

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



DLN: 93493224020855

Form **990** 

Department of the Treasury Internal Revenue Service

## **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 <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year begi	nning 01-01-2014 , and ending 12-31	-2014		-				
		applicable	C Name of organization BENEFICENT TECHNOLOGY INC	C DBA Benetech			D Emplo	yer id	entification number		
		change					77-0	5554	13		
	me cha	_	Doing business as								
	tıal retu	urn	Number and street (or D.O. be	ox if mail is not delivered to street address) Roo	om/suito		E Teleph	one nu	mber		
Fir ret		rmınated	480 CALIFORNIA AVE	is mail is not delivered to street address) Roc	om/suite		(650)	644-	3400		
┌ Am	nended	l return	City or town, state or province	e, country, and ZIP or foreign postal code							
Гар	plicatio	on pending	PALO ALTO, CA 94306				<b>G</b> Gross	receipts	\$ \$ 13,756,078		
			<b>F</b> Name and address o	f principal officer	Н	a) Istl	<b>.</b> ⊓is a group	retur	n for		
			JAMES R FRUCHTERMA 480 CALIFORNIA AVE	A N	''`		ordinates?		Γ Yes <b>Γ</b> No		
			PALO ALTO, CA 9430		Н	<b>b)</b> Δra	all subord	ınatec			
			<u> </u>		```	ınclı	ıded?				
<b>I</b> Ta	ıx-exer	mpt status	▼ 501(c)(3)	) ◀ (insert no )		If"N	lo," attach	n a list	t (see instructions)		
J W	ebsit	e: ► ww	w Benetech org		н	c) Gro	up exemp	tion ni	umber 🟲		
<b>K</b> For	m of o	rganization	Corporation Trust Asso	ociation Other ►	<u> </u>	. Year of f	ormation 20	000	<b>M</b> State of legal domicile CA		
Pa	rt I	Sum	ımary								
Governance		Benetec belief the the bette	h is a nonprofit technology of at the benefits of technology er See Sch O	nission or most significant activities company that develops software applic must reach all of humanity, Benetech	measure	s succes	ss in the n	umbei	r of lives changed for		
			•						1		
Activities &	1			verning body (Part VI, line 1a)				3	9		
M	1			pers of the governing body (Part VI, lin				5	8		
্ব	1			d in calendar year 2014 (Part V, line 2 e if necessary)				6	1,600		
	1			om Part VIII, column (C), line 12				7a			
				me from Form 990-T, line 34				7b			
						Pri	or Year		Current Year		
O.	8	Contri	ibutions and grants (Part VI	II, line 1h)			1,071,	-	2,120,929		
	9	=	•	II, line 2g)		10,854,	<del></del>	11,602,234			
Revenue	10			lumn (A), lines 3, 4, and 7d)				543	2,254		
_	11 12			(A), lines 5, 6d, 8c, 9c, 10c, and 11e) h 11 (must equal Part VIII, column (A			3,	662	6,389		
							11,929,	566	13,731,806		
	13			(Part IX, column (A), lines 1-3)	_ <u> </u>		475,	774	795,497		
	14		·	Part IX, column (A), line 4)				$\rightarrow$	0		
8	15	5-10)		ployee benefits (Part IX, column (A), lı	nes		6,202,	174	6,679,183		
Expenses	16a	Profes	ssional fundraising fees (Par	t IX, column (A), line 11e)	[				0		
Ř	Ь	Total fu	ındraısıng expenses (Part IX, colun	nn (D), line 25) 🕨 15,426							
	17	Other	expenses (Part IX, column	(A), lines 11a-11d, 11f-24e)	🗀		6,186,	574	5,431,565		
	18	Total	expenses Add lines 13-17	(must equal Part IX, column (A), line 2	25)		12,864,	522	12,906,245		
	19	Reven	ue less expenses Subtract	line 18 from line 12			-934,		825,561		
Net Assets or Fund Balances							ng of Curre Year	nt	<b>End of Year</b>		
SS et	20	Total	assets (Part X, line 16) .		. –		3,029,	986	4,282,562		
A B	21	Total	liabilities (Part X, line 26)		🗆		1,457,	526	1,884,541		
	22			ract line 21 from line 20			1,572,	460	2,398,021		
Unde my k	nowle	alties of edge and		e examined this return, including accord complete Declaration of preparer (otl							
<b>c</b> :	_	Sign	ature of officer				2015-08-12 Date				
Sigr Her		'	ESA THROCKMORTON CFO								
			e or print name and title								
			Print/Type preparer's name Bill Snyder	Preparer's signature Bill Snyder	Date		eck   ıf	PTIN P004	30745		
Pai		F	Firm's name 🕨 Shannon & Snyd	<u> </u>			self-employed P00430745 Firm's EIN •				
	pare On	er	Firm's address ► 650 N Winchester				one no (408	3) 241-	8700		

San Jose, CA 951281511

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes ☐ No

art IIII Statement of Program Service Accomplish
--

Briefly describe the organization's mission

Benetech is a nonprofit technology company that develops software applications to address pressing social needs Based in Palo Alto, California, and founded in 1989 on the belief that the benefits of technology must reach all of humanity, the organization's social enterprise business model aims to create financially sustainable projects that measure success in the number of lives changed for the better. Each of its program areasGlobal Literacy, Human Rights, the Environment, and Benetech Labsoffers great social impact on funds invested Witnessing the value in offering affordable tools that transform the lives of individuals with disabilities, Jim Fruchterman, the organization's founder and CEO, was inspired to start an organization that utilized technology to serve social causes. Benetechs tools have since gone to change the ways in which people with disabilities access printed information, allow frontline human rights defenders to safely document abuse, and empower environmental prac

Did the organization undertake any significant program services during the year which were not listed on ☐ Yes 
☐ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program ┌ Yes ┌ No If "Yes," describe these changes on Schedule O 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 (Code ) (Expenses \$ 8,206,487 including grants of \$ ) (Revenue \$ 9,630,956)

Bookshare Bookshare provides copyrighted material in accessible digital formats to people with qualifying print disabilities. It is a web-based library of books, periodicals, and newspapers. Millions of people throughout the United States with visual impairments, physical disabilities and severe learning disabilities meet the stringent copyright law exemption that permits reproduction of copyrighted material into specialized formats and distribution for personal use. Around the world, individuals that meet these qualifications have access to freely distributable material and copyrighted books for which Bookshare has international permissions. The books and publications can be read with a variety of software applications and hardware devices that play video, produce synthetic speech (text-to-speech), large print, or Braille. This includes a number of tools provided by Benetech, including readers for Apple and Android smartphones and tablets, and major web browsers Bookshare was launched in February 2002 and has over 338,000 eligible members as of December 31, 2014 Through the active participation of thousands of volunteers, partners, universities and publishers around the world. Bookshare provides people with print disabilities with instant access to more than 319,000 books

and 150 daily newspapers

4b (Code ) (Expenses \$ 2,431,627 including grants of \$ 715,971 ) (Revenue \$

Human Rights Benetech's Human Rights Program (HRP) advances the global human rights movement by providing and supporting effective, secure, and open information management and data collection technology for rights defenders, fieldworkers, researchers, and journalists Martus. Martus enables grassroots NGOs to securely catalogue and store their records on off-site servers with easy-to-use software, preserving crucial evidence for research, investigation and prosecutions The application was developed by Benetech, is available in thirteen languages (English, Russian, Spanish, Arabic, French, Thai, Nepali, Burmese, Armenian, Farsi/Dari, Khmer, Vietnamese, and Chinese (Mandarin, Simplified)) and is made available at no cost for human rights defenders. Martus automatically encrypts the information and copies it to a network of secure servers around the world. The system is designed so that only the user who created it-not even Benetech-is given access to the encrypted data. Since the data is backed up, users can retrieve their information when and where it is safe to do so. Martus helps those who collect this valuable human rights information stay safe, while also protecting the identities of those who would otherwise face violence and repression for telling their stories. The Martus software has been downloaded by people and organizations in over 100 countries and is available for Windows, Mac OS, and Linux. In addition, to the desktop application, the Martus ecosystem also includes Mobile Martus-Benetech's free, open source secure Android-based mobile documentation application, built on our Martus technology Mobile Martus brings secure data collection, storage and backup one step closer to the field. It allows a user to send data from the field-including photos, videos, audio or text-to a desktop Martus account. In addition to developing software for the human rights field, the Benetech Human Rights Program team has provided training and support to users in over 50 countries

(Code ) (Expenses \$ 215,121 including grants of \$ ) (Revenue \$ 75,000)

Benetech Labs Benetech Labs was established in order to create new technology enterprises for social impact. In partnership with communities of field leaders and stakeholders, technologists, and social entrepeneurs, the Labs is where the Benetech team openly catalyzes high-impact solutions that change lives SocialCoding4Good SocialCoding4Good, created in 2011, is aimed at dramatically reshaping the tech volunteer landscape. There are many nonprofits and social-good programs in the world that need the help of professional technologists, but their resources dont often allow for it. As a result, the causes theyre working on from civic engagement and education, to poverty alleviation and the environmentsuffer. At the same time, professional technologists are eager to help work on these important social challenges, but often struggle to find the right match for both their passion and skills. Using a web-based platform, SocialCoding4Good collects information on both volunteer technologists and programs with need so that our community managers can connect these professionals with opportunities that are the right fit. In this way, volunteers get to work on the humanitarian open source software projects that would most benefit from their time and talent. By bridging the corporate, nonprofit and technology communities, SocialCoding4Good brings together the best and brightest to generate meaningful and sustainable collaborations for social good Tools for Clean Water Organizations Water is one of the most basic requirements for life. All too often, however, we struggle to deliver clean, safe water to communities. This is especially true in the developing world, where access to clean, safe water is one of the most pressing environmental and health issues of our time. Why do some communities, even in poor, rural areas, succeed at delivering clean water and implementing sanitation systems while others fail? Benetech, in partnership with Fundacin Avina, began exploring this question, focusing on rural communities in Latin America. Currently Benetech is integrating an assessment methodology developed by Avina with an open source data collection platform for mobile devices and desktop computers that will work both online and offline and is straightforward and easy to use By collecting survey data digitally and constructing a profile for each organization in an intuitive dashboard format, the tool will provide immediate feedback and will reduce the resources required for data collection and modeling. Looking forward, this information will enable the customized delivery of digital training materials, which will make training materials already developed by Avina more accessible and relevant to specific communities

Other program services (Describe in Schedule O )

(Expenses \$ 58,024 including grants of \$

) (Revenue \$ 10,911,259 Total program service expenses >

5,056)

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
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 $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{?}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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 $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	Yes	
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	35b	Yes	
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	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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			厂_
4-	Fatautha numban nasatadan Ban 2 af Fanna 1006 Fatan 0 af nataunhaahla 14-1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 74  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		Νo
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_		
0-	• ,	8		No No
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter	90		140
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 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 an	/ line in t	his Part VI		_	_	_									V
Check if Schedule O	contains a	1 C3 POII3 C	or mote to an	, ,,,,,	.iii3 i aic vi	•	•	•		•	•	•	•	•	•	•	•	-,

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6		No
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - ✓ Own website ✓ Another's website ✓ 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶TERESA THROCKMORTON

480 CALIFORNIA AVE 201

PALO ALTO, CA 943061609 (650) 644-3430

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key 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, or 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

		1						1		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h an or/tr	offic	ess er e)	(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
(1) JAMES R FRUCHTERMAN	40 00					<u> </u>				
CEO	0 00	×		х				331,985	0	26,781
(2) G GERVAISE DAVIS III	1 00									
Director	0 00	X						0	0	0
(3) JAMES KLECKNER	1 00							_		
Secretary	0 00	X		Х				0	0	0
(4) J LEIGHTON READ MD	1 00							_		_
Director	0 00	X						0	0	0
(5) ROBERT WEXLER	1 00	,,								
Director	0 00	X						0	0	0
(6) BRIAN BEHLENDROF	1 00	V						0	0	
Director	0 00	X						0	U	0
(7) CHRISTY CHIN	2 00	х						0	0	0
Chairman	0 00	_ ^						0	0	0
(8) YOGEN DALAL	1 00	x						0	0	0
Director	0 00	_ ^						Ů	0	
(9) GERARDO CAPIEL	1 00	l x						0	0	0
Director	0 00							Ŭ		
(10) TERESA THROCKMORTON	40 00			×				187,392	0	29,575
CF0	0 00							107,332		
(11) BETSY BEAUMON	40 00				×			211,762	0	12,147
VP & GM, LITERACY	0 00				L.			211,702		
(12) JANE POOLE	40 00					l <sub>x</sub>		157,706	0	12,043
VP HR & ADMIN	0 00						<u> </u>		_	
(13) FRED SLONE	40 00					x		151,510	0	25,869
DIRECTOR OF OPS	0 00							,		
(14) ANH QUYNH BUI	40 00					x		144,062	0	18,453
DIR PRODUCT STGY	0 00									
										Form <b>990</b> (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	note boo	check checked Highest compensated	er Forme	(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
(15) MARCY ALLYN GOOT DIR OF MARKETING	40 00 0 00					х		137,989	0	12,461
(16) ROBIN SEAMAN DIR CONTENT ACQUIS	40 00 0 00					х		122,654	0	15,030

1b	Sub-Total	▼		
С	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	►	1,445,060	152,359

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►18

			Yes	No
3	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>	3		No
4	on line 1a? If "Yes," complete Schedule J for such individual		Yes	
5	, ,	5		No

### **Section B. Independent Contractors**

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
AMERICAN INSTITUTES FOR RESEARCH PO BOX 28126 NEW YORK, NY 10087	TRAINING SERVICES	133,694
THE SHERIDAN GROUP 1224 M STREET NW STE 300 WASHINGTON, DC 20005	GOVERNMENT RELATIONS	154,419
ENRIQUE PIRACES 37-75 64TH ST WOODSIDE, NY 11377	MANAGEMENT SERVICES	126,785
DAPROIM AFRICA LTD 2ND FL HAILE SELASSIE AVE, NAIROBI KE	BOOK VALIDATION	139,626
FLEXION INC 1500 W MAIN ST STE 500 SUN PRAIRIE, WI 53590	ENGINEERING SRVC	136,020
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f g 3 4 5
Revenue	3 4 5 6a b c d 7a b c d 8a
Other	b c 9a b
	10a b c
	11a b c d e

VIIII	Statement o	of <b>Revenue</b> ule O contains a respoi	nse or note to any lir	(A)	(B)	(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
ь	Membership du	es <b>1b</b>					
c	Fundraising ev	ents <b>1c</b>					
d	Related organiz	zations 1d					
e	Government grant	s (contributions) <b>1e</b>					
f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	2,120,929				
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add lines	s 1a-1f	🙀	2,120,929			
			Business Code				
2a	BENETECH LABS		900099	75,000	75,000		
b	BOOKSHARE		900099	9,630,956	9,630,956		
С	HUMAN RIGHTS		900099	1,891,222	1,891,222		
d	MIRADI		900099	2,666	2,666		
e	ROUTE 66		900099	2,390	2,390		
f	All other progra	am service revenue					
g	Total. Add lines	s 2a-2f		11,602,234			
3		ome (including dividen		2,254			2,254
4		ar amounts)	F	0			2,231
5			F	0			
	,	(ı) Real	(II) Personal				
6a	Gross rents	21,420					
b	Less rental expenses	24,272					
c	Rental income or (loss)	-2,852					
d		me or (loss)		-2,852			-2,852
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other						
	than inventory Less cost or						
b	other basis and						
c	sales expenses Gaın or (loss)						
d	Net gain or (los	ss)		0			
8a	Gross income f events (not inc	rom fundraising luding					
		reported on line 1c)					
	See Part IV, lir	ie 18 <b>a</b>					
ь	Less direct ex	penses <b>b</b>					
c	Net income or	(loss) from fundraising	events 🛌	0			
9a		rom gaming activities ne 19					
Ь	Less direct ex	a penses b					
C	Net income or	(loss) from gamıng actı	vities	0			
10a	Gross sales of returns and allo	owances .					
.		a					
1	<del>-</del>	oods sold <b>b</b> (loss) from sales of inv	entory -	0			
	Miscellaneous		Business Code				+
11a	misc income			9,241	9,241		
ь							1
С							
d	All other reven	ue					
e	Total. Add lines	s 11a-11d	🕨	9,241			
12	Total revenue.	See Instructions .	🕨		11,611,475		500
1			I	13,731,806	11,011,4/5		-598

	990 (2014)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		 (B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	715,971	715,971		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	79,526	79,526		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	731,140	229,272	492,572	9,296
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,912,432	3,459,464	452,968	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	104,163	80,447	23,544	172
9	Other employee benefits	1,931,448	1,528,537	400,088	2,823
10	Payroll taxes	0			_
11	Fees for services (non-employees)				_
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	84,671	79,479	5,192	
14	Information technology	0			_
15	Royalties	0			
16	Occupancy	0			
17	Travel	331,368	303,621	27,444	303
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	150,657	124,024	26,633	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	89,038	30,108	58,930	
23	Insurance	9,700		9,700	
24	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)				
а	OUTSIDE SRVS (SEE SCHEDULE O)	2,282,040	2,111,021	171,019	
b	SHARED EXP (SEE SCHEDULE 0)	1,699,232	1,398,358	298,224	2,650
c	BOOK COLLECTION & DEVELOPMENT	422,830	422,830		
d	COMMUNICATION & INTERNET FEES	249,980	247,172	2,797	11
e	All other expenses	112,049	101,429	10,449	171
25	Total functional expenses. Add lines 1 through 24e	12,906,245	10,911,259	1,979,560	15,426
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

Part	t X	Balance Sheet Check if Schedule O contains a response or note to any line in th	ıs Part I	x			
					(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing		-	249,874	1	191,304
	2	Savings and temporary cash investments		•	416,403	2	758,076
	3	Pledges and grants receivable, net		•	637,577	3	1,378,113
	4	Accounts receivable, net			968,784	4	894,952
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees. Complete Part Schedule L	t II of			5	o
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntributi	ng employers		6	0
82	7	Notes and loans receivable, net				7	0
₹	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			79.918	9	23,582
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	- 417,056	·		
	ь	Less accumulated depreciation	10b	277,757	143,154	10c	139,299
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets			5,930	14	435,598
	15	Other assets See Part IV, line 11			528,346	15	461,638
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,029,986	16	4,282,562
	17	Accounts payable and accrued expenses			1,355,451	17	1,386,893
	18	Grants payable				18	
	19	Deferred revenue			102,075	19	142,293
	20	Tax-exempt bond liabilities				20	
ر ا م	21	Escrow or custodial account liability Complete Part IV of Sched				21	
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trust				
वृह		persons Complete Part II of Schedule L				22	
<b>=</b>	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 relate and other liabilities not included on lines 17-24) Complete Part D				25	355,355
	26	Total liabilities. Add lines 17 through 25			1,457,526	26	1,884,541
S d		Organizations that follow SFAS 117 (ASC 958), check here ►  lines 27 through 29, and lines 33 and 34.					
일	27	Unrestricted net assets		Ī	269,761	27	577,157
<u>88</u>	28	Temporarily restricted net assets		_	1,302,699	28	1,820,864
<b>=</b>	29	Permanently restricted net assets		_		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re ► 厂	and			
ō	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund				31	
S l	32	Retained earnings, endowment, accumulated income, or other ful		- -		32	
Net /	33	Total net assets or fund balances			1,572,460	33	2,398,021
<i>&gt;</i>				•	.,,		
_	34	Total liabilities and net assets/fund balances	· · ·		3,029,986	34	4,282,562

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Check if Schedule O Contains a response of note to any fine in this rate XI	•	• •		
	Tabel researce (researce Dark VIII column (A) line 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,7	731,806
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		12,9	906,245
3	Revenue less expenses Subtract line 2 from line 1	3		8	325,561
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_			
	,	4		1,5	72,460
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	3			
U	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		<b>ງ</b> :	398,021
Par	t XII Financial Statements and Reporting	10		-,-	770,021
	Check if Schedule O contains a response or note to any line in this Part XII				. г
				Yes	No
				103	140
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed o	n		
	a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
U	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rato	20	165	
	basis, consolidated basis, or both	iiucc			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th	е			
_	Single Audit Act and OMB Circular A-133?		3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493224020855

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**2014** 

Open to Public Inspection

	Name of the organization BENEFICENT TECHNOLOGY INC DBA Benetech					Employer identification number		
DLINLI	ICLIVI	TECHNOLOGI INC DBA Belle	tecn				77-0555413	
Pa	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this p		ns.
The d	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	$\sqcap$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).	
2	Γ	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )			
3	$\sqcap$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>						
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the
5	$\Gamma$	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)	(iv). (Complete	e Part II)				
6	$\Gamma$	A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7	<u> </u>	An organization that n described in <b>section 1</b>	•	•		om a governme	ental unit or from the g	general public
8	$\Gamma$	A community trust de		• •	•	tII)		
9	$\vdash$	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b>	n 509(a)(4).	
11	$\Gamma$	An organization organ	ized and opera	ited exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
		one or more publicly s						
а	_	the box in lines 11a th <b>Type I.</b> A supporting of	_			_		· -
a	,	supported organization organization You mus	n(s) the power	to regularly appoint o	r elect a majori			
b	Г	Type II. A supporting				with its suppo	rted organization(s). I	ov having control or
	•	management of the su						
	_	must complete Part I	•					
С	ı	Type III functionally is supported organization	_		•			grated with, its
d	$\vdash$	Type III non-function						ianization(s) that is
	•	not functionally integr						
	_	(see instructions) <b>Yo</b>	•	•	•			
е	ı	Check this box if the c					s a Type I, Type II, T	ype III functionally
f		integrated, or Type III Enter the number of si						
g		Provide the following i						
9					24(5)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organization		organization	listed in your	-	monetary support	other support (see
				(described on lines 1-9 above or IRC	docume	int?	(see instructions)	ınstructions)
				section (see				
				instructions))				
					Yes	No		

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,030,048 1,641,706 2,239,744 1,071,357 2,120,929 8,103,784 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,030,048 1,641,706 2,239,744 1,071,357 2,120,929 8,103,784 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 4,086,222 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 4,017,562 line 4 Section B. Total Support Calendar year (or fiscal year (f) Total (a) 2010 **(b)** 2011 **(c)** 2012 (d) 2013 (e) 2014 beginning in) 🟲 1,030,048 1,641,706 2,239,744 1,071,357 2,120,929 8,103,784 Amounts from line 4 Gross income from interest, dividends, payments received on 14,434 7,316 7,811 4,205 32,915 securities loans, rents, royalties 66,681 and income from similar sources 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 0 capital assets (Explain in Part VI) 11 Total support Add lines 7 through 8,170,465 10 Gross receipts from related activities, etc (see instructions) 12 12 49,070,495 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 49 170 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 58 320 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization

instructions

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the 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
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

## 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 Nov 20, 1970 See instructions. All other
ype	[]	II 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	Adjusted Net Income (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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	Minimum Asset Amount (add line 7 to line 6)	8		

## Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</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)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493224020855

## OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

**Political Campaign and Lobbying Activities** 

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

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III		Employer idea	tification number
	MEFICENT TECHNOLOGY INC DBA Benet	ech			
D-1	AT A. Complete if the or			77-0555413	
	-	ganization is exempt unde	-	-	organization.
1	•	ganization's direct and indirect po	litical campaign act	civities in Part IV	
2	Political expenditures			<b>•</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1		e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	1720 for this year?		Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2		organization's funds contributed to	o other organization:	s for section 527	
	exempt function activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
	amount of political contribution separate segregated fund or a	For each organization listed, enter ns received that were promptly an political action committee (PAC)	d directly delivered If additional space	to a separate political orga	inization, such as a tion in Part IV
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	174,603	
c	Total lobbying expenditures (add lines 1a and 1i	o)	174,603	
d	Other exempt purpose expenditures		12,755,914	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	12,930,517	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	796,526	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	199,132	
h	Subtract line 1g from line 1a If zero or less, ent	er - O -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	reporting	□ Ves □ No

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total				
2a	Lobbying nontaxable amount	666,563	743,986	793,226	796,526	3,000,301				
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,452				
c	Total lobbying expenditures	150,186	157,481	191,384	174,603	673,654				
_d	Grassroots nontaxable amount	166,641	185,997	198,307	199,132	750,077				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,125,116				
f	Grassroots lobbying expenditures									

or e	filed Form 5768 (election under section		(a	a)	(	<b>b</b> )
ctiv	each "Yes" response to lines 1a through 11 below, provide in Part IV vity.	a detailed description of the lobbying	Yes	No	Am	ount
L	During the year, did the filing organization attempt to influence legislation, including any attempt to influence public opinion through the use of					
a b		s reported on lines 1c through 1i)?			_	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government offici	als, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, le Other activities?	ectures, or any similar means?				
j	Total Add lines 1c through 1:					
a	Did the activities in line 1 cause the organization to be not do	escribed in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section	4912				
C	If "Yes," enter the amount of any tax incurred by organization	n managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it fil	•				
ar	rt III-A Complete if the organization is exempt 501(c)(6).	under section 501(c)(4), section	<b>501(</b> c)	)(5), d	or sec	tion
					Y	es
	Were substantially all (90% or more) dues received nondedu	ctible by members?		Γ	1	
2	Did the organization make only in-house lobbying expenditure	es of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and politica	ıl expenditures from the prior year?			3	
ar	rt III-B Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part II line 3, is answered "Yes."					
	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expendit expenses for which the section 527(f) tax was paid).	ures (do not include amounts of political				
а	,		2a			
b	,		2b			
С			2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices		3			
ŀ	If notices were sent and the amount on line 2c exceeds the a does the organization agree to carryover to the reasonable es					
	political expenditure next year?	stillate of holideductible lobbying and	4			
;	Taxable amount of lobbying and political expenditures (see in	nstructions)	5			
	Part IV Supplemental Information					
Pa	rovide the descriptions required for Part I-A, line 1, Part I-B, line (see instructions), and Part II-B, line 1 Also, complete this par		up lıst),	Part II	-A, line	es 1 a
or o	(see instructions), and rait in D, line 1 Also, complete this par					
ro	Return Reference	Explanation				
ro		Explanation				
ro		Explanation				

Part IV Supplemental Information (continued)								
Return Reference	Explanation							
·	_							

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

## DLN: 93493224020855

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

Open to Public

emal	Revenue Service	Information about Schedule D (Form	990) and its instructions is at <u>www.irs</u>	s.gov/form990.	Inspection
	me of the organ			Employer identific	cation number
DEN	ELICENT TECHNOL	OGY INC DBA Benetech		77-0555413	
Pa		nizations Maintaining Donor Adv		unds or Account	<b>ts.</b> Complete if the
	organiz	zation answered "Yes" to Form 990,	, Part IV, line 6.  (a) Donor advised funds	(h) Funds and	d other accounts
	Total number a	at end of year	(a) Donor advised funds	(b) Fullus allo	d other accounts
		ue of contributions to (during year)			
		ue of grants from (during year)			
		ue at end of year			
		zation inform all donors and donor adviso prganization's property, subject to the or		or advised	┌ Yes ┌ No
	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			┌ Yes ┌ No
al	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" t	o Form 990, Part i	IV, line 7.
	Preservation Preservation Complete lines	conservation easements held by the orga on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a the last day of the tax year	or education) Preservation of an Preservation of a c	n historically importa certified historic stru the form of a conserv	ucture
	easement on t	hie last day of the tax year		Held at th	ne End of the Year
1	Total number o	of conservation easements		2a	ic the or the rear
	Total acreage	restricted by conservation easements		2b	
		servation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organizatio	n durıng
	the tax year ►	·			
	Number of stat	tes where property subject to conservati	on easement is located ►		
		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of violations, ar	nd
	Staff and volur	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	ments during the yea	r
		enses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year	
		nservation easement reported on line 2(c 70(h)(4)(B)(ii)?	l) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No
	balance sheet,	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		
Ti		nizations Maintaining Collections ete if the organization answered "Yo		or Other Similai	r Assets.
	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furthe	
)	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to these	ts held for public exhibition, education,		
	(i) Revenue in	icluded in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets inc	luded in Form 990, Part X		<b>F</b> \$	
	If the organiza	tion received or held works of art, histori ints required to be reported under SFAS		or financial gain, prov	
	Revenue inclu	ded in Form 990, Part VIII, line 1		<b>►</b> \$	
)		ed in Form 990, Part X			
		i oiiii > > ) i aic A		Ψ	

	Organizations Maintaining Co										
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, cl	heck —	·		_		_	e of its	
а	Public exhibition		d	Г	Loai	n or exch	ange prog	rams			
b	Scholarly research		e	Γ	Oth	er					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ain ho	w the	y furtl	ner the o	rganızatıoı	n's ex	cempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part	of the	orga	nızatıon's	collectio	n?		☐ Yes	┌ No
Par	<b>TEXT</b> Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	ed "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other interme	edıary	ford	ontrib	outions o	r other as:	sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	able		_				
									Α	mount	
C	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, lın	e 21,	for e	scrow	or custo	dıal accou	ınt lıa	ability?	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expl	anatı	on ha	s been pi	ovided in	Part	XIII		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b	<b>)</b> Prior	year	<b>b (c)</b> Tw	o years bac	k (d)	Three years back	(e)Four	years back
1a	Beginning of year balance					1		+			
b	Contributions							+			
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colu	mn (a)) h	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are he	ld and a	dmınıstere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations				•			•		(i)	
Ь	(ii) related organizations							•	· · · · -	(ii)   Bb	<u> </u>
4	Describe in Part XIII the intended uses of th	•						•		<u>,, , , , , , , , , , , , , , , , , , ,</u>	
Par	t VI Land, Buildings, and Equipme					n answ	ered 'Ye	s' to	Form 990, P	art IV,	line
	11a. See Form 990, Part X, line 1										
	Description of property					or other estment)	(b)Cost or basis (oth		(c) Accumulate depreciation		Book value
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment		•			417,056			277,	757	139,299
	Other				<u> </u>	464.1					
Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X coli	imn (	R) lin	~ 10/~) \			the second second		139,299

Part VIII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	n answered 'Yes' to Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valu	
(1)Financial derivatives		·	
(2)Closely-held equity interests			
Other			
	_	+	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organizati	 on answered 'Yes' to For	m 990, Part IV, line 11c
(a) Description of investment	(b) Book value	(c) Method of valu	
(a) Description of investment	(b) Book value	Cost or end-of-year m	
		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>		
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	90, Part IV, line 11d See Fo	rm 990, Part X, line 15
(a) Desc			(b) Book value
(1) BENGINEERING STOCK			10,000
(2) DEPOSITS			58,595
(3) LT RECEIVABLE			150,000
(4) RELATED ENTITY RECEIVABLE BE			243,040
			3
(5) Rounding			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B) line .	15)		461,638
Part X Other Liabilities. Complete if the org			
Form 990, Part X, line 25.	anization answered 165	to rollin 550, Pail IV, III	E 11E 01 111. 366
1 (a) Description of liability	(b) Book value		
<del>-</del>	<u> </u>	┥	
Federal income taxes		.	
DEPOSITS	5,355	7	
TERM ENDOWMENT ADVANCE	350,000	4	
		┥	
		7	
		_	
		4	
		1	
		7	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 355,355	5	
2 Liability for uncertain tax positions. In Part XIII. provid	do the taxt of the feetness to	the every property on a financial of	statamanta that vanavta th

Par	t XI	Reconciliation of Re the organization answer						nts Wi	th Re	venue	per l	<b>Return</b> Co	mplete ıf
1	Tota	I revenue, gains, and other									1		13,997,504
2	A mo	ounts included on line 1 but	not on Form 9	90, Part V	III, line	12							
а	Net	unrealized gains (losses) o	n investments				2a						
b	Don	ated services and use of fa	cilities				2b			265,69	8		
C	Rec	overies of prior year grants					2c						
d	Othe	er (Describe in Part XIII )					2d						
е	Add	lines <b>2a</b> through <b>2d</b> .									2e		265,698
3	Subt	tract line <b>2e</b> from line <b>1</b> .									3		13,731,806
4	A mo	ounts included on Form 990	), Part VIII, lin	ie 12, but r	not on lin	ie <b>1</b>							
а	Inve	estment expenses not inclu	ded on Form 9	90, Part V	III, line	7b .	4a						
b	Oth	er (Describe in Part XIII )					4b						
c	Add	lines <b>4a</b> and <b>4b</b>									4c		
5	_	l revenue Add lines <b>3</b> and									5		13,731,806
Part	: XII	Reconciliation of Ex if the organization ans							ith E	xpens	es pe	r Return.	Complete
1	Tota	l expenses and losses per									1		13,171,943
2	A mo	unts included on line 1 but	not on Form 9	90, Part IX	K, line 25	;							
а	Dona	ated services and use of fac	cilities				2a			265,69	8		
b	Prioi	ryear adjustments					2b						
С	Othe	erlosses					2c						
d	Othe	er (Describe in Part XIII )					2d						
е	Add	lines <b>2a</b> through <b>2d</b>									2e		265,698
3	Subt	ract line <b>2e</b> from line <b>1</b> .									3		12,906,245
4	A mo	unts included on Form 990	, Part IX, line	25, but not	on line :	1:							
а	Inve	stment expenses not inclu	ded on Form 99	90, Part V	III, line 🛚	7b	4a						
b	Othe	er (Describe in Part XIII )					4b						
C	Add	lines <b>4a</b> and <b>4b</b>									<b>4</b> c		
5	Tota	l expenses Add lines 3 and	d <b>4c.</b> (This mus	st equal Fo	rm 990,	Part I, lın	e 18 )				5		12,906,245
Part	t XIII	Supplemental Info	ormation										
Part		e descriptions required for l e 4, Part X, line 2, Part XI, n										rıde any addı	tional
	R	eturn Reference			Expla	nation							
-													
					•								

	<u> </u>					
Part XIII Supplemental Information (continued)						
Ret	turn Reference	Explanation				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493224020855

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

					' '	
3ENEF10	CENT TECHNOLOGY INC DB	A Benetech			77-0555413	
Part 1	General Information "Yes" to Form 990, Par			<b>e United States.</b> Co	omplete if the organiza	ation answered
1 Fo	or grantmakers. Does the o			s to substantiate the a	ımount of its grants	
an	d other assistance, the gra					
us	ed to award the grants or a	ssistance?				✓ Yes
	or grantmakers. Describe in sistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its grant	s and other
<b>3</b> A c	tivites per Region (The follow	ing Part I, line 3	table can be du	plicated if additional spa	ce is needed )	
	(a) Region	( <b>b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) S	ee Add'l Data					
( 2)						
(3)						
(4)						
(5)						
<b>3a</b> Su	ıb-total					651,428
	tal from continuation sheets Part I					
c To	<b>tals</b> (add lines 3a and 3b)		_			651,428

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

L (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount	(h) Description	(i) Method of
organızatıon	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
(5)								
( 6)								
(7)								
(8)								
(9)								
( 10)								
( 11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
					l	l		I .

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, rec	cognized	d as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter		•

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)				
(1)											
( 2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
( 12)											
(13)											
(14)											
( 15)											
( 16)											
( 17)											
(18)											
				I.	I .						

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	QUARTERLY FINANCIAL AND NARRATIVE REPORTS ARE REQUIRED FROM ALL ORGANIZATIONS OUTSIDE THE U.S. THAT RECEIVE GRANT FUNDS FROM BENETECH RECEIPTS ARE REQUIRED FOR EXPENSES FOR ITEMS PURCHASED WITH GRANT FUNDS IN ADDITION, BENETECH HUMAN RIGHTS PROGRAM STAFF MADE SITE VIS ITS DURING THE YEAR TO EACH OF THE ORGANIZATIONS

## **Additional Data**

**Software ID:** 14000265

**Software Version:** 2014v5.0

**EIN:** 77-0555413

Name: BENEFICENT TECHNOLOGY INC DBA Benetech

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
ASIA	0	0	PROGRAM SERVICES	LITERACY FOR DISABLED	1,193
AFRICA	0	0	PROGRAM SERVICES	HUMAN RIGHTS	268,040
ASIA	0	0	PROGRAM SERVICES	HUMAN RIGHTS	53,392

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST	0	0	PROGRAM SERVICES	HUMAN RIGHTS	172,723
INDIA	0	0		LITERACY FOR DISABLED	51,035
CENTRAL AMERICA	0	0	PROGRAM SERVICES	LABS	25,519

<u> Form 990 Schedule F I</u>	<u>Part I - Activit</u>	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
AFRICA	0	0	GRANTS	HUMAN RIGHTS	79,526

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AFRICA	SUPPORT MISSION	14,160	WIRED FUNDS			
		AFRICA	SUPPORT MISSION	22,866	WIRED FUNDS			
		AFRICA	SUPPORT MISSION	23,000	WIRED FUNDS			
		AFRICA	SUPPORT MISSION	4,000	WIRED FUNDS			

, rorm 990 Scheav	form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		AFRICA	SUPPORT MISSION	6,500	WIRED FUNDS						
		AFRICA	SUPPORT MISSION	9,000	WIRED FUNDS						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

**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.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493224020855

Open to Public

Name of the organization	Employer identification number		
BENEFICENT TECHNOLOGY INC DBA Benetech	77-05554:	13	
Part I General Information on Grants and Assistance			

2 Describe in Part IV the o	rganızatıon's procedure	s for monitoring the us	e of grant funds in the l	United States					
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.									
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of gra or assistance		

or government				assistance	(book, FMV, appraisal, other)	
(1) COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012	95-4302067	501(c)(3)	288,000	0		human rights statistics
(2) INTERNEWS NETWORK 876 7TH STREET PO BOX 4448 ARCATA,CA 95518	94-3027961	501(c)(3)	341,812	0		dev secure documentation toolkit
(3) OLIVERCOADY INC 387 FRONT ST OWEGO NY 13827	26-3972852		86,159	0		dev secure documentation toolkit

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

Schedule I	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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation							
Additional Supplemental Information	THE PURPOSE OF THE GRANT TO COMMUNITY PARTNERS IS TO SUPPORT THE HUMAN RIGHTS DATA ANALYSIS GROUP THE PURPOSE OF THE GRANTS TO INTERNEWS AND OLIVER+COADY ARE TO ASSIST IN THE DEVELOPMENT OF A TOOLKIT FOR SECURE DOCUMENTATION OF HUMAN RIGHT VIOLATIONS							
Grants are Used	ALL U.S. ORGANIZATIONS ARE REQUIRED TO SUBMIT QUARTERLY FINANCIAL REPORTS. ADDITIONAL NARRATIVE REPORTS, WITH MILESTONES MET AND PROGRAM ACHIEVEMENTS, ARE SCHEDULED FOR EACH AWARD. THE REPORTING REQUIREMENTS MUST BE MET TO RECEIVE CONTINUED FUNDING. ON SITE AND WEB BASED MEETINGS ARE HELD ON A REGULAR BASIS.							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224020855

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization BENEFICENT TECHNOLOGY INC DBA Benetech

**Employer identification number** 

77-0555413

Pai	rt I Questions Regarding Compensation					
	_				Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b		
2	Did the organization require substantiation prior to reil directors, trustees, officers, including the CEO/Execut		,	2		
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	t appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	I , Section A , line $1 a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons mi	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pai	ıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in R	Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		No

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 ANH QUYNH BUI, DIR PRODUCT STGY	(i) (ii)	131,312	12,750			18,453	162,515	
2 BETSY BEAUMON, VP & GM, LITERACY	(i) (ii)	194,762	17,000			12,147	223,909	
<b>3</b> FRED SLONE, DIRECTOR OF OPS	(i) (ii)	138,010	13,500			25,869	177,379	
4 JAMES R FRUCHTERMAN, CEO	(i) (ii)	271,985	60,000			26,781	358,766	
5 JANE POOLE, VP HR & ADMIN	(i) (ii)	143,706	14,000			12,043	169,749	
6 MARCY ALLYN GOOT, DIR OF MARKETING	(i) (ii)	125,689	12,300			12,461	150,450	
<b>7</b> TERESA THROCKMORTON, CFO	(i) (ii)	171,392	16,000			29,575	216,967	

Schedule J (Form 990) 2014

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 7 Non-Fixed payments	EMPLOYEES RECEIVE AN ANNUAL BONUS BASED ON A BOARD-APPROVED INCENTIVE COMPENSATION PLAN AND BY MEETING BONUS
not listed above	OBJECTIVES SET EACH YEAR FINAL AMOUNTS PAID ARE SUBJECT TO BOARD APPROVAL BY INDEPENDENT DIRECTORS

Schedule J (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493224020855

OMB No 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

	Employer identification number
BENEFICENT TECHNOLOGY INC DBA Benetech	
	77-0555413

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	TWO BENETECH DIRECTORS, JAMES FRUCHTERMAN AND JAMES KLECKNER, ARE ALSO DIRECTORS AND HAVE FINANCIAL INTERESTS IN RAF TECHNOLOGY, INC , A FOR-PROFIT COMPANY LOCATED IN REDMOND, WA
Form 990, Part VI, Line 11b Form 990 Review Process	At least one week prior to filing return, the 990 is emailed to all Board Members with requests for comments or questions. CFO also meets with the CEO Board for further 990 review prior to filing.
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Employees and Directors receive Benetechs Conflict of Interest Policy annually and must su bmit an acknowledgment to Human Resources CEO and CFO submit additional annual written Conflict of Interest letters to the Board of Directors
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	CEO and CFO salaries are determined by the Board of Directors based on performance and com parable data from CompData, Guide Star, Non-Profit Times Salary Survey, Professionals for Non-Profits Salary Range Survey and Consultant-Supplied Hi Tech Data The comparable data is also used for key employee salary guidelines. All employee salaries other than CEO and CFO are approved by CEO and Vice President of Human Resources.
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Annual audited financials are made available to the public by posting to Benetech's websit e after Board approval Available upon request are Audited financials, governing document s and conflict of interest policy
FORM 990, PART IX, LINE 24A - OUTSIDE SERVICES	SERVICES PROVIDED BY COMPANIES PRIMARILY FOR DESIGN ENGINEERING, FINANCIAL AUDIT AND TAX P REPARATION, DATA ENTRY, AND TEMPORARY ACCOUNTING AND ADMINISTRATION ASSISTANCE
FORM 990, PART IX, LINE 24B - SHARED EXPENSES	RENT, TELEPHONE, OFFICE SUPPLIES, EQUIPMENT, LIABILITY INSURANCE, POSTAGE, FREIGHT, RECEPTIONIST, HR, AND IT SERVICES
FORM 990, PART X, LINE 25D - FUNDRAISING EXPENSES	Fundraising expenses in column D represents costs incurred for seeking general support fun ding. Foundation research and bid and proposal expenses of \$731,955 are included in column. C, Management and general expenses, as part of the organization's overhead costs.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493224020855

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BENEFICENT TECHNOLOGY INC DBA Benetech 77-0555413							
Part I Identification of Disrega	rded Entities Complete r	f the organization a	answered "Yes" on	Form 990, Pa	rt IV, line 33.		
<b>(a)</b> Name, address, and EIN (ıf applıcable) of dı	ısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity	
		_		·			

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

or more related tax exempt organizations during the	or more related tax exempt organizations during the tax year.										
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section (13) cor entil	512(b) ntrolled				
						Yes	No				
•											

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	(i)	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Gener	al or	Percentag
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	mana	ging	ownershi
		(state or	entity	unrelated,		assets			20 of	partn	ier?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)			
				sections 512-					'			
				514)					_	L		
				ĺ			Yes	No		Yes	No	
									•			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	( <b>b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(i contro entit	n 512 13) olled
								Yes	No
(1) BENGINEERING INC	ENGINEERING SVCS	CA	N/A	c corp	3	5,298	100 000 %	Yes	
480 CALIFORNIA AVE 201 PALO ALTO, CA 94306 77-0556653									

r Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

che	dule R (Form 990) 2014		Рa	age <b>3</b>
Pai	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
C	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
-		-		+

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BENGINEERING INC	d	800	Accrual

No

No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

4											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	,)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	te Code V-U	BI Genera	.al or′	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount i	ın manag	₄ging ˈ	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partn	.ier?	1 '
1	1	foreign	unrelated,	organizations?		'	1	of Schedu	ie .		1 '
1	1	country)	excluded from	(		'	1	K-1			1 '
1		1	tax under	í		'	1	(Form 106	,5)		1
1	1	1	sections 512-	(		'	1	,	´		1
1	1	1	514)			'		$\overline{}$		-	
1	1	1	1 ' '	Yes No		'	Yes N	No	Yes	No	1
1	<del>                                     </del>		1	$\overline{}$	+	+		+		<del></del>	4
1			<u> </u>			'					

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5** 

## TY 2014 GeneralDependencySmall

Name: BENEFICENT TECHNOLOGY INC DBA Benetech

**EIN:** 77-0555413

**Software ID:** 14000265

**Business Name or Person Name:** 

**Taxpayer Identification Number:** 

Form, Line or Instruction

Reference:

**Regulations Reference:** 

**Description:** REV. PROC. 2015-20

Attachment Information: TAXPAYER HEREBY ELECTS TO APPLY THE PROVISIONS OF REV.

PROC. 2015-20