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	99	30	Return of Organization Exempt From Inc	ome Tax		OMB No. 1545-0047
Forn						2014
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	• -	lations)	Open to Public
Depa	artment o	f the Treasury	▶ Do not enter social security numbers on this form as it may be	-		Inspection
		nue Service	Information about Form 990 and its instructions is at www.irs. dar year, or tax year beginning 1//0 , 2014, and ending			, 20 /5
_			Name of organization UM Kodeh Team Followith the			identification number
_		шрр	Doing business as	i i	111-	- 1494009
_		change	Number and street (or P.O box if mail is not delivered to street address) Room/sui	te E	<u>f L</u> Telephone	
_	Name cl	· 1	0.0, Box 16/44		-	728-5188
		ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code		100	270111-
-	Amende	I.	Missonla MT 59808	G	Gross rec	SS 8, I Q Q
石	Applicat	tion pending F	Name and address of principal officer David Welsh			bordinates? Yes No
	Дриса	don pending i	P.O. Box 8108 Missoula, mt 59806			ncluded? Yes No
	Tax-exe	mpt status:	501(c)(3)			st. (see instructions)
J		e: ► (211U		H(c) Group exe	emption n	umber ►
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	ion 2014	M State o	f legal domicile
Έ	art I	Summa	iry			
	1	Briefly des	scribe the organization's mission or most significant activities:			
8] -	To m	anage 4 raise funds for the operat	ion 4 5	scho	larship need
пал	ļ	04 +	he University of Montana Koden	Team.		"
Activities & Governance	2		s box ▶ ☐ if the organization discontinued its operations or disposed of	of more than 25	1 1	
ŝ	3				3	<u>23</u>
•ජ ග	4		f independent voting members of the governing body (Part VI, line 1b)		4	22
Ë	5		ber of individuals employed in calendar year 2014 (Part V, line 2a) .		5	
햝	6		ber of volunteers (estimate if necessary)		6	5/
ď	7a		elated business revenue from Part VIII, column (C), line 12		7a	
	Ь	Net unrela	ated business taxable income from Form 990-T, line 34	Prior Year	7b	0
	1 _			Phor fear		Current Year
9	8		ons and grants (Part VIII, line 1h)			230,558
Revenue	9		service revenue (Part VIII, line 2g)			(/ /0.2 -
E.	10		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1000
	11		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	-+	130 800
	13		d similar amounts paid (Part IX, column (A), lines 1–3)			135,031
	14		paid to or for members (Part IX, column (A), line 4)			73,183
**	15	•	ther compensation, employee benefits (Part IX, column (A), lines 5–10)		$\overline{}$	
Sec	16a		nal fundraising fees (Part IX, column (A), line 11e)			7 -
Expenses	ь		Iraising expenses (Part IX, column (D), line 25) ▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 C 1 L	
Ж	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	Tombo Well in English		92174-
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			135 899 -
	19	•	less expenses. Subtract line 18 from line 12			(48)
ts or				Beginning of Curre	nt Year	End of Year
) (E	20	Total acco	ato (Bort V. lino 16)			27/1/11-

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.

Award Welst

Sign Here	Signature of officer News, David C Type or print name and title	Welsh	l l		Date	3/20//
Paid Preparer	Print/Type preparer's name	Preparer's signature		-Date		heck I if elf-employed
Use Only	Firm's name ▶				Firm's E	IN ▶
OSC OILLY	Comple address N				DL -	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances. Subtract line 21 from line 20

Total liabilities (Part X, line 26)

Firm's address ▶

Cat No. 11282Y

Phone no.

Yes No
Form 990 (2014)

PTIN

	90 (2014) Page
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	SCH D
46-	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$\psi) (code:)
	SCNO
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$,) (Revenue \$)
	4/0/0

art	Checkist of nequired Schedules			
	Is the association decaybod in costion E01(a)(2) or 10.47(a)(1) (athor then a project foundation)? If "Ver"		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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
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		V
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	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	6		V -
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		V
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		V
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	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	(義)		ia leg
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	a. \$ \$i	∠
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		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	V
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	V	
е		11e	,	V
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		V
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		1
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	İ		
4 E	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		V
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		V
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		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	V	
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		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		-N/

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		レ
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	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
c	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		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
Ь,	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		V
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		V
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		V
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):	i de		
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		v v
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		V
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	V	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	レ
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		V
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	_	~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			<u>ار</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	~	
		Fon	n 99 0	(2014)

ter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1c 2b 3a 3b 5a 5b	Yes	No V
ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c 2b 3a 3b		V
the organization comply with backup withholding rules for reportable payments to vendors and cortable gaming (gambling) winnings to prize winners?	2b 3a 3b	The state of the s	V
ter the number of employees reported on Form W-3, Transmittal of Wage and Tax attements, filed for the calendar year ending with or within the year covered by this return at least one is reported on line 2a, did the organization file all required federal employment tax returns? The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year? The syear? If "No" to line 3b, provide an explanation in Schedule O any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)? "Yes," enter the name of the foreign country: "Yes," and "Y	2b 3a 3b	The state of the s	V
ter the number of employees reported on Form W-3, Transmittal of Wage and Tax attements, filed for the calendar year ending with or within the year covered by this return at least one is reported on line 2a, did the organization file all required federal employment tax returns? . The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) and the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a 3b		V
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at least one is reported on line 2a, did the organization file all required federal employment tax returns? bute. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). d the organization have unrelated business gross income of \$1,000 or more during the year? 'Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)? 'Yes," enter the name of the foreign country: e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3AR). as the organization a party to a prohibited tax shelter transaction at any time during the tax year? d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	3a 3b 4a 5a	The state of the s	V
ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) of the organization have unrelated business gross income of \$1,000 or more during the year? 'Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)? 'Yes," enter the name of the foreign country: 'Yes," enter the name of the foreign country: e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3AR). as the organization a party to a prohibited tax shelter transaction at any time during the tax year? d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	3a 3b 4a 5a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V
d the organization have unrelated business gross income of \$1,000 or more during the year? Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)? Yes," enter the name of the foreign country: In instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3AR). The organization a party to a prohibited tax shelter transaction at any time during the tax year? In any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	3b 4a 5a	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V
eryes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)? 'Yes," enter the name of the foreign country: e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3AR). as the organization a party to a prohibited tax shelter transaction at any time during the tax year? d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	3b 4a 5a	المراجعة الم	V
any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)? 'Yes," enter the name of the foreign country: e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3AR). as the organization a party to a prohibited tax shelter transaction at any time during the tax year? d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	4a 5a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V
er, a financial account in a foreign country (such as a bank account, securities account, or other financial count)?	5a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V
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e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts BAR). as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	**************************************	
BAR). as the organization a party to a prohibited tax shelter transaction at any time during the tax year? d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-		强!!
	1 5 h	<u> </u>	レ
Tes to line balor bo, did the organization file Form 8885-1?			1-
one the organization have applied gross requires that are normally greater them 6400,000 and all the	5c		
bes the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
ganization solicit any contributions that were not tax deductible as charitable contributions?	6a		- V
ts were not tax deductible?	6b		
	1-2	第 247	34.5
	7a		ją.
"Yes," did the organization notify the donor of the value of the goods or services provided?			
	<u> </u>		
	7c		V
'Yes," indicate the number of Forms 8282 filed during the year		15 To 15	2/2 - 1
	 ""		V
	7f		V
	7g		Ť
he organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
		د کرد د کرد د	177.
onsoring organization have excess business holdings at any time during the year?	8		
	\$ d	200	1.5.
d the sponsoring organization make any taxable distributions under section 4966?	9a		
	9b		
		£ .	3 2 30
			77
	li.	- dala 5 -	, .
ection 501(c)(12) organizations. Enter:	7.	e	
ross income from members or shareholders	7 7		*
ross income from other sources (Do not net amounts due or paid to other sources	1. "1		7
ainst amounts due or received from them.)	7,	1	3
	12a		 ``
	4-	-	
	1	,	;
	13a		-
			
nter the amount of reserves the organization is required to maintain by the states in which	[]		-
a granusation in lineaged to increase and linear books when	,	, 1	
	- 1	· 1	1.5
	142		1
	_		
	reganizations that may receive deductible contributions under section 170(c). d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? "Yes," did the organization notify the donor of the value of the goods or services provided? d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was quired to file Form 8282? "Yes," indicate the number of Forms 8282 filed during the year d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? consoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the consoring organization have excess business holdings at any time during the year? consoring organizations maintaining donor advised funds. d the sponsoring organization make any taxable distributions under section 4966? d the sponsoring organization make a distribution to a donor, donor advisor, or related person? ection 501(c)(7) organizations. Enter: ititation fees and capital contributions included on Part VIII, line 12 ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities tobs lobs cection 501(c)(12) organizations. Enter: ross income from other sources (Do not net amounts due or paid to other sources	fits were not tax deductible? rganizations that may receive deductible contributions under section 170(c). d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **Tes,** did the organization notify the donor of the value of the goods or services provided? **Tes,** did the organization notify the donor of the value of the goods or services provided? **Tes,** did the organization notify the donor of the value of the goods or services provided? **Tes,** did the organization in the contribution of the value of the goods or services provided? **Tes,** indicate the number of Forms 8282 filed during the year	fits were not tax deductible? rganizations that may receive deductible contributions under section 170(c). d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods of services provided to the payor? "Yes," did the organization notify the donor of the value of the goods or services provided? 7a

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See insti	ruction	
Section	on A. Governing Body and Management			
	. 40		Yes I	No
1a	Enter the number of voting members of the governing body at the end of the tax year . $1a 3 3$	↓' .].	, ,	
	If there are material differences in voting rights among members of the governing body, or	7	- 1/3	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	., ***	,;	- 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b $\partial \partial$	1 m	1 4 4	-1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~ ~	- []
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_ \	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	\	_
6	Did the organization have members or stockholders?	6		<u></u>
7a	one or more members of the governing body?	7a	\ ,	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14		
	stockholders, or persons other than the governing body?	7b	1	/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		(1.,144 7) (2.300) (2.154 7) (5 <u>64</u>
а	The governing body?	8a 1		146-1
b	Each committee with authority to act on behalf of the governing body?	8b 1	V	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	L	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co	de.)	
				No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>~</u> .
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		N/A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		-	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3 15 1 _	\$1.0 - 10 g
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b l		
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 I	V	
13	Did the organization have a written whistleblower policy?	13 1		
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	357 z		<u>i</u>
a	The organization's CEO, Executive Director, or top management official	15a	}_	<i>\</i> //
b	Other officers or key employees of the organization	15b	7.3.	///
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		4
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	这些个	1670	_
	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		当 ₍₁₎
Secti	on C. Disclosure	<u></u>		"/
17	List the states with which a copy of this Form 990 is required to be filed ► NONE - not Required	111	mT	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c))(3)s o	nly)
	☐ 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 infinancial statements available to the public during the tax year.	•	•	and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords: I	>	

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one an ee)	(D) Reportable	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)										
(2)										
(3)			-							
(4)		L								
(5)										!
(6)										
(8)										
(9)								-		
(10)										,
(11)	L									
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(C)												
	(A)	(B)	(do n	ot ch			than c	one	(D)	(E)		(F)
	Name and title	Average	box, ı	ınles	s pe	rson	ıs both	an	Reportable	Reportab		Estimated
		hours per officer and a director/trustee) compensation compensation week (list any officer and a director/trustee) from related								amount of other		
		hours for	or div	nsti	Officer	Key employee	풀호	Former	the	organizatio		compensation
		related organizations	rect	tutio	ğ	emg	est o	ਕੁ	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the organization
		below dotted	Of the	nal t		ğ	e so					and related
		line)	Individual trustee or director	Institutional trustee		ď	Highest compensatemployee	ł				organizations
				99			ated					
(15)						┢	 		 		-+	
112/												
(16)					-							
3					1		ļ					
(17)												
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(18)												
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(19)						İ	1	ļ	_			
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(20))	}		1			1	-		
			<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	ļ	ļ <u> </u>			
(21)		ļ									j	
(0.0)		<u> </u>	-	-		<u> </u>	 	-	 			
(22)		ļ	l									
(00)				-	├	-	}	-	 			
(23)		 			l	ļ						
(24)		 	-	-	├	-	├─-	┝	 			
(24)							1					
(25)		 		-	-		-	┢	 		-+	
(20)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	† 	•	1		1)		1			
1b	Sub-total		' 	٠.	<u> </u>		'	┢			_	
C	Total from continuation sheets to Part							•				
đ	Total (add lines 1b and 1c)											
2	Total number of individuals (including but							e) w	ho received m	ore than \$1	00.000	of
	reportable compensation from the organi							•				
												Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated	
	employee on line 1a? If "Yes," complete s	Schedule J	for s	uch	ind	ivid	ual					3
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other comp	ensation fr	om the	FIRST #16 Villa
	organization and related organizations	greater th	an \$	150	,000)? /	f "Ye	s, "	complete Sch	nedule J fo	or such	
	individual			•	•	•		•				4
5	Did any person listed on line 1a receive of										dividua	1 11 2 2 2 3
	for services rendered to the organization	? If "Yes," o	comp	ete	Sci	nea	ule J	or s	such person	· · · ·	<u>·</u> ·	5 1
	on B. Independent Contractors											
1	Complete this table for your five highest											
	compensation from the organization. Rep	oort compe	nsati	on t	or ti	ne c	alenc	ar y	year ending wi	th or within	the org	ganization's tax
	year.							_				
	(A) Name and business add	iress						1	(B) Description of s	ervices		(C) Compensation
								┿-				
								╀				
								+-			 	
								+-		-	<u> </u>	
			-					 -			 -	
	Total number of independent contractor	ors (include	na bi	ıt r		limi	ted to) th	nose listed ab	ove) who	Margaritan :	Mary and the second sec
_	received more than \$100,000 of compens							<i>-</i>	.coc ildica ab	575) WIIO		

Part	Vili	Check if Schedule O		ponse or note t	o any line in this	Part VIII		
	1 -		, , ,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns			1			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		120]	,-	-	•
S, E	C	Fundraising events .	<u>1c</u>	190,008			,	- 1
# F	d	Related organizations	s 1d] .		5	
S,E	e	Government grants (con	ntributions) 1e	23,000			-	
i S	f	All other contributions, g	ıfts, grants,		(_ ,	,	- '	
돌		and similar amounts not inc	cluded above 1f	8550	٠. · .			1.0
nd O	a	Noncash contributions include		136033	ž,			1 1, 4
2 2	h	Total. Add lines 1a-1			230558			
		Total: / tag ii/los /a /	<u></u>	Business Code	2,700		7 July 100 1	The 2 Sec.
Ž.	2a					-7	4 . 1	<u> </u>
je v	b			 	 			
ě	_				 			
Ĕ	C							
S	d				 			
ram	е						ļ -	
Program Service Revenue	T	All other program ser				- co = -tox (- + * - x*	and the second of the second	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
<u>-</u>	9	Total. Add lines 2a-2				was mile to be and the		The state of the s
	3	Investment income			1/100			1/103-
		and other similar amo			4103-	ļ <u>.</u>		4103-
	4	Income from investmen	it of tax-exempt be	ond proceeds ►				
	5	Royalties	 	<u> ▶</u>			<u> </u>	
			(i) Real	(II) Personal				
	6a	Gross rents			1 2 4 1 7 M 1 2 2		ずむ物が	
	b	Less: rental expenses						年(1346年)。 第
	С	Rental income or (loss)				-3: 5:5:49, 72	The text of the	7
	d	Net rental income or	(loss)	<i>.</i> ▶				
	7a	Gross amount from sales of	(i) Securities	(iı) Other	二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	San Francisco	ALL STATES	(N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		assets other than inventory				AL CHEST SE		接进的流光
	b	Less. cost or other basis						第二十二章
		and sales expenses .					學、經濟學主義	图
	С	Gain or (loss)						
	d	Net gain or (loss) .		>		M. () (c (B.) . ()		Carrie de la carri
		9 ()		<u> </u>	鑑してなる発表。	Jan 1988 San Ta	是我们想这个	3
ne	8a	Gross income from fu	undraisina					1977年198年,建
venue		events (not including \$			1		- 18 1 1 1 to 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ð		of contributions report						
<u>.</u>		See Part IV, line 18 .		129638				
Other R	b	Less: direct expenses	_	338448			The state of the s	The state of the s
Ò	ı	Net income or (loss) 1			Kacoin-			100000
		Gross income from ga		events .	70010	1,4	75 72	198010
	Ja	-	aning activities.]		
			_		-	, , ,		
	b	Less: direct expenses				 	<u> </u>	
	C	Net income or (loss) 1		ivities ▶		<u> </u>	1	
	10a						7.	
	1	returns and allowanc	_		1.		1.	
	b	Less: cost of goods s			3		-, -, -, -, -, -, -, -, -, -, -, -, -, -	1,000
	c_	Net income or (loss) t						
		Miscellaneous F	Revenue	Business Code				
	11a				1			
	b							
	C				1	 		
	d	All other revenue .			 	 	<u> </u>	
	e	Total. Add lines 11a-			1	- ,	1	
	12	Total revenue. See i			135851-		 	

Part IX	Statement of Functional Expenses	
Poction 5	01/c/(3) and 501/c/(4) organizations must complete all columns. All other organizations must co	molete colum

Section	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	III other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon			· · · · · ·	· · · · · · · 🔀
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	43735-	43,725		,
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			- John Corner of John Son &	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			والمراحة والمحروبة	- 1 3
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management				
b	Legal				
C	Accounting				
d	Lobbying		19.50.2° 28.138.4		
e	Professional fundraising services. See Part IV, line 17 Investment management fees	5087-	2000 - 14 (M) C	5087 -	
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	37 257	37.257	0001	
12	Advertising and promotion		7		
13	Office expenses	656-		656-	
14	Information technology				
15	Royalties				
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		<u> </u>		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	**		l i i jilli jilli jiri	
_	(A) amount, list line 24e expenses on Schedule O.)		Maria Para Cara Cara Cara Cara Cara Cara Car		The first the first free free free free free free free fre
а					
b	See Sch O				
d		100 100	11115	 	
e	All other expenses	49/14	44527	4647	
25_	Total functional expenses. Add lines 1 through 24e	135,879	125,509	10,390 -	
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)				

Pa	art'X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	. .
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	122548-	1	121856
	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,			11
l		trustees, key employees, and highest compensated employees.	7		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	-, <u>-</u>		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	· "*	7.	4 1 19 1 1 1 1 1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	· · · · · · · · · · · · · · · · · · ·		
ţ		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	2 . 7 h for.	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	1. M. D. P. Farman		2 m 1 1 1 2 2 1 1 1 2 1 1 1 2 1 1 1 2 1
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	<u> </u>
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	2710 -711-	14	21/0 125-
	15	Other assets. See Part IV, line 11	348541-	15	249/85
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37/089-	16	3/1091
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19			20	
	20 21	Tax-exempt bond liabilities		21	
70		Loans and other payables to current and former officers, directors,		13.15	or the late of the
ţį	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	37 37 57 57	22	3.52.0× 48.073
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		- -	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		γ	
Ses	Ì	complete lines 27 through 29, and lines 33 and 34.		2. 2	
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ē	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	Page to the	١	10, 430 5 5 5 5 5
ō		complete lines 30 through 34.		-: ,	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	- 1 3. U.
ξŽ	32	Retained earnings, endowment, accumulated income, or other funds .	371,089	32	31/107/ =
Se	33	Total net assets or fund balances	371,089	33	371041
_	34	Total liabilities and net assets/fund balances	371.089	34	37/04/-
					Form 990 (2014)

Form 9	90 (2014)		Pa	ge 12
Par				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	35		ZE
2	Total expenses (must equal Part IX, column (A), line 25)	<u>35</u>	899	7 -
3	Revenue less expenses. Subtract line 2 from line 1	. <	48	<u>'-></u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	771.	08	7 <u>-</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	27	161	11-
	33, column (B))	2/		<i>T1</i>
Pari	XII Financial Statements and Reporting	•		
	Check if Schedule O contains a response or note to any line in this Part XII			
		<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	2 3		图.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		1) 7 ()	
٥.		Laure.		
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 compiled or	2a	7574	
	reviewed on a separate basis, consolidated basis, or both:			:
	Separate basis Consolidated basis Both consolidated and separate basis	Total .		
ь				
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	2b	- 1,2	<u></u>
	separate basis, consolidated basis, or both:	B	123	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	No. of the	4	
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	f	N/A
	If the organization changed either its oversight process or selection process during the tax year, explain in	7.12	3,572	च् रावा''/"
	Schedule O.	200		्टोर्ट्स -ोड्रे
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	A STATE OF THE PARTY OF THE PAR	1681.146	//
	the Single Audit Act and OMB Circular A-133?	За		N/h
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		N/H

Form **990** (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

Marra	of the organization 100	0 -4			7	Employer identification	
	ILVVI 14	odlo I	eam For	ında	tion	47-149	4009
Par						_ 	ns.
The c	rganization is not a private founda				-	•	
1	A church, convention of church			bed in sec	ction 170	0(b)(1)(A)(i).	
2	A school described in section		· · · · · · · · · · · · · · · · · · ·		470/51/4	1/41/***	
3	☐ A hospital or a cooperative hos ☐ A medical research organization						iii) Entartha
4	hospital's name, city, and state		injunction with a nost	niai uesci	neu iii s	ection froup(f)(A)(m). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned or	operate	d by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		a goveri	nmental unit or from	the general public
8	☐ A community trust described						
9	An organization that normally	receives: (1) mo	re than 331/3% of its	support fr	om cont	tributions, members	hip fees, and gross
	receipts from activities related	to its exempt	functions—subject to	certain e	exception	ns, and (2) no more	than 331/3% of its
	support from gross investme acquired by the organization a						x) from businesses
10	☐ An organization organized and		•		•	•	
	☐ An organization organized and						out the nurnoses of
• • •	one or more publicly supported	d organizations d	escribed in section 5	09(a)(1) or	section	509(a)(2). See secti	on 509(a)(3). Check
	the box in lines 11a through 11	d that describes	the type of supporting	organizati	on and o	complete lines 11e, 1	1f, and 11g.
а	Type I. A supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
	the supported organization(s	s) the power to re	gularly appoint or ele	ct a major	ity of the	e directors or trustee	s of the supporting
	organization. You must con	-					
b		zation supervised	d or controlled in con	nection wi	th its sup	oported organizatıor	n(s), by having
	control or management of th			ie same pi	ersons th	nat control or manag	e the supported
	organization(s). You must co	-					
c	its supported organization(s)	(see instructions	s). You must comple	te Part IV	, Sectio	ns A, D, and E.	,
d		tegrated. A support	porting organization of	perated in	connec	tion with its support	ed organization(s)
	that is not functionally integr requirement (see instructions						an attentiveness
е	Close all this beautiful a susseme						I Type III
C	functionally integrated, or Ty						i, type iii
f	Enter the number of supported						[
g		-	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above or IRC section	listed in you docum		support (see instructions)	other support (see instructions)
			(see instructions))				inion dottoria)
				Yes	No		
(A)							
				 			<u> </u>
(B)							
		 	 	1			
(C)							1
(D)							
(D)							
(E)							
_							
Tota	I	THE REPORT OF THE PERSON NAMED IN	BW STEER STATE OF STATE		22	i i	I

Page 2

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						
Secti	on A. Public Support	,					
Calen	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.")					203,558	203558
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					203558	203558
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						_
-	line 1 that exceeds 2% of the amount	建设在发展					41388
_	shown on line 11, column (f)	E	1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	776-y		TA TE	
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support	the rings of the second	1 -482 - E . 1 - 1 . 1	the air to make	(But of But of the	. To the China	163170
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(4) 2010	(2) 2011	(0) 20 12	(4) 2010	203558	203558-
8	Gross income from interest, dividends,					2000	40,7400
J	payments received on securities loans, rents, royalties and income from similar sources		-			4103-	4103-
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11		建筑。 "是建筑"		The Fire		无等的型。[a] r	207661
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the						
C4	organization, check this box and stop he on C. Computation of Public Suppo	nt Boroonton	<u>· · · · · · · · · · · · · · · · · · · </u>		<u> </u>	<u> </u>	<u>.</u> <u> </u>
	Public support percentage for 2014 (line	<u>-</u>		14 solumn (f)	 	144	
14 15	Public support percentage for 2014 (line Public support percentage from 2013 Sc					15	<u> %</u>
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2013. If the orga	nization did no	ot check a bo	x on line 13 o	r 16a, and line	15 is 331/3%	
	check this box and stop here. The organ	nization qualifie	s as a publicly	supported org	ganization .		. ▶ □
17a	10% or more, and if the organization me Part VI how the organization meets the "	eets the "facts- facts-and-circu	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a	nd <mark>stop here.</mark> E	Explain in
	organization						. ▶ □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the neets the "facts	e "facts-and-c s-and-circums	ircumstances"	test, check the The organization	nis box and st	op here. a publicly
18	Private foundation. If the organization d					k this box and	see
	instructions						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 \$ **b** Assets included in Form 990, Part X .

Continued Continued Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedul	e D (Form 990) 2014							Page 2
collection Items (check all that apply): a	Part								
b	3			her record	is, chec	k any of the	follow	ing that are a sig	inificant use of its
c	а	Public exhibition		d [Loan	or exchange	e progr	ams	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	b	_							
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Port IV		—· •	5						
5 Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Provide a description of the organization		and explai	n how t	ney further t	the org	anızatıon's exemp	ot purpose in Part
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization and the repair in Part XIII and complete the following table: Amount Additions during the year and 4dditions 5	During the year, did the organization								
Section of the programation of an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part	IV Escrow and Custodial Arra	angements.						
included on Form 990, Part X? Ves No		990, Part X, line 21.							
Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization space 1 1 1 1 1 1 1 1 1	1a	included on Form 990, Part X?							
c Beginning balance . 10 10 11 10 10 11 10	b	If "Yes," explain the arrangement in P	art XIII and comple	ete the foll	owing ta	able:			
d Additions during the year Distributions during the year 16								Am	nount
Distributions during the year f Ending balance. If If I	С	Beginning balance					1c		
## Ending balance	d	Additions during the year					1d		
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					_1e		
B f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	f								
Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions									
Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 1 1 0 0 3 c Net investment earnings, gains, and losses (d) Three years back (e) Four years back d Grants or scholarships (1 1 0 0 0 d Grants or scholarships (1 1 0 0 0 d Grants or scholarships (1 1 0 0 0 0 d Grants or scholarships (1 1 0 0 0 0 0 d Grants or scholarships (1 0 0 0 0 0 0 d Grants or scholarships (1 0 0 0 0 0 0 0 d Grants or scholarships (1 0 0 0 0 0 0 0 0 d Grants or scholarships (1 0 0 0 0 0 0 0 0 0 d Grants or scholarships (1 0 0 0 0 0 0 0 0 0	b		art XIII. Check her	e if the ex	planatio	n has been	provide	d in Part XIII .	<u> </u>
(a) Current year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (e)	Pari								
1a Beginning of year balance 149033		Complete if the organization							···
b Contributions c Net investment earnings, gains, and losses				(b) Prior	r year	(c) Two years	s back	(d) Three years back	(e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance	149,083						
d Grants or scholarships	b		11,100						
e Other expenditures for facilities and programs	С							-	
f Administrative expenses	d	Grants or scholarships	11725						
Permode the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	•							
Permode the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses	2269						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % % b Permanent endowment % % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	a	End of year balance							
a Board designated or quasi-endowment ▶	-			nd balance	e (line 1g	, column (a))) held a	as:	·
Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а	Board designated or quasi-endowme	nt ▶ 19	%					
Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b	Permanent endowment ► 8	%						-
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	c		%						
organization by: (i) unrelated organizations				00%.					
(i) unrelated organizations	3a		e possession of the	he organiz	ation th	at are held a	and ad	ministered for the	
(ii) related organizations		-						-	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		••							
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value b Buildings	b								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (other) (e) Buildings									'''
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) Land									
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land				" to Form	n 990. F	Part IV. line	11a. S	See Förm 990. F	Part X. line 10.
b Buildings			(a) Cost or o	ther basis	(b) Cost	or other basis	(c) /	Accumulated	
b Buildings	1a	Land	. 1				كبيد	X-20-20-34	
c Leasehold improvements d Equipment									
d Equipment		•							
e Other		•							 .
		_ : ·							
				990. Part X	C. colum	n (B). line 10)c.)		

Part VII	Investments-Other Securities.				
	Complete if the organization answer	ered "Yes" to Forr	n 990, Part IV, lin	e 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation of-year market value
(1) Financial	derivatives				
	eld equity interests			ļ	
(3) Other		ļ		·	
(A)		ļ			
(B)				<u> </u>	
(C)					
(D)					
(E)					
(F)	•				
(G)					
(H)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 12.) ▶			经常数的数据	lear twice the
Part VIII	Investments—Program Related.				
	Complete if the organization answ	ered "Yes" to For		ne 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book value	1 ' '	nod of valuation: of-year market value
(1)					
(2)					
(3)			·		
_(4)					
(5)				 	
(6)		· · · · · · · · · · · · · · · · · · ·		 	
(7)					
(8)		· · · · · · · · · · · · · · · · · · ·		-	
(9)	15 - 200 Dally at (Dilated 10) b			Library Const. Library 200	Marin St. Comment. Land of the Artist Annual Street Comments of the Comments o
	b) must equal Form 990, Part X, col. (B) line 13)		<u></u>	品系统系统公司	
Part IX	Other Assets. Complete if the organization answ	orad "Vas" ta Ear	m 000 Part IV lir	o 11d Coo Form	000 Dowl V line 45
		Description	ili 990, Fait IV, ili	ie 110. See Form	(b) Book value
	2 0 1.0		·		GI CID =
(1)		cholarship	<u>, </u>	·	91,510
(2)	812 - CD A				102,505-
(3)	General Sch	elarship larship			8,855 - 27 190 -
(5)	Prince Sch	cerrsing			18,525-
(6)		·=·			
(8)		······································			
(9)	mn (b) must equal Form 990, Part X, co	(B) line 15.)	_ 		240 105 -
Part X	Other Liabilities.	(=)		<u> </u>	<u> </u>
	Complete if the organization answ	ered "Yes" to For	m 990 Part IV Ju	ne 11e or 11f See	Form 990 Part Y
	line 25.				
1.	(a) Description of liability	(b) Book value		建筑是是现代的	对自己的特殊的对应
(1) Federal II	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)	-				
(7)					
(8)					
(9)				建造是不可能	THE PARTY OF THE
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶		THE COUNTY		
2. Liability fo	r uncertain tax positions. In Part XIII, provid	le the text of the footr	note to the organizat	ion's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	le D (Form 990) 2014			Page 4
Part				
	Complete if the organization answered "Yes" to Form 99			
1	Total revenue, gains, and other support per audited financial stateme	ents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	. 2a		
a	Donated services and use of facilities			
b C	Recoveries of prior year grants	· L		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	2.	
а	Investment expenses not included on Form 990, Part VIII, line 7b .			
b	Other (Describe in Part XIII.)	. 4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Part	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" to Form 99			
	Total expenses and losses per audited financial statements	50, Fart IV, line 12	:a. 1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		7.2 3	
a	Donated services and use of facilities	. 2a	of such	
b	Prior year adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a		
Ь	Other (Describe in Part XIII.)	. 4b	医	
С	Add lines 4a and 4b		4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	
	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 ort XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this			4; Part X, line
2, Fai	t XI, Illies 20 and 40, and Fart XII, lines 20 and 40. Also complete this	part to provide any	additional information.	
Yo	urt V, line 4:			
·	All funds held in end	OU) MEN	+ accorn	nta
	are held strictly to	awayo	1 college	turtio
••	1	0 0	\circ	2. 1
	are held strictly to waviers to Universit	WOL IN	iontana 1	roal6
	Team members.	\mathcal{I}		
	140111 111911D013.			
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	-			
			-	
			-	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name	of the organization	odlo	Ter.	m F	oundat	Employer identific	ation number 1494009
Par	Fundraising Activities.	. Complete if the	ne organiza	ation answ	vered "Yes" to F	orm 990, Part IV, I	ine 17.
1 a b c d 2a b	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writor key employees listed in Form	on raised funds to ons itten or oral agre n 990, Part VII) o d individuals or	through any e f g eement with r entity in co	of the followard of the	on of non-govern on of governmen fundraising events dual (including of with professional	ment grants t grants s ficers, directors, trust fundraising services?	☐ Yes ☐ No
	(ī) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vī) Amount paid to (or retained by) organization
1			Yes	No			
2			 				
3							
4							
5							
6							
7							
8					!		
9						-	
10						i	
Tota 3	List all states in which the org registration or licensing.	anızation ıs regi	stered or lice	censed to	solicit contribution	ns or has been notifi	ed it is exempt from
		·			••••••••		
		·					

Pa	irt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	g event contributions	and gross income on	Form 990-EZ, lines 1 a	
			(a) Event #1 Cowbay Ball (eventube)	(b) Event #2 Spring Rade p (even type)	(c) Other events 6016 Tourname (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	<i>26</i> 8 339 -	33971	16880-	319,190-
æ	2	Less: Contributions	162483	13700	3000	179183 -
	3	Gross income (line 1 minus line 2)	105 856	20271	13880	140007
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	6200-	7007-	7740-	20947-
Direct Expenses	7	Food and beverages	19283-	1359-		20642
Direct	8	Entertainment				
	9	Other direct expenses .	32638-	17975-	213-	50826-
	10 11	Direct expense summary. Ac Net income summary. Subtra				92415-
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe		0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
 	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	DAFATE CANTER OF MATERIAL CAN
	6	Volunteer labor	☐ Yes% ☐ No	Yes % No	Yes % No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
g	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	=	s in each of these state		🗌 Yes 🗌 No
10		/ere any of the organization's of "Yes," explain:	gaming licenses revoked	d, suspended or termina	•	

SCHEDULE (Form 990)

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

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

% □ 600h bhl - Lh Wes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

Part I

2	Describe in Part IV the organization's procedures for	ization's procedui	res for monitoring	the use of grant fu	r monitoring the use of grant funds in the United States.	es.		
Part II	Grants and Other Assistance to Domest	sistance to Do	mestic Organiz	ations and Don	estic Government	s. Complete if	itic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990	ed "Yes" to Form 990,
	Part IV, line 21, for any recipient that received	y recipient that	received more the	าan \$5,000. Part	ved more than \$5,000. Part II can be duplicated if additional space is needed.	l if additional s	pace is needed.	
N (e)	1 (a) Name and address of error land	(b) EIN	(c) IRC section	(d) Amount of cash	IBC section (d) Amount of cash (e) Amount of non- (f) Method of valuation	ethod of valuation	(a) Description of	(h) Purpose of grant

	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	y recipient that	received more to	1an \$5,000. Part	Il can be dupiic	ated it additional :	space is needed.	
F	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
£								
(2)								
<u>(E)</u>								
<u>4</u>								
(2)		Property and the second						
9								
(2)								
<u>@</u>								
(6)								
(10)		/						
(11)		,						
(12)		~						
0 W	Enter total number of section 501(c)(3) and government organizati Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	vernment organiza d in the line 1 table	organizations listed in the line 1 table in 1 table	ne 1 table			○

Schedule I (Form 990) (2014)

Cat No 50055P

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

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

	Part III can be duplicated if additional space is needed	space is needer)		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1Twit	Thitian to University of Mandam	6	447735			
8) -					
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information r	equired in Part I, line	e 2, Part III, column	(b), and any other addition	onal information.
				0 C C C C C C C C C C C C C C C C C C C		
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 1 1 1 1		
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Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

Open To Public Inspection

Name o		Leo T	eam Four		identification num	
Part	Types of Property					
		(a) Check if applicable	1	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of	(d) f determining ribution amounts
1	Art-Works of art	V	arphi	53,500	Comparak	ole property
2	Art—Historical treasures		<u> </u>			· · · · · · · ·
3	Art—Fractional interests					
4	Books and publications		<u> </u>			
5	Clothing and household		1			
	goods	L				
6	Cars and other vehicles		<u> </u>			
7	Boats and planes			<u></u>		
8	Intellectual property					
9	Securities—Publicly traded					
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC,	1				
	or trust interests					
12	Secunties-Miscellaneous					
13	Qualified conservation	Ì				
	contribution—Historic		<u> </u>		-	
	structures					
14	Qualified conservation					
	contribution—Other	L			-	
15	Real estate-Residential					
16	Real estate - Commercial					
17	Real estate-Other					·
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other► ()				1	
26	Other ► ()				1	
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received	by the or	rganization during the tax	year for contributions for	+ -	
	which the organization completed				29	
	·				<u> </u>	Yes No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lin	es 1 through	
	28, that it must hold for at least t				not required	
	to be used for exempt purposes					30a
b	If "Yes," describe the arrangement				}	oua
31	Does the organization have a			es the review of any	non-standard	
VI.	contributions?	911 acce	plane policy that require	os the review of ally f	ion-standard	34
320	Does the organization hire or us					31
32a	contributions?					_
						32a
b	If "Yes," describe in Part II.	n amaunt :	n naturan (a) for a time.	and a subset of a subset of the subset of	\;b	4.
33	If the organization did not report a describe in Part II.	an amount I	n column (c) for a type of pro	operty for which column (a	a) is checked,	