



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



Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2014**

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

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization

**Skipping Stones, Inc.**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

**P O BOX 3939 (Street address. 166 W. 12th AVE EUGENE OR 97401)**

City or town, state or province, country, and ZIP or foreign postal code

**Eugene, Oregon 97403-0939**

**D** Employer identification number

**93-1095484**

**E** Telephone number

**541-342-4956**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.skippingstones.org](http://www.skippingstones.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

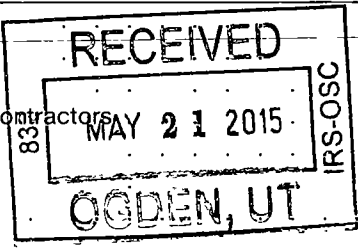
**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **85070**

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

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	29989	10	Grants and similar amounts paid (list in Schedule O)	10	7725
2	Program service revenue including government fees and contracts	2	54970	11	Benefits paid to or for members	11	000
3	Membership dues and assessments	3	000	12	Salaries, other compensation, and employee benefits	12	40534
4	Investment income	4	111	13	Professional fees and other payments to independent contractors	13	000
5a	Gross amount from sale of assets other than inventory	5a	000	14	Occupancy, rent, utilities, and maintenance	14	9812
b	Less. cost or other basis and sales expenses	5b	000	15	Printing, publications, postage, and shipping	15	14816
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	000	16	Other expenses (describe in Schedule O)	16	1519
6	Gaming and fundraising events			17	<b>Total expenses.</b> Add lines 10 through 16	17	74406
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	000	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10664
b	Gross income from fundraising events (not including \$ 000 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	000	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24211
c	Less: direct expenses from gaming and fundraising events	6c	000	20	Other changes in net assets or fund balances (explain in Schedule O)	20	000
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	000	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34875
7a	Gross sales of inventory, less returns and allowances	7a	000				
b	Less. cost of goods sold	7b	000				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	000				
8	Other revenue (describe in Schedule O)	8	000				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	85070				



SCANNED JUN 18 2015

GM  
A



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> _____		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ <b>000</b> ; section 4912 ▶ _____ <b>000</b> ; section 4955 ▶ _____ <b>000</b>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ <b>000</b>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ <b>000</b>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <b>OREGON</b>		
42a	The organization's books are in care of ▶ <b>Skipping Stones Business Office</b> Telephone no. ▶ <b>541-342-4956</b> Located at ▶ <b>166 W 12th Avenue, Eugene, Oregon</b> ZIP + 4 ▶ <b>97403-0939</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> _____		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

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

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

		Yes	No
47 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	47		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

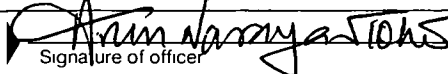
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>		Date
	Arun Narayan Toke', Treasurer and Executive Editor	May 13, 2015
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	N/A				
	Firm's name ▶	Firm's EIN ▶		Phone no	
	Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2014**

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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>Skipping Stones, Inc.</b>	Employer identification number <b>93-1095484</b>
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) none						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14959	17733	12305	21344	29989	96330
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49901	51192	43927	48753	54970	248743
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	000	000	000	000	000	000
<b>4</b> Tax revenues, levied for the organization's benefit and either paid to or expended on its behalf	000	000	000	000	000	000
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	000	000	000	000	000	000
<b>6 Total.</b> Add lines 1 through 5	64860	68925	56232	70097	84959	345073
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1336	885	125	200	350	2896
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	000	000	000	000	000	000
<b>c</b> Add lines 7a and 7b	1336	885	125	200	350	2896
<b>8 Public support</b> (Subtract line 7c from line 6.)						342177

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6	64860	68925	56232	70097	84959	345073
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	365	206	113	75	111	870
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	000	000	000	000	000	000
<b>c</b> Add lines 10a and 10b	365	206	113	75	111	870
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	000	000	000	000	000	000
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2274	1674	2971	3000	000	9919
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	67499	70805	59316	73172	85070	355862
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.81 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	95.75 %

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.24 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	0.45 %

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Skipping Stones, Inc.

Employer identification number

93-1095484

Part I, line 10, and also, Part III, line 31

Eugene-Springfield Branch of NAACP (unit #1119), a 501(c)(4) organization (EIN: 31-1622209) located at 120 W Broadway, Eugene, OR 97401

was given a grant of \$7,725 during the year 2014 as a general support for their work with minority youth, education and human rights.

Line 16: These include misc. expenses like refunds, adverts, dues and fees, travel expenses for conferences, etc.

PART II, LINE 24

THESE ASSETS INCLUDE OFFICE EQUIPMENTS SUCH AS COMPUTERS AND COPY MACHINE, FURNITURE, BACK ISSUES OF OUR

MAGAZINE AND REVIEW COPIES OF THE BOOKS THAT WE HAVE RECEIVED.

PART II, line 26: THE LIABILITIES ARE OUR PAID SUBSCRIPTIONS. AT A GIVEN TIME DURING A YEAR WE ASSUME THAT ABOUT HALF OF

SUBSCRIPTIONS ARE UNFULFILLED AND OTHER HALF IS FULFILLED, FOR THE SAKE OF SIMPLIFYING AND ESTIMATING THE NUMBERS.

SINCE OUR TOTAL SUBSCRIBERS' NUMBER HAS GONE DOWN IN THE RECENT YEARS, WE ASSUME OUR LIABILITY AMOUNT

IS ABOUT \$25,000. THIS AMOUNT ALSO REPRESENTS MINIMUM MONEY NEEDED TO CONTINUE PRODUCING ISSUES FOR ABOUT

SIX MONTHS AND, TO FULFILL OUR OBLIGATIONS TO THE SUBSCRIBERS.

PART III, LINE 28A, 29A, 30A AND 32:

THESE ARE APPROXIMATE AMOUNTS, ESTIMATES OF EXPENSES THAT CAN BE ATTRIBUTED TO THE THREE PROGRAM SERVICES

LISTED HERE. SINCE WE ARE A SMALL NONPROFIT ORGANIZATION THAT WORKS OUT OF A SMALL OFFICE, WITH ONLY ONE STAFF,

WE ARE NOT ABLE TO KEEP A RECORD OF EXPENSES BY THE DIFFERENT PROGRAMS. WE SIMPLY KEEP TRACK OF THEM BY THE

VARIOUS CATEGORIES, E.G. OFFICE RENT, UTILITIES, SUPPLIES, PRINTING AND POSTAGE, SALARY, ETC.

PART IV, LIST OF OFFICER, DIRECTORS AND KEY EMPLOYEES:

AS PER OUR BY-LAWS, EXECUTIVE EDITOR IS ALSO A MEMBER OF THE BOARD OF DIRECTORS. HENCE THE CURRENT EXEC. EDITOR

IS LISTED TWICE... SEPARATELY FOR HIS BOARD ROLE AS A TREASURER, WHICH IS UNCOMPENSATED.

AS THE KEY EMPLOYEE--THE EXECUTIVE EDITOR-- HE WORKED FULL TIME, AND RECEIVED \$30,000 SALARY FOR THE YEAR 2014

THE BOARD OF DIRECTED ALSO CREATED A SEP IRA FOR THE EDITOR AND CONTRIBUTED \$7,500 AS OUR 2014 CONTRIBUTION TO IT.