200DB/HY	97	0
Office Equipment		06/15/00	2,584		100.00			2,584	7.00	200DB/HY	2,584	0
Pharmacy Equipment		06/15/00	749		100.00			749	7.00	200DB/HY	749	0
Rehab Center Equipment		06/15/00	2,068		100.00			2,068	7.00	200DB/HY	2,068	0
Lease Purchase-Computer		06/15/00	2,423		100.00			2,423	5.00	200DB/HY	2,423	0
Furniture & Fixtures		06/15/00	1,218		100.00			1,218	7.00	200DB/HY	1,218	0
Rehab Center		06/15/00	12,457		100.00			12,457	3.00	150DB/HY	12,457	0
Furniture		06/06/01	104		100.00			104	7.00	200DB/HY	104	0
Pharmacy Equipment		06/15/01	6,935		100.00			6,935	7.00	200DB/HY	6,935	0
Rehab Center Equipment		06/15/01	5,812		100.00			5,812	7.00	200DB/HY	5,812	0
Respiratory Equipment		06/15/01	1,584		100.00			1,584	7.00	200DB/HY	1,584	0
Office Equipment		06/15/01	7,048		100.00			7,048	5.00	200DB/HY	7,048	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

**Form 4562**

CF Solutions, Inc.

Form 990 - / Form 990EZ

**Depreciation and Amortization Report**

Tax Year 2014

▶ Keep for your records

**2014**

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Computer		02/12/02	2,319		100.00			2,319	5.00	200DB/HY	2,319	0
Building		05/31/02	632,325		100.00			632,325	39.00	SL/MM	188,480	16,214
Software		06/15/02	843		100.00			843	3.00	SL/NA	843	0
Patient Pumps		06/15/02	7,020		100.00			7,020	7.00	200DB/HY	7,020	0
Reception Desk		09/13/02	975		100.00			975	7.00	200DB/HY	975	0
Phone Equipment		09/18/02	2,373		100.00			2,373	7.00	200DB/HY	2,373	0
Computer		11/11/02	1,470		100.00			1,470	5.00	200DB/HY	1,470	0
Security System		11/19/02	500		100.00			500	7.00	200DB/HY	500	0
Bathroom Fixtures-New Building		11/22/02	32		100.00			32	7.00	200DB/HY	32	0
New Shelves-Pharmacy		12/17/02	2,833		100.00			2,833	7.00	200DB/HY	2,833	0
Security/Fire System		01/03/03	3,177		100.00			3,177	7.00	200DB/HY	3,177	0
Blinds		01/06/03	400		100.00			400	7.00	200DB/HY	400	0
Office Equipment		01/10/03	505		100.00			505	7.00	200DB/HY	505	0
Telephone Equipment		01/20/03	5,695		100.00			5,695	7.00	200DB/HY	5,695	0
Filing Cabinet		01/23/03	378		100.00			378	7.00	200DB/HY	378	0
Shelves		01/23/03	2,900		100.00			2,900	7.00	200DB/HY	2,900	0
Patient Pumps		01/27/03	700		100.00			700	7.00	200DB/HY	700	0
Elliptical Training Equipment		01/28/03	5,591		100.00			5,591	7.00	200DB/HY	5,591	0
Roof		02/11/03	7,280		100.00			7,280	10.00	200DB/HY	7,280	0
Picture Frames		02/18/03	578		100.00			578	7.00	200DB/HY	578	0
Blinds		02/18/03	385		100.00			385	7.00	200DB/HY	385	0
Copier		02/24/03	300		100.00			300	7.00	200DB/HY	300	0
Office Furniture		03/03/03	1,144		100.00			1,144	7.00	200DB/HY	1,144	0
Software		03/10/03	15		100.00			15	3.00	SL/NA	15	0
Microwave, coffee pots		03/10/03	130		100.00			130	7.00	200DB/HY	130	0
Software		04/14/03	95		100.00			95	3.00	SL/NA	95	0
Building-Engineering & Architect Cost		06/15/03	6,270		100.00			6,270	39.00	SL/MM	1,697	161
Building Improvements		06/15/03	144,702		100.00			144,702	39.00	SL/MM	39,110	3,710
TV & Stereo for Pulmonary Rehab		07/24/03	500		100.00			500	7.00	200DB/HY	500	0
Office TV		07/28/03	75		100.00			75	7.00	200DB/HY	75	0
Computer		07/28/03	3,130		100.00			3,130	5.00	200DB/HY	3,130	0
Patient Pumps-10		07/31/03	36,580		100.00			36,580	7.00	200DB/HY	36,580	0
Patient Pumps		09/08/03	6,000		100.00			6,000	7.00	200DB/HY	6,000	0
Computer		09/08/03	2,543		100.00			2,543	5.00	200DB/HY	2,543	0
Building Air Conditioner		09/08/03	1,620		100.00			1,620	7.00	200DB/HY	1,620	0
Security System		09/23/03	453		100.00			453	7.00	200DB/HY	453	0
Computer		10/06/03	940		100.00			940	5.00	200DB/HY	940	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

**Form 4562**

CF Solutions, Inc.

Form 990 - / Form 990EZ

**Depreciation and Amortization Report**

Tax Year 2014

▶ Keep for your records

**2014**

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Fence		10/09/03	1,241		100.00			1,241	15.00	SL/HY	870	82
Patient Pumps		10/14/03	6,000		100.00			6,000	7.00	200DB/HY	6,000	0
Office Furniture		10/27/03	353		100.00			353	7.00	200DB/HY	353	0
Patient Pumps		11/24/03	4,500		100.00			4,500	7.00	200DB/HY	4,500	0
Software		12/09/03	30		100.00			30	3.00	SL/NA	30	0
Software		12/22/03	105		100.00			105	3.00	SL/NA	105	0
New Conference Cabinet		01/26/04	755		100.00			755	7.00	200DB/HY	755	0
Power Point Projector		01/28/04	2,285		100.00			2,285	7.00	200DB/HY	2,285	0
Spirometry Machine		02/02/04	4,069		100.00			4,069	7.00	200DB/HY	4,069	0
Furniture		02/26/04	145		100.00			145	7.00	200DB/HY	145	0
Scanner for Computer		02/26/04	97		100.00			97	5.00	200DB/HY	97	0
Antivirus Program for 3 computers		03/08/04	70		100.00			70	3.00	SL/NA	70	0
File Cabinet		03/10/04	380		100.00			380	7.00	200DB/HY	380	0
Portrait of Dr. Kramer		03/23/04	346		100.00			346	7.00	200DB/HY	346	0
New Computer		04/12/04	1,504		100.00			1,504	5.00	200DB/HY	1,504	0
Computer Software		04/12/04	120		100.00			120	3.00	SL/NA	120	0
Rehab Center Equipment		05/21/04	3,241		100.00			3,241	7.00	200DB/HY	3,241	0
New Printer		06/11/04	108		100.00			108	5.00	200DB/HY	108	0
Antivirus Software		08/09/04	20		100.00			20	3.00	SL/NA	20	0
Payroll Software		09/13/04	169		100.00			169	3.00	SL/NA	169	0
2 Refrigerators		10/04/04	913		100.00			913	7.00	200DB/HY	913	0
Vacuum Cleaner		10/05/04	89		100.00			89	7.00	200DB/HY	89	0
Software		11/04/04	30		100.00			30	3.00	SL/NA	30	0
Norton Antivirus Software		11/04/04	50		100.00			50	3.00	SL/NA	50	0
Printer-Pulmonary Rehab		04/11/05	271		100.00			271	5.00	200DB/HY	271	0
Software		06/15/05	381		100.00			381	3.00	SL/NA	381	0
Office Equipment		07/11/05	205		100.00			205	7.00	200DB/HY	205	0
Patient Pumps		07/18/05	6,715		100.00			6,715	7.00	200DB/HY	6,715	0
Shredder		08/08/05	488		100.00			488	7.00	200DB/HY	488	0
Computer		08/08/05	779		100.00			779	5.00	200DB/HY	779	0
Computer RX-Pharmacy		08/18/05	1,839		100.00			1,839	5.00	200DB/HY	1,839	0
Patient Pumps		10/10/05	3,950		100.00			3,950	7.00	200DB/HY	3,950	0
Motorized Door Lift For Loading Dock		01/30/06	1,100		100.00			1,100	7.00	200DB/HY	1,100	0
Washer & Dryer-Staff Uniforms		03/13/06	592		100.00			592	7.00	200DB/HY	592	0
Software		03/13/06	80		100.00			80	3.00	SL/NA	80	0
Software		04/10/06	40		100.00			40	3.00	SL/NA	40	0
Air Compressor		05/08/06	303		100.00			303	7.00	200DB/HY	303	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

**Form 4562**

**Depreciation and Amortization Report**

**2014**

CF Solutions, Inc.

Tax Year 2014

Form 990 - / Form 990EZ

▶ Keep for your records

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Software		05/08/06	50		100.00			50	3.00	SL/NA	50	0
5 Prizm Pumps-Patients		06/26/06	14,161		100.00			14,161	7.00	200DB/HY	14,161	0
Router		08/04/06	119		100.00			119	5.00	200DB/HY	119	0
Computer		09/05/06	1,303		100.00			1,303	5.00	200DB/HY	1,303	0
Software		10/05/06	199		100.00			199	3.00	SL/NA	199	0
Computer		11/06/06	1,883		100.00			1,883	5.00	200DB/HY	1,883	0
Software		11/06/06	30		100.00			30	3.00	SL/NA	30	0
Warehouse Shelving		01/31/07	79		100.00			79	7.00	200DB/HY	75	4
Furniture		02/12/07	446		100.00			446	7.00	200DB/HY	426	20
Furniture		02/26/07	152		100.00			152	7.00	200DB/HY	145	7
IV Hoods		02/28/07	4,000		100.00			4,000	7.00	200DB/HY	3,822	178
Computer		06/04/07	2,759		100.00			2,759	5.00	200DB/HY	2,759	0
Software		06/15/07	1,638		100.00			1,638	3.00	SL/NA	1,638	0
Telephone Equipment		08/06/07	217		100.00			217	7.00	200DB/HY	207	10
Computer		08/06/07	2,521		100.00			2,521	5.00	200DB/HY	2,521	0
AC Adapter		08/20/07	182		100.00			182	7.00	200DB/HY	174	8
TV Viewing Equipment		09/04/07	896		100.00			896	7.00	200DB/HY	856	40
Signage		09/12/07	3,500		100.00			3,500	7.00	200DB/HY	3,344	156
Exercise Equipment		10/08/07	108		100.00			108	7.00	200DB/HY	103	5
Craft Fair Tables		12/03/07	228		100.00			228	7.00	200DB/HY	218	10
Antivirus Software		03/10/08	40		100.00			40	3.00	SL/NA	40	0
Pulmonary Functions Machine		03/24/08	1,993		100.00			1,993	7.00	200DB/HY	1,727	177
5 New Thermostats		05/19/08	1,079		100.00			1,079	7.00	200DB/HY	934	97
Lap Top Computer		08/11/08	434		100.00			434	5.00	200DB/HY	434	0
Software		08/11/08	20		100.00			20	3.00	SL/NA	20	0
Fire Extinguishers		10/06/08	326		100.00			326	7.00	200DB/HY	283	29
Quickbooks Software Update		10/13/08	239		100.00			239	3.00	SL/NA	239	0
Software-Antiviral		10/13/08	70		100.00			70	3.00	SL/NA	70	0
Anti-Virus Software		11/07/08	40		100.00			40	3.00	SL/NA	40	0
Shelving		02/06/09	250		100.00			250	7.00	200DB/MQ	203	22
Website		03/04/09	2,500		100.00			2,500	5.00	200DB/MQ	2,466	34
Software		03/16/09	40		100.00			40	3.00	SL/NA	40	0
Lap Top Computer		05/11/09	1,099		100.00			1,099	5.00	200DB/MQ	1,052	47
Software		05/11/09	150		100.00			150	3.00	SL/NA	150	0
Server for Website		05/21/09	4,750		100.00		2,375	2,375	5.00	200DB/MQ	2,274	101
Software		07/13/09	250		100.00			250	3.00	SL/NA	250	0
Website		07/16/09	3,500		100.00			3,500	5.00	200DB/MQ	3,253	247

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**Form 4562**

CF Solutions, Inc.

Form 990 - / Form 990EZ

**Depreciation and Amortization Report**

Tax Year 2014

▶ Keep for your records

**2014**

73-1530931

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Software		08/10/09	749		100.00			749	3.00	SL/NA	749	0
Software		09/08/09	20		100.00			20	3.00	SL/NA	20	0
Software		10/12/09	55		100.00			55	3.00	SL/NA	55	0
Software		10/12/09	239		100.00			239	3.00	SL/NA	239	0
Software		11/09/09	40		100.00			40	3.00	SL/NA	40	0
Roof		11/17/09	15,132		100.00			15,132	10.00	200DB/MQ	9,089	1,209
Roof		02/01/10	15,264		100.00			15,264	10.00	200DB/HY	8,230	1,407
Software		03/15/10	45		100.00			45	3.00	SL/NA	45	0
Software		05/10/10	174		100.00			174	3.00	SL/NA	174	0
Pharmacy Printer		07/27/10	1,626		100.00			1,626	5.00	200DB/HY	1,345	187
Pharmacy Computer		07/27/10	4,904		100.00			4,904	5.00	200DB/HY	4,057	565
Software		10/11/10	335		100.00			335	3.00	SL/NA	335	0
Software		11/08/10	80		100.00			80	3.00	SL/NA	80	0
Software		11/08/10	252		100.00			252	3.00	SL/NA	252	0
Software		03/14/11	45		100.00			45	3.00	SL/NA	42	3
Air Filter System-Clean Room		04/25/11	567		100.00			567	7.00	200DB/HY	319	71
Software		06/13/11	45		100.00			45	3.00	SL/NA	39	6
Software		10/17/11	60		100.00			60	3.00	SL/NA	45	15
Software		10/17/11	299		100.00			299	3.00	SL/NA	225	74
Software		11/14/11	95		100.00			95	3.00	SL/NA	69	26
Computer Equipment		02/13/12	369		100.00			369	5.00	200DB/MQ	225	58
Office Equipment		05/14/12	157		100.00			157	7.00	200DB/MQ	65	26
Security System		08/06/12	385		100.00			385	7.00	200DB/MQ	139	70
Office Equipment		09/04/12	65		100.00			65	7.00	200DB/MQ	24	12
Software		10/08/12	374		100.00			374	3.00	SL/NA	156	125
Software		10/08/12	116		100.00			116	3.00	SL/NA	49	39
Software		11/12/12	110		100.00			110	3.00	SL/NA	43	37
Software		12/11/12	10		100.00			10	3.00	SL/NA	3	3
Computer Equipment		12/11/12	725		100.00			725	5.00	200DB/MQ	312	165
Software		01/14/13	100		100.00			100	3.00	SL/NA	33	33
Software		05/06/13	320		100.00			320	3.00	SL/NA	71	107
Computer		06/10/13	1,117		100.00			1,117	5.00	200DB/MQ	279	335
Wall Sign		08/05/13	278		100.00			278	7.00	200DB/MQ	30	71
Software		10/07/13	433		100.00			433	3.00	SL/NA	36	144
Software		10/07/13	70		100.00			70	3.00	SL/NA	6	23
Refrigerator		10/07/13	918		100.00			918	7.00	200DB/MQ	33	253
Computer		10/25/13	456		100.00			456	5.00	200DB/MQ	23	173

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990, Page 10, Line 24e All Other Expenses (continued)**

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Cleaning Service	4,472.		4,472.	
Website Server Charge	1,206.		1,206.	
Dues	100.		100.	
Bank Charges	22.		22.	
License & Permits	677.		677.	
Refuse	2,121.		2,121.	
Gasoline	571.		571.	
NDC Charges	787.		787.	
Certificate-First Response	75.		75.	
Sales Tax	406.		406.	
IV Hood Certification	367.		367.	
Labor Law Posters				
Real Estate Taxes	8,492.		8,492.	
Building Maintenance	5,603.		5,603.	
Continuing Education	744.		744.	
Lot & Lawn Maintenance	558.		558.	
Exterminator	1,108.		1,108.	
Fire Alarm Inspection				
Accrediting Fee	3,500.		3,500.	
Copier/Fax Lease Maintenance	143.		143.	
Cellular Phone Service	1,798.		1,798.	
Reference Material	978.		978.	
Outside Labor	90.		90.	
Cable & Internet Service	4,438.		4,438.	
Postage & Freight	14,464.		14,464.	
Outside Computer Support	775.		775.	
Telephone	5,437.		5,437.	
Office Supplies	3,624.		3,624.	
Equipment Maintenance	4,751.		4,751.	
Fire Sprinkler Inspection & Maintenance	198.		198.	
Drug Test Kits Expense				
Personal Property Tax	111.		111.	
Fire Sprinkler Annual Test				
Copier, Fax Lease	1,953.		1,953.	
Pharmacy Software Support	2,700.		2,700.	
Patient Pump Repair				
Surety Bond	250.		250.	

## Schedule A (Form 990 or 990EZ) - Part II, Line 10, or Part III, Line 12

**Other Income**

<b>Description</b>	<b>(a) 2010</b>	<b>(b) 2011</b>	<b>(c) 2012</b>	<b>(d) 2013</b>	<b>(e) 2014</b>	<b>(f) Total</b>
Program Service Revenue	0.					0.
<b>Total</b>	<u>0.</u>					<u>0.</u>