

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



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For Paperwork Reduction Act Notice, see the separate instructions.

', Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

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

<u>A</u>	For the 2014 cal	endar year, or tax year beginning , 2014, a	nd ending			, 20		
B Check if applicable C Name of organization Glory House Saervices D Employer identification number								
	Address change	Doing business as				86-1170272		
\Box	Check if applicable Address change Number and street (or PO Dos if mail is not delivered to street address) Room/bute 11/10272 38415. Vassar Change Instant return Chronic Final Address of process and street (or PO Dos if mail is not delivered to street address) Room/bute 11/10272 38415. Vassar Chronic Final Address of process and street (or PO Dos if mail is not delivered to street address) Room/bute 11/10272 38415. Vassar Chronic Final Address of process and street (or PO Dos if mail is not delivered to street address) Room/bute 11/10272 38415. Vassar Chronic Final Address of process and street address of the street a		E Telephone number					
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<u> </u>		[2] 301(c)(3) [2] 301(c) () 4 (iii361(110) [2] 4947(a)(1) 01 1	L_1 J21	1			•	
<u>K</u>		Corporation Trust Association Other >	r of formation					
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	b Net unre	elated business taxable income from Form 990-T, line 34		· · · ·				
			<u> </u>	Prior Yea	r	Current Yea		
ō	8 Contrib	utions and grants (Part VIII, line 1h)	· · _		10554		14126	
en C	9 Program	n service revenue (Part VIII, line 2g)	· ·					
ě				· · · · · · · · · · · · · · · · · · ·				
Œ	113 Other re	Wehue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	· · L_					
	12 Total re	venue-add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12)		10554		14126	
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	· · [4523		6252	
	14 Benefits	paid to or for members (Part IX, column (A), line 4)	· · L					
S	15 Salaries	Zother compensation, employee benefits (Part IX, column (A), lines	5–10)					
nse nse	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)						
ie s	MAID REPORTE	ndraising expenses (Part IX, column (D), line 25)	2308		11.5			
					4026		8821	
	18 Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25	5) . [8549		15073	
	19 Revenu	e less expenses. Subtract line 18 from line 12			2005		-947	
58	§ .		Be	ginning of Cun	rent Year	End of Year	r	
\$ 5	20 Total as	sets (Part X, line 16)			6904		5957	
ASS.	21 Total lia		$ abla$					
ž	22 Net ass		🗀		6904		5957	
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			s and stateme	ents, and to the	e best of	my knowledge and b	pelief, it is	
tri	ue, correct, and com	plete. Declaration of preparer (other than officer) is based on all information of which	ch preparer ha	as any knowle	dge			
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Si	an Sig	nature of officer		Date			~	
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M		s this return with the preparer shown above? (see instructions)		FIIOI		<u> Yes</u>	□ No	
_			Cat No	112027			90 (2014)	
	r caperwork Red	luction Act Notice, see the separate instructions.	Cat NO	112021		1 01111 01		

Form 99		Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🗆
1	Briefly describe the organization's mission:	
	Glory House Services serves the Haitian community in Kansas City through adult education, mentoring, and in vocational areas to help with assimilation into the American culture. In Haiti we support schools by payig teachers salaries and provi	and social ding other
	school support in order to provide elementary education.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es 🗹 No
3	-	es 🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as n expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	neasured by
-	the total expenses, and revenue, if any, for each program service reported.	is to others,
4a	(Code:) (Expenses \$ 8821 including grants of \$ 6252) (Revenue \$	4126)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.) (Expanses \$\frac{1}{2} \text{including grants of \$\frac{1}{2}} \text{VRevenue \$\frac{1}{2}} \text{VRevenue \$\frac{1}{2}}	-
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶	

Part IV	Che	cklist o	f Required	Schedules

1 is the organization described in section 501(a)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 1. 2 is the organization required to complete Schedule 8. Schedule of Contributors (see instructions)? 3 Did the organization regogle in development of the organization of the properties Schedule O, Fart I. 4 Section 501(a)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in offset during the tax year? If "Yes," complete Schedule O, Fart II. 5 Is the organization a section 501(a)(d), 501(a)(5), or 501(a)(6) organization that receives membership dues, assessments, or smiller amounts as defined in Revenue Procedule 9. Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III. 6 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part III. 6 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization maintain organization are port an amount for Part, inc 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, inc 21, for escrow or custodial account liability; serve as a custodial for against son extended to the "Yes," complete Schedule D, Part V.				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization organge in direct or indirect political campaign activities on behalf of on poposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 Section 501(6)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as section 501(e)(4), 501(e)(5), or 501(e)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Is the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts or listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts or listed in Part X, line 21, for escrewable	1		1	100	
3 Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for prublo officer if "res," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule C, Part III. 6 Dut the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Dut the organization maintain collections of works of an, historial standard or accounts for which donors have the right to provide 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 III. 8 Dut 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 production services? If "Yes," complete Schedule D, Part V. 9 Dut the organization services? If "Yes," complete Schedule D, Part V. 10 Dut the organization services of If "Yes," complete Schedule D, Part V. 11 If the organization service to any of the following questions is "Yes," complete Schedule D, Part V. 12 Dut 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 VIII. 12 Dut 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 X VIII.	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	$\overline{}$	<u> </u>	√
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II . 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "res," complete Schedule C, Part II . 6 Did the organization maintain any donor advised funds or any similar funds or accounts frowhich donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part I . 7 Did the organization instantian collections of works of art, historical treasures, or other similar assets? If "res," complete Schedule D, Part III . 8 Did the organization report an amount in Part X, Ina 21, for escrive 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 "res," complete Schedule D, Part IV . 9 Did the organization report an amount for part X, Ina 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, ina 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, ina 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, ina 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, ina 21, for escriving and the report of the repair and the report of the repair and the report of the complete Schedule D, Part V . 10 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III. 11 Did the organization report an amount for other assets in Part X, line 12? His 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule	3		3		
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"Yes," complete Schedule D, Part I 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 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 part II 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 part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII 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 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 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 XI 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 XI Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization report an amount for other assets in Part X, line 15 that is	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
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point 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 13 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 VIII 14 Did the organization report an amount for other assets 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 15 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII 16 Did the organization is liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 17 Did the organization is liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 18 Is the organization answered "No" to line 12a, then completing Schedule D, Part X II and XII 19 Did the organization maintain an office, employees, or agents outside of the United States? 10 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 III and IV. 13 Did the organization report on Part IX,	1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
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 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 VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 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. d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part VII. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI f Did the organization orsport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V 11th organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V c Did the organization orgorid an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V 11th V 11th organization orgorid an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V 11th organization orgorid an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V 11th organization orgorid an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V 11th organization orgorid an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 11th V 11th organiza	8		8		1
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 VII 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 f 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 X f Did the organization report an amount for other habilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	15 # 15 15 15 15 15 15 15 15 15 15 15 15 15		1
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	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		
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	b				· ·
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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Pid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			· •
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 . 1116	е	·			7
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. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 a Did the organization maintain an office, employees, or agents outside of the United States? 15 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. 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. 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. 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) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Sched	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		1
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 a		12a		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	b		12b		✓
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	13				
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			14a	ļ	├ ✓
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	D	fundraising, business, investment, and program service activities outside the United States, or aggregate	14h		1
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	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			-
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)	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 20b	20 -			 	
				 	1
		1 165 to line 20a, did the organization attach a copy of its addited illiantial statements to this return:		m 99 0	(2014)

Part I	Checklist of Réquired Schedules (continued)			
	,		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
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		✓_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
_27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
-29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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			√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		√
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		1
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		1
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,			
38	Part VI	37	ļ	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	√	
		Fon	n 99((2014)

Form **990** (2014)

Form 99				F	age :
Part '					_
	Check if Schedule O contains a response or note to any line in this Part V		·	Yes	<u> </u> _
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		_	res	No
	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				
•	reportable gaming (gambling) winnings to prize winners?		1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Ť
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		7.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	. [8	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial	l	ľ	
	account)?	4	4a		\
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	unts			
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		.		ĺ
-	gifts were not tax deductible?	. [6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	abode			
a	and services provided to the payor?	1	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		 •
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	<u> </u>	-		
•	required to file Form 8282?		7c		1
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 contr	act?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ		7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?	· L	8		1
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. [9b		✓
10	Section 501(c)(7) organizations. Enter:	í			
a	Initiation fees and capital contributions included on Part VIII, line 12		:		í
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]				i
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		:		ļ
10-	· · · · · · · · · · · · · · · · · · ·	12 1	12a		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		120		✓
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		1
	Is the organization licensed to issue qualified health plans in more than one state?	 	13a		1
_, a	Note. See the instructions for additional information the organization must report on Schedule O.		Š		Ť
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 1	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_	14b		T -
					_

Form **990** (2014)

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
Contin	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	<u></u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	1	,	,
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	 	1
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		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
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		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a		
9 b	Each committee with authority to act on behalf of the governing body?	8b		1
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oge.	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	1
10a b	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		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
. C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u> </u>	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b	ļ	↓ ✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u>.</u>	
1	with a taxable entity during the year?	16a		√
ь	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?	465		'
Scati	on C. Disclosure	16b	Ц	1
17	List the states with which a copy of this Form 990 is required to be filed Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)	s only
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	s: >	
	Joseph Idalbort, 2041 S. Vassar, Independence, MO 64052 (916) 600-1457			

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Form 990 (2014)

Form	990	(201	4)

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensate	d 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any related	d orga	aniz	atıo	n co	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A)	(B)	(do n	ot ch	Posi eck i	tion	than c	ne	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s per	rson	is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joseph Idalbert, Director	7	1								
(2) Janice Taylor, President	6				√					
(3) Kathleen McCarther, Secretary	4									
(4) Olisa Gravney, Communication Chair	77				1					
(5) Marcia Humphrey, finance/fundraising chair	5				1					_
(6)										
(7)										
(8)										
(9)										
(10)								,		
(11)										
(12)	 		-							
(13)										
(14)			<u> </u>		_					<u> </u>

	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unies r and	s pe l a d	ition more rson irect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation related	n from	(F Estim amou oth	nated int of ner
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		comper from organi and re organiz	the zation elated
(15)								-					
(16)						-		 					
(17)						_		-					
18)								-			\dashv		
(19)						-		-	ļ				
(20)					-			-			-		
(21)					-	\vdash		-			-		
(22)			-		_	-		-					
(23)								-					
(24)			-		_	-	ļ	-	<u> </u>				
(25)					_			-	-				
C	Sub-total	VII, Section	n A		l	l	 	> > >					
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	no received m	ore than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compe	ensated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe)? <i>I</i>	nsatio <i>f "Ye</i> 	on a ড,"	and other complete Scl	pensation from the dule of the	om the	4	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		5	**** <u>/</u>
Sectio	n B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Reyear.												n's tax
	(A) Name and business add	dress							(B) Description of s	services	((C) Compensa	ation
		- <u>-</u>						F					
						_							
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who	\$		325 mg

Part VIII Statement of Revenue						
		Check if Schedule O contains a response or note	to any line in this	Part VIII	<u></u>	<u>.</u> 🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
s, G	С	Fundraising events 1c 27	73	1		
, Gift nilar	d	Related organizations 1d		<u> </u> 		1
ıs, (е	Government grants (contributions) 1e	_	İ		
tior S r	f	All other contributions, gifts, grants,		İ		T.
Contributions, and Other Sim		and similar amounts not included above 1f 113	53		I	1
שלים	g	Noncash contributions included in lines 1a-1f: \$			1	
	h	Total. Add lines 1a–1f			· •	
п		Business Cod	B		 	<u> </u>
eve	2a				ļ	
e E	b			 	 	
Z.	C					
နှ	d				ļ	
Гащ	e	All all all all all all all all all all	- 	 		
Program Service Revenue	f g	All other program service revenue . Total. Add lines 2a–2f				<u> </u>
	3	Investment income (including dividends, interes				T
		and other similar amounts)		}	}	
	4	Income from investment of tax-exempt bond proceeds			-	
	5					
		Royalties			1	
	6a	Gross rents				
	b	Less: rental expenses]
	С	Rental income or (loss)				
	d	Net rental income or (loss)	>			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	_	1		}
	b	Less: cost or other basis			}	0
	ĺ	and sales expenses .	_	•		
	C	Gain or (loss)			1	
	d	Net gain or (loss)	<u> </u>	<u> </u>	<u> </u>	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).		in the state of th		
ЭĒ]	See Part IV, line 18 a	_	may a superior and a	}	1
8		Less: direct expenses b		1		
		Net income or (loss) from fundraising events	>			
	ya	Gross income from gaming activities. See Part IV, line 19 a				
			 [1	
	b	Less: direct expenses b Net income or (loss) from gaming activities	, 		 	
	_	Gross sales of inventory, less			 	
	100	returns and allowances a			1	
	b	Less: cost of goods sold b	 -		•	
	c	Net income or (loss) from sales of inventory	>	 	<u> </u>	
	<u> </u>	Miscellaneous Revenue Business Cod				
•	11a					<u> </u>
	b					
	С					
	d	All other revenue		<u> </u>	<u> </u>	
	e		>		1	
	12	Total revenue. See instructions	> 14126	<u> </u>	<u> </u>	
						Form 990 (2014)

	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nolete all columns /	All other organization	s must complete co	Nump (A)
36000	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
. 2	Grants and other assistance to domestic individuals. See Part IV, line 22				A Comment
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6252			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				福州州州西
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
. c	Legal	345		345	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column			A condition of the second of t	
12	(A) amount, list line 11g expenses on Schedule O.)	785	785		
13	Office expenses	110	110		
14	Information technology	84		84	
15	Royalties				
⁻ 16	Occupancy		<u></u>		
17 18	Travel	4313	4313		
19	Conferences, conventions, and meetings		 		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		i a singi		Substantial state of
a	Wire fee and Postage	147			<u> </u>
a	Fundraising Bank fees	2308	 		2308
d d	Training	55	 	55 130	
u e	All other expenses	130 544	 	130 544	
25	Total functional expenses. Add lines 1 through 24e	15073	† 	1158	
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)	13073	1,007	,100	2300

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Par	rt X		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	6904	1	5957
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,	2		
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ध	organizations (see instructions). Complete Part II of Schedule L		6	
Assets 7	Notes and loans receivable, net		7	
1 0	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
10a	atherite Confidence Confidence			•
.	100		40-	
l 1 b			10c	
11	Investments—publicly traded securities		12	
13	Investments—other securities, see Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6904	16	5957
17	Accounts payable and accrued expenses	0304	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ဖ္က 22	Loans and other payables to current and former officers, directors,	!		
Liabilities	trustees, key employees, highest compensated employees, and	j	• 1	
ap	disqualified persons. Complete Part II of Schedule L		22	
□ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		1	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
Ces	complete lines 27 through 29, and lines 33 and 34.	:		
<u>E</u> 27	Unrestricted net assets	6904	27	5957
E 28	Temporarily restricted net assets		28	
열 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 22 8 23 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
র্ফ 30	Capital stock or trust principal, or current funds		30	
စ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds .		32	
	Total net assets or fund balances	6904	33	5957
34	Total liabilities and net assets/fund balances	6904	34	5957 Form 990 (2014)

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ırt	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> 🛘</u>
	Total revenue (must equal Part VIII, column (A), line 12)		14126
	Total expenses (must equal Part IX, column (A), line 25)	2	15073
	Revenue less expenses. Subtract line 2 from line 1	3	-947
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
	Net unrealized gains (losses) on investments	5	
	Donated services and use of facilities	6	
	investment expenses	7	
	Prior period adjustments	8	
	Other changes in net assets or fund balances (explain in Schedule O)	9	
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	5957
rt :	(II Financial Statements and Reporting	_	-
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>
			Yes No
	Accounting method used to prepare the Form 990: Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın in	
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		[基础] [5]
	Were the organization's financial statements audited by an independent accountant?		2b 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	THE STATE OF THE S
			中の時間(などれている)。

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За

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Part XII

☐ Separate basis

Schedule O.

If "Yes," check a box below to indicate whether separate basis, consolidated basis, or both:

Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?...........

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.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	organization is not a private found						
1	A church, convention of church			ibed in se	ection 17	'0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			-
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	o certain taxable ı	exceptio ncome (l	ns, and (2) no more	than 331/3% of its
10	An organization organized and	d operated exclu	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclus d organizations o	ively for the benefit of, lescribed in section 5	to perfor 09(a)(1) o	m the fur r section	ections of, or to carry 509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organization(sorganization. You must continuous)	s) the power to re	egularly appoint or ele	lled by its ect a majo	supporterity of the	ed organization(s), ty e directors or trusted	pically by giving es of the supporting
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control organization organization organization organization organization organization organization.	e supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)	ated. A supporting (see instruction)	ng organization opera s). You must comple	ted in cor	nnection '	with, and functionall	y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	ted organization(s) an attentiveness
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported						
g	Provide the following informatio	n about the supp	oorted organization(s).	3 1			•
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you docu	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	· · · · · · · · · · · · · · · · · · ·	<u></u>		Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

Part		ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, /, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
Soot	Part III. If the organization fails to ion A. Public Support	o quality unde	er trie tests ils	stea below, p	iease comple	te Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(0) 0014	16 T-1-1
1	Gifts, grants, contributions, and	(a) 2010	(D) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	2477	5400	2045	40554	44400	
2	Tax revenues levied for the	3477	5198	6245	10554	14126	39600
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	3477	5198	6245	10554	14126	39600
5	The portion of total contributions by	A. V. C.	× * .	02-10	10004	14120	33000
U	each person (other than a	Žs					
	governmental unit or publicly						
	supported organization) included on	(3)		1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3114		
	line 1 that exceeds 2% of the amount	**	()				
	shown on line 11, column (f)	"Tyes."				\$ \$ 4 m 15	
6	Public support. Subtract line 5 from line 4.					F 639 9 62	39600
	ion B. Total Support	·					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3477	5198	6245	10554	14126	39600
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business					-	
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or				i		
	loss from the sale of capital assets						
	(Explain in Part VI.)						-
11	Total support. Add lines 7 through 10	A 197	4.5				39600
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>			▶ 🗆
	ion C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	100 %
15	Public support percentage from 2013 Sch					15	100 %
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua			_			
D	331/3% support test—2013. If the organ						- · -
	check this box and stop here. The organ			_			_
17a	10%-facts-and-circumstances test —20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f organization						··
L							_
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m						
	supported organization				_	•	` -
18	Private foundation. If the organization di						
,	instructions						

Schedu	le A (Form 990 or 990-EZ) 2014						Page :
Part							
	(Complete only if you checked the	ne box on line	e 9 of Part I c	or if the organ	ization failed	to qualify und	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support			,			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		Ļ <u>-</u>				
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		4 3 3 3 3				
	line 6.)	72768					
	on B. Total Support	() 0040		T 43000	1 48 55 15		
oalen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	Amounts from line 6						
IVa	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					·	
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			, or fifth tax ye		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8			3, column (f))		15	 %
16	Public support percentage from 2013 Sch						
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (y line 13, colu	mn (f))	17	%
40	Investment income percentage from 2013	Schedule A.	Part III line 17			18	%
18	331/3% support tests-2014. If the organ						

b 33½% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, 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

20

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedul	le A (Form 990 or 990-EZ) 2014	Page 5
Part	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	4 9
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b
	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
	on B. Type I Supporting Organizations	[I IC]
	on Di Typo i oupportuig organizationo	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
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?	Yes No
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
a b c	 ☐ 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 (see the complete line 2 below). 	see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ıtru	st on Nov. 20. 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must co			
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		ententing of the transfer of the second sector of the second	
instructions for short tax year or assets held for part of year):			
a 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 Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	7 8 7 0	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III supporting	g organization (see
instructions)			

Part) Supporting Organi	zations (continued)	Current Year			
Section	Section D - Distributions						
1_	Amounts paid to supported organizations to accomplish e						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	.			
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Se	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)			<u> </u>			
3	Excess distributions carryover, if any, to 2014:						
a			*				
b							
С							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years			`			
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)	`\$\		\$6.A. *			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		* * .	(()			
4	Distributions for 2014 from Section D, line 7: \$		**				
а	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			\$0 5 m.			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).	er *2	7.10				
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			ť			
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013			> *			
	Excess from 2014						

SCHEDULE O (Form 990 or 990-EZ)

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.

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Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization		Employer identification flamber
Glory House Services		86-1170272
990 prepared by treasurer on financial data and reviewed by entire board. Final 990 rev	riewed by the pr	esident of Glory House Services
330 prepared by decisarer of financial data and reviewed by citate board. I mai 330 [51	ricwed by the pro	esident of Giory House Services.
Glory House Services' financial documents, policies, and governing documents are av	railable upon req	uest.
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