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Preparer

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Firm's address ▶

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

2014, and ending For the 2014 calendar year, or tax year beginning 07/01 06/30 20 15 D Employer identification number Check if applicable C Name of organization Brightside Foundation, Inc. 45-0948896 Address change Doing business as Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change 502-648-2020 Initial return PO Box 70362 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Louisville, KY 40270 G Gross receipts \$ 412006 Amended return Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No PO Box 70362 Louisville KY 40270) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c)(3) **□** 501(c) (Tax-exempt status: www.brightsidefoundation.com H(c) Group exemption number ▶ Form of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 2010 M State of legal domicile. ΚY Summary Part I Briefly describe the organization's mission or most significant activities: The Brightside Foundation Inc. holds and manages funds donated for Brightside Inc. and ensures that the funds are expended as Activities & Governance intended. The mission of Brightside is to unite people in clean and green activities that beautify and foster pride in our community Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4652 7b Net unrelated business taxable income from Form 990-T, line 34 3467 Pror Year **Current Year** Contributions and grants (Part VIII, line 1h) . 8 308372 395863 Revenue 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7 2016 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) --- : (1) 16143 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 309252 412006 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9054 18508 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14967 208823 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 24021 227331 19 Revenue less expenses. Subtract line 18 from line 12 . 285231 184675 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 469906 424503 21 Total liabilities (Part X, line 26) . 139272 22 Net assets or fund balances. Subtract line 21 from line 20 285231 469906 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | If

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat. No. 11282Y

∏ Yes⊱∏ No Form 990 (2014)



self-employed

Firm's EIN ▶

) (Revenue \$

188488

25278 including grants of \$

(Expenses \$

Total program service expenses ▶

Part	V Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
_	complete Schedule A	1	√	
2⁺ 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	*	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<i>1</i> 6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D; Part IV	9.		1
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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		. ,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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	11b		1
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 Vill	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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 III	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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Part	IV Checklist of Required Schedules (continued)		- - با	Nia
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
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		1
23:	Did the organizations 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		1
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	3 ,	24d 25a		√ √
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		1
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 A family member of 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		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		✓
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	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 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	35b		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? <i>If "Yes," complete Schedule R,</i>	36		
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2014)

Part				_
•	Check if Schedule O contains a response or note to any line in this Part V	<u> :</u>		
		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	١.		}
_	reportable gaming (gambling) winnings to prize winners?	1c		L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	1	1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	V	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Į
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	l		
	account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	,	Ì	
	(FBAR).	1		
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		1
С	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 the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	i	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	}		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	l	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 contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
_	sponsoring organization have excess business holdings at any time during the year?	8	1	t
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	t
10	Section 501(c)(7) organizations. Enter:		1	ţ.
a	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1	1	1
· ·a	Gross income from members or shareholders		ĺ	İ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	}	1
_	against amounts due or received from them.)	ļ	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	1.00	 	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		{	1
С	Enter the amount of reserves on hand	ł	1	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
14a h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	+	+-
	in 1996, they it moder to the Levi to topolit these partitioned; if 170, between all capitalisment in Clercollic C .			

Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		ucu	ons.
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	<u> </u>
Secu	OF AL GOVERNING BODY AND IMANAGEMENT		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.			
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
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		√
3	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 prior Form 990 was filed?	4		1
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		✓
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		<u> </u>
8	the year by the following:			
а	The governing/body?	8a.	1	
	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at-			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.9		✓_
Secti	on B. Policies ,(This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	
40-	Did the average have local chapters by anchor or offiliated?	10a	163	No.
10a h	Did the organization have local chapters, branches, or affiliates?	IVa		
_	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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	· 	✓
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
.00	with a taxable entity during the year?	16a		1
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?	16b		L
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filled > Section 6104 requires an organization to make its Forms 1023 (or #024 if applicable), 990, and 990-T (Section	501/	c)(3)e	Ophi
	available for public inspection: Indicate how you made these available. Check all that apply.	. 55 14	در ۱	· UITIY)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest ,	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Christopher Roberts CFO, PO Box 70362, Louisville, KY 40270			

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	, Highest Compensated Employees, a	nd
•	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 nor any related organization compensated any current officer, director, or trustee.									, or trustee.	
		(C)								
(A):	(B) [,]	Position (do not check more than one						(E D):	(E)∕	(F) [,]
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus			compensation from	amount of
	week (list any hours for	악方	ä	Q	<u>~</u>	る主	F	from: the	related organizations	other compensation
	related	dis	<u>#</u>	Officer	Key employee	돌물	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	ğ		np.	yee c	٦	(W-2/1099-MISC)		organization
	below dotted line)	ੋ <u>ਤ</u> ੍ਹ	alt		oye	ğ			1	and related organizations
	1 "" 1	Individual trustee or director	Institutional trustee		ا سا	ens]]	
			,			Highest componsated employee				
•										
(1) Oliver H. Barber III	1.0	,						•		
Chairman	1	✓	_	1	-		_	-		
(2) David Ark	10					l		1		
Treasurer		<u> </u>	<u> </u>	1		<u> </u>	<u> </u>			
(3) Cynthia Knapek	1.0			ľ				<u> </u>		
Director		✓				ļ	_			
(4) Mike Hext	1.0								1	
Director		<u> </u>	_	<u> </u>		<u> </u>	_			
(5) Allen Stenbock	1.0					1	1			
Director		✓		_			$ldsymbol{oxed}$			
(6) Gail Becker	10]		}			ŀ			
Executive Director			_	1				8508		
<u>(7)</u>			,							
(0)	 		-							
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	'(A) 'Name and Ittle	. (B) Average hours per week (fist any	box,	ot cho	Pos eck s pe l a d	more SOR	than on the state of the state	an	'-{D} 'Reportable compensation from	(E) 'Reportal compensatio	n from	Est an	(F) smatted ount of other	
		kours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-	ons	comp fro orga and	pensation om the inization related nization:	1
15)														
16)														
17)														_
18)														
19)				\dashv						<u> </u>	- 			
20)														
21)							-							
22)														
23)					,									
24)														
25)													-	
1b c d	Sub-total	VII, Section		- -	•	· •	•	A A	8508				-	
2	Total (add fines 1b and 1c)	not limited) wl	8508 ho received m	l ore than \$1	100,000	of		
3	Did the organization list any former of	ficer, direct						mp	loyee, or high	est compe	ensated		Yes	N
4	employee on line 1a? If "Yes," complete some some some some some some some som	sum of rep	ortat	ole c	om	per	satio					1		✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		5		√
	on B. Independent Contractors									7	A 400	200		_
1	Complete this table for your five highest compensation from the organization. Repyear.	ort comper	nsatio	n fo	r th	e ca	alend	ar y	ear ending wit	h or within	the orga	anızatı	on's ta	ЭX
	'(A) Name and business add	ress							(B) Description of s	ervices	C	' (C) Compens		
											}			
					—-						-			

Par	VIII					_
•		Check if Schedule O contains a response or note to				<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इंद	1a	Federated campaigns 1a				
ira our	b	Membership dues 1b			1	
s, C	С	Fundraising events 1c			}	
불호	ď	Related organizations 1d	1		1	
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e				
tion of	f	All other contributions, gifts, grants,	1		1	
결축	ł	and similar amounts not included above 1f 395863			1	
E S	g	Noncash contributions included in lines 1a-1f: \$,	
	h	Total. Add lines 1a–1f	395863			_
Ę		Business Code			ļ	
Se !	2a				1	
Program Service Revenue	ь					
	С					
Š	d					
Ē	е					
ē	f	All other program service revenue .			1	
	3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,			1	
i		and other similar amounts)			1	
	4	Income from investment of tax-exempt bond proceeds ▶	<u> </u>		-	
	5	Royalties	,			
	~	(i) Real (ii) Personal				
	6a	Gross rents			<u> </u>	
!	ь	Less: rental expenses	1		,	Ì
	С	Rental income or (loss)	[
-	d	Net rental income or (loss)	1		1	
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	1		<u> </u>	
	ь	Less: cost or other basis				
		and sales expenses .			ļ	1
!	C	Gain or (loss)			1	
	d	Net gain or (loss)				
venue	8a	Gross income from fundraising events (not including \$				
Other Rever		of contributions reported on line 1c). See Part IV, line 18 a 11772				
#	4	Less: direct expenses b 1915			1	
-		Net income or (loss) from fundraising events . >	9857			
:	9a	Gross income from gaming activities.			1	
		See Part IV, line 19 a			1	
		Less: direct expenses b				
	1	Net income or (loss) from gaming activities	,			
	10a	Gross sales of inventory, less returns and allowances a				
	١.	- L	1		1	
	1	Less: cost of goods sold b				
	<u> </u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			 	
	11a	O	4050			
	b	Compost Sale 444100	4652		4652	
	C	Income tax refund	1634		1	
	d	All other revenue	 		 	
	e	Total. Add lines 11a-11d	6286			
	12	Total revenue. See instructions.	412006	-	4652	-

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	\mathbf{n} e in this Part IX .		
	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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	18508		18508	
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		. ,		
10	Payroll taxes	1263		1263	
11	Fees for services (non-employees):	,			
а	Management				
b	Legal	1260		1260	· . · · · · · · · · · · · · · · · · · ·
C	Accounting	1320		1320	
d	Lobbying				·
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	'.			
12	Advertising and promotion	7073		7073	
13	Office expenses	7073		7073	
14	Information technology	606		606	
15	Royalties	000		0001	
16	Occupancy		·-··		-
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	886		886	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Postage and Mailing services	5617		326	5291
b	Tree Planting and maintenance	56222	56222		
С	Litter Reduction	62977	62977		
d	Tree Fund	44009	44009		
е	All other evanges	27590	25280	2310	
25	Total functional expenses. Add lines 1 through 24e	227331	188488	33552	5291
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)				

_	n 990 (2	·			Page 11
ř	art X				·
<u>·</u>		Check if Schedule O contains a response or note to any line in this Pa		• • •	
	_		(A). Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	423793	1	469146
	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, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ţs	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	50
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	710	14	710
	15	Other assets. See Part IV, line 11)	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	424503	16	469906
	17	Accounts payable and accrued expenses	139272	17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u></u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	
<u> </u>	00	·	<u></u> .	23	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	139272	_	
— es	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	135212	-	······································
Š	27	Unrestricted net assets	17562	27	79275
a	28	Temporarily restricted net assets	267669	 	390631
80	29	Permanently restricted net assets	207003	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net E	33	Total net assets or fund balances	285231	33	469906
Z	34	Total liabilities and net assets/fund balances	424503	34	469906

_	-	
Page		4

Pari	XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4	12006
2	Total expenses (must equal Part IX, column (A), line 25)	2			2	27331
3	Revenue less expenses. Subtract line 2 from line 1	3			11	B4675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			28	B 5231
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			40	69906
Part	XII 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
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a pnor year or checked "Other," ex	plain i	n	- }	1	į
	Schedule O.		ł	- {	į	ı
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the compared to the statement of the st	oiled o	or	- 1	1	ĺ
	reviewed on a separate basis, consolidated basis, or both:		Ī		ţ	r
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1.	- 1		
b		• . •	. 2	b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	- 1	ĺ	ı
	separate basis, consolidated basis, or both:		1	1	1	i
	Separate basis Consolidated basis Both consolidated and separate basis		. 1		1	i
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				1	ı
	of the audit, review, or compilation of its financial statements and selection of an independent account			c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain i	n			ļ
0-		foutb :	_		}	I
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorth I	1			
-	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			a		<u>√</u>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		- 1	ь		ļ
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such a	uuito.			~~	(004 *)
			1	-om	220	(2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Name	or the organization					emproyer identification	t timinines		
BRIGI	ITSIDE FOUNDATION, INC.					45-09-			
Par							ns.		
	rganization is not a private founda		,		-	•			
	A church, convention of churches, or association of churches described in section 1.70(b)(1)(A)(i).								
		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
	A hospital or a cooperative hospital's name, city, and state	on operated in co					iii). Enter	the	
5	An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit de	scribed in	
	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the gene	eral public	
8	☐ A community trust described in	section 170(b)(1)(A)(vi). (Complete I	Part II:)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable ii	exception ncome (I	ns, and (2) no more ess section 511 ta	than 331	1/3% of its	
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 110	operated exclusi	ively for the benefit of, les cribed in section 51	to perfor 09(a)(1) o	m the fun	ctions of, or to carry 509(a)(2). See secti	on 509(a)	(3). Check	
a	Type I. A supporting organization(s organization. You must com	ation operated, the power to re	supervised, or control egularly appoint or ele	led by its	support	ed organization(s), ty	pically by	giving	
b	☐ Type II. A supporting organize control or management of the organization(s). You must control to the control of the control	e supporting org	ganization vested in th					-	
C	Type III functionally integra its supported organization(s)						y integrate	ed with,	
d	Type NI-non-functionally integrated that is not functionally integrated requirement (see Instructions	ated. The organi	zation generally must	satisfy a	distribut	on requirement and			
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f g	Enter the number of supported or Provide the following information		oorted organization(s).	· · ·			[
	(i) Name of supported organization	(u),EIN	(in) Type of organization (described on lines 1–9 above or IRC section (see instructions)	1-9 listed in you ion docum	н доменинд	(v) Amount of monetary support (see instructions)	other:sur	nount of oport (see ctions)	
			,	Yes	Νo				
(A)								-	
(B)									
(C)									
(D)									
(E)									
Total						,			

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	quality unde	er the tests iis	stea below, p	lease comple	te Part III.)	
	on A. Public Support	(-) ogta	(L) (1014	(-) 00+0	(4) 2012	(-) 0014	(f) Total
	dar year (or fiscal year beginning in),	(a) 2010	(b) 2011	(c) 2012	(d)·2013	(e) 2014	() Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	l				-	
_					<u> </u>	 	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	CO (&	2112	22	2	Tobaldes p	
•	each person (other than a						
	governmental unit or publicly	,		-	-	·	
	supported organization) included on]	Ì	}	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		المعالمة المجالة المحالة		The state of the s	中野遊遊	
6	Public support. Subtract line 5 from line 4.	A STATE OF STATE OF	The same of the same of	The state of the	一一次都於海影	はんしない はがなってい	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar		ł	ļ		4	
	sources						
9	Net income from unrelated business				Ì		
	activities, whether or not the business			1			
	is regularly carried on				1		
10	Other income. Do not include gain or			İ	1	1	
	loss from the sale of capital assets		+			! !	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	L	L	<u> </u>	<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	<u> </u>	• • • • •	· · · · ·		· · • U
	on C. Computation of Public Suppo			4.4.4.10		l da l	
14	Public support percentage for 2014 (line					14	<u>%</u>
15	Public support percentage from 2013 Sc	nedule A, Part	II, line 14 .		 d line 14 ie 221	15	
16a	331/3% support test—2014. If the organibox and stop here. The organization qua						
	331/2% support test—2013. If the organization qua						
ь	check this box and stop here. The organ	nization qualifie	es as a publicly	supported or	ganization .		- ▶ □
17a	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
L							_
b	15 is 10% or more, and if the organization in Part VI how the organization in	ition meets the	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check the The organization	his box and st on qualifies as a	op here. a publicty
18	supported organization						_

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.)

	If the organization fails to qualify	under the te	sts listed bel	ow, piease co	ompiete Part II	<u>·l</u>	
	on A. Public Support			T	· · · · · · · · · · · · · · · · · · ·		
	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- received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				308572	395863	704435
3	organization's tax-exempt purpose Gross receipts from activities that are not an.						
	unrelated trade or business under section 513		1	ĺ	[
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 .				308572	395863	704435
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						···
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	į]]	j	}	
	line 6.)	 	<u> </u>		<u> </u>		704435
	on B. Total Support		T	1 () 22/2	1 2 2 4 2	110011	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	 			308572	395863	704435
10a	Gross income from interest, dividends, payments received on securities loans, rents,			{	1		
	royalties and income from similar sources .					1	
h	Unrelated business taxable income (less				 		
-	section 511 taxes) from businesses	Ì	Í	İ	[
	acquired after June 30, 1975				680	4652	5332
c	Add lines 10a and 10b		1		680	4652	5332
11	Net income from unrelated business				333		
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ł	}	}	1	1	
	(Explain in Part VI.)					11491	11491
13	Total support. (Add lines 9, 10c, 11,	Í	1	1	<u> </u>	<u>}</u>	
4.4	and 12.)) - 6	al thread second	309252	412006	721258
14	First five years. If the Form 990 is for the	_			_		
<u> </u>	organization, check this box and stop he			· · · · ·	· · · · ·	· · · · · ·	🟲 🗸
<u>3ecu</u> 15	on C. Computation of Public Suppor			3 column (a)		15	
	Public support percentage for 2014 (line)		-			15	<u>%</u>
16 Secti	Public support percentage from 2013 Sci on D. Computation of Investment In			 		It FO I	70:
17	Investment income percentage for 2014 (w line 13 coliu	mm (fl).	, tX	%
18	Investment income percentage from 2013					18	//
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz	=	-			~	
•	line 18 is not more than 331/3%, check this						
-20	Private foundation, if the organization di			•		-	

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.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art v	.)	
Secti	on/A. All Supporting Organizations		V	T 81 =
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.	1	Yes	No.
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).	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.	3a	1. T.	Pres : The
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.	3b		1.0
С	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.	3c	grife.	بالميانية .
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	" ! 	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c	1	
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 (f) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	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?	5b	35	
6	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 chantable 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.	5c		· · · · · · · · · · · · · · · · · · ·
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	, 27, 27	- 13
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).	8	i si yi	1-2-12
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 .	9a		(444)
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	2.	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	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.	9c	-	1
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.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	7.		

determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
C.	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? 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	110	L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			. 1
	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	1.7	.,	· .
	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	100000	17-2	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	١.	<u> </u>	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	٠ -,	-	.,.
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	4, 1	ه کا	عاد الرابية المرابع المربع
	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	a sanstant		
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations	<u>'</u>	l	l
GCC	on b. Air Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	55 %	المجردي م	age Age
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	6,,,,,,	1 33 47	*********
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,	775.	
	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	<u> </u>	1	
Ū	significant voice in the organization's investment policies and in directing the use of the organization's		l	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	7.19	5. 2.	
	supported organizations played in this regard.	3	<u> </u>	
Sect	ion 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	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	g = 4×.	· /r	, i'
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	7 5	1 .7	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	7. June	# m. m	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		-	ļ
Ē.	·	2a	1	
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.	ئەتقا 2b	- کند شم ۰۰	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	~ 7h.	1.5	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		سن		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	<u></u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	_, _ , _ , _ ,
.1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	j tru mpl	st on Nov. 20, 1970. See in ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain-	1		
2 Recovenes 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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	. ~ .	العبر المحافظ المتحديث المراجع المحرور المحرور المحرور المحرور المحرور المحرور المحرور المحرور المحرور المحرور المحرور المحرور	to the second of
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	Alguna 3	العالى الترجيعية المستقدل في مع المراجعية المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدم المراجعية المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة	
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		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	The state of the s	
2 Enter 85% of line 1	2:		
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	李·林丁年 为此,为此为人的人	
5 Income tax imposed in prior year	5	The state of the s	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	Mary the second	
7 Check here if the current year is the organization's first as a non-functional instructions).			g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers ex-					
	organizations, in excess of income from activity					
3:	Administrative expenses paid to accomplish exempt purp	nızations				
4,	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (pnor 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	the organization is res	ponsive			
	(provide details in Part VI). See instructions.	J	•			
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
•		(a)	(ii)	(iii)		
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable		
		Excess Distributions	Pre-2014	Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6	• •	Y= (t			
2	Underdistributions, if any, for years prior to 2014			**		
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:	1 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7A V 25 - 2		
a	The same of the sa	44		1 400 1 1 1 1 1 1 1		
b			1 B	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
C		Carrier and Carrier of the Parties	" a respective to a state of the state of	والمناس والمام والم وال		
d	-	-		-		
е	From 2013	÷ 1.	5.7			
f	Total of lines 3a through e			, i,		
g	Applied to underdistributions of prior years			i i i i i i i i i i i i i i i i i i i		
h	Applied to 2014 distributable amount	1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm 1000 mm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ī	Carryover from 2009 not applied (see instructions)	the way they are in	· 大學 · · · · · · · · · · · · · · · · · ·	الم المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		, , , , , , , , , , , , , , , , , , ,			
4	Distributions for 2014 from Section	د د د میشاند د داد د د میشاند د داد د د میشاند د داد د د د د میشاند د د د د د د د د د د د د د د د د د د	the second second and the second seco	و معلوم میں میں استان است میں میں میں استان میں استان میں استان میں استان میں استان میں استان میں استان میں اس استان میں استان میں		
	D, line 7: \$, -,		1 Turk 1		
а	Applied to underdistributions of prior years	C. 4 2.752		e		
b	Applied to 2014 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>			
5	Remaining underdistributions for years prior to 2014, if	The state of the s		1965 · 新國新一八百八十四		
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).	. 7.11		10.00		
6	Remaining underdistributions for 2014. Subtract lines 3h	- , ,				
	and 4b from line 1 (if amount greater than zero, see					
	instructions).	y- */	م م			
7	Excess distributions carryover to 2015. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	The state of the s	1 1911 T 191	Salar of the		
а	والمراجع والمنظرة والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	t and the	The state of the s	· 101		
b			(# -) TO 1	<u></u>		
С			,			
d	Excess from 2013		,			
е	Excess from 2014		#			

Schedule A (I	Form 990 or 990-EZ) 2014 Page	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	i
Part III, Sec	tion B, Line 12 \$11,491 consists of \$9,857 from fundraising events and \$1,634 income tax refund.	