Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

<u> </u>	For the	2014 calendar year, or tax year beginning , 2014, and en	ding		, 20					
В	Check if	applicable: C Name of organization FUND FOR INVESTIGATIVE JOURNALISM, INC.		D Employ	er identification nu	ımber				
	Address				52-0895081					
_	Name ch		/suite	E Telepho	ne number					
		ial return 529 14TH STREET NW 13TH FLOOR 202-662-7564								
H										
믐										
닏	Amende		G Gross re		282,522					
Ш	Applicat	ion pending F Name and address of principal officer: Ricardo Sandoval Palos, President	H(a) Is this a	group return for	subordinates? 🖳 Yes	☑ No				
		529 14th Street NW, 13th Floor, Washington, DC 20045	H(b) Are all	subordinate	s included? 🔲 Yes	☑ No				
ı	Tax-exe	mpt status:	1f "I	No," attach a	a list. (see instructio	ns)				
	Website		H(c) Groun	exemption	number ▶					
_		organization: ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of for	·····		of legal domicile:	DC				
TAXABLE STATES	art I	Summary	100011 1909	in Otato	or legar dominione.					
	The state of the s			· · ·						
_	1	Briefly describe the organization's mission or most significant activities: The								
Activities & Governance	1	independent journalists to investigate news stories regarding corruption, malfeas	ance, exploitat	ion, or mi	sappropriation of	f funds				
ğ		in the public and private sectors.								
ē	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more tha	n 25% of	its net assets.					
Š	3	and the second of the second o		1 .	ļ	12				
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1								
ģ			υ,			12				
ij	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5		1				
桑	6	Total number of volunteers (estimate if necessary)		. 6		0				
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a		0				
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b		0				
			Prior Y	'ear	Current Ye	ar				
	8	Contributions and grants (Part VIII, line 1h)	353,140		279,819					
Ē	9	The state of the s				2/3,013				
Revenue		Program service revenue (Part VIII, line 2g)		0	· · · · · · · · · · · · · · · · · · ·					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		985		2,703				
ladin,	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0				
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		354,125	İ	282,522				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		248,976		199,525				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		54,086	 	54,086				
Expenses				34,000		34,000				
8	16a	Professional fundraising fees (Part IX, column (A), line 11e)	POSTO FOR KIRCH LENGT	0 ಚಿತ್ರವಾಗುವರು	 	U 1867-1981 (1887				
.유	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,005								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,854		27,537				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		316,916		281,148				
	19	Revenue less expenses. Subtract line 18 from line 12		37,209		1,374				
7 8	3		Beginning of C		The state of the s					
sets or	20	Total assets (Part X, line 16)	-	451,168		422,142				
Ass Bal	21	Total liabilities (Part X, line 26)								
Net Ass Fund Bal	60	· · · · · · · · · · · · · · · · · · ·		-207,663		-171,102				
55099500	SERVICE CONTRACTOR	Net assets or fund balances. Subtract line 21 from line 20		243,505		251,040				
Section 2	art II	Signature Block								
Ur	ider pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to	the best of	my knowledge and	d belief, it is				
tru	ie, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any kno	wieage.						
		Landia Dout neuvanes								
Sig	gn	Signature of officer	, , , ,	Date	0/. /					
	ere	Sandra Berro Neubauer, Execu	time 11.0	entor	-8/12/1	5				
		Type or print name and title	, , , , , , , , , , , , , , , , , , , ,							
_		Print/Type preparer's name Preparer's signature	Date ,	- 1	PTIN					
	aid	Becapt A DRR Moder VIVI ()	7/29/2013	Check		fuh i n				
Pr	epare	7 9 00 9 0 5 32 45	7-7-7							
Us	se On	ly Firm's name → P.O. Bot 19367		m's EIN ▶	A) /4					
		Firm's address > Washington, DC 2-0036	P	none no. 20	02-361- <u>2-</u> 81					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			🔲 Ye	s 🗌 No				

Check if Schedule Contains a response or note to any line in this Part III Briefly describe the organization's mission: The Organization provides critical support to independent journalists to investigate news stories regarding corruption, malfassand expolitation, or misappropriation of funds in the public and private sectors. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501c(i)(3) and 501c(i)(4) organizations are required to report the amount of grants and allocations to olf the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 250,195 including grants of \$ 199,625) (Revenue \$) The Fund for investigative Journalism (FUI) operates a grant group must provides critical support for fraelance and independent injurnalisms who produce investigative into the other work and provides critical support for fraelance and independent injurnalisms who produce investigative increasing that otherwise would never come light). Our crantess have lides, sources, and know-how, but lack the funds to successfully complete an investigative protect. To further support their work, the organization at stakes separteneed investigative increasing services for its grantess. Before awarding grants were light, our grantess have lides, sources, and know-how, but lack the funds to successfully complete an investigative protect. To further support their work, the organization at stakes separtenesal investigative stories from the produce of the produced as long as it makes the new services. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue	الفيدة) (2014) III - Ctatam	and of Draggers Carellas A	a complishments		Page :
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Part	V Checklist of Required Schedules	— т		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	1 2	<b>√</b>	
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		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		✓
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 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		<b>√</b>
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		1
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		<b>√</b>
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, 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 VIII	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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	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 II	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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Panu	Checklist of Required Schedules (continued)		Vac	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	✓	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>&gt;</b>
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		1
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		1
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		1
C	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	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		/
-	19? Note. All Form 990 filers are required to complete Schedule O	38	<b>√</b>	1 (0014

rain	<del>-</del>			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No.
4_	Established the Barrier of Francisco Colonia C	*358.45	108 45.75ar	NO
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 52			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
U	reportable gaming (gambling) winnings to prize winners?	1c		Millio
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10 2021	v ⊇5≒5	HITT.
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	Tight (
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	5430	V.	15.00
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	12 75	J
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		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		i	
	account)?	4a	1	1
b	If "Yes," enter the name of the foreign country: ▶	70 5775 W 7003	影技	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		18,44	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u></u>
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			到祖
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	i _		,
	required to file Form 8282?	7c	tal i fat	<b>√</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year		9.11	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	, nga ji	Ryst, Si
U	sponsoring organization have excess business holdings at any time during the year?	8	1.14-1.1	F 1884.
9	Sponsoring organizations maintaining donor advised funds.	म्ब्रे <i>वर्ग</i> ः	14. Tr	Aller
ə 2	Did the sponsoring organization make any taxable distributions under section 4966?	9a	tr. sr.s.	\$45, 1744
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		diti.	B Ev
a	Initiation fees and capital contributions included on Part VIII, line 12 10a n/a	e . e		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b n/a			
11	Section 501(c)(12) organizations. Enter:		4 to 1	
а	Gross income from members or shareholders	63.63		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)		:Y	
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 n/a			24.77 24.77
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>100</b>	100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	3 3 3 5 7	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	200		
b	Enter the amount of reserves the organization is required to maintain by the states in which			7.75 7.75
	the organization is licensed to issue qualified health plans	100		
C	Enter the amount of reserves on hand		F. Section	13
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	L	

Form **990** (2014)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI	in Schedule O. Se	e inst	ructi	ons.		
A11-			• •	•	<u> </u>		
Section	on A. Governing Body and Management		1	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.	1a 12					
ь 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?		2		1		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		✓		
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets? elect or appoint	4 5 6 7a		√ √ √		
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		✓		
8	المراجع والمراجع والم						
a b	The governing body?		8a 8b	<b>√</b>			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	o <i></i> .	9	nde l	<b>/</b>		
Secti	on B. Policies (This Section B requests information about policies not required by th	ie iriterriai i leveri	000	Yes	No		
	Ditti		10a		1		
10a b	Did the organization have local chapters, branches, or affiliates?	of such chapters, npt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	<b>√</b>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				\$4.A		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12a 12b	<b>√</b>			
C	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c				
13	Did the organization have a written whistleblower policy?		13	<b>✓</b>			
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by n and decision?	14	<b>√</b>	 		
a	The organization's CEO, Executive Director, or top management official		15a 15b	1			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim						
b	with a taxable entity during the year?	on to evaluate its	16a		<b>/</b>		
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to saleguard the	16b				
-	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, available for public inspection. Indicate how you made these available. Check all that apply.		n 501	(c)(3)	s only)		
19	Own website  Another's website  Upon request  Other (explain in Some Describe in Schedule O whether (and if so, how) the organization made its governing documents in the statements available to the public during the tax year.	chedule O) nents, conflict of in	terest	polic	cy, and		
20	State the name, address, and telephone number of the person who possesses the organizate Sandy Bergo, 529 14th Street NW 13th Floor Washington, DC 20045	tion's books and re	cords				
			_	MA	A		

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	(do n box, s	ot ch unles	Posi leck is pe d a d	ition more rson irecte	than o	ne an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	ndividua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ricardo Sandoval Palos President	2.0	1		1				0	0	<u> </u>
(2) Peter Eisler	1.0									_
Treasurer		1	<u> </u>	<b>✓</b>			<u> </u>	0	0	0
(3) David Boardman	.50							_		
Member		✓		<u> </u>	┞		⊢	0	0	0
(4) Marcia Bullard	.50	١,		l				١ .		0
Member		<b>✓</b>	┼	-	┝		⊢	0	0	U
(5) Milton Coleman	.50									0
Member	<u> </u>	1	╀	╀	-	-	$\vdash$	Q	0	
(6) Mark Feldstein	.50	١,								•
Member		/	╄	╁	-	<u> </u>	╁	<u></u>	<u> </u>	0
(7) Stephanie Mencimer	.50	1 .						_		
Member		1		╄	╁		╀		0	0
(8) Ron Nixon	.50	1		1	ĺ			_		٥
Member		<u> </u>	-	-	╄	-	┿		0	0
(9) David Ottaway	.50			1						0
Member		<b>✓</b>	╀	├	╀		-	(	0	<u> </u>
(10) James V. Grimaldi	.50									o
Member		<	╀	┿	╀		+-	(	0	<u> </u>
(11) Alicia C Shepard	.50	۱,				ļ			ما ا	o
Member		1	╬	_	-	-	╀		<u> </u>	<u> </u>
(12) Tisha Thompson	.50	1	Ì		1	1	1			0
Member (40)		+-	+	+	+	-	╄	(	0	U
(13) Sandy Bergo	20	1		1		1		50.00	٥	
Secretary/Executive Director		+-	╀╌	╀	╀	+	$\vdash$	50,000	<u> </u>	<u> </u>
<u>(14)</u>		·ł			1		1			
	1	1 _		1	1	1	1	1		1

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (c	ontinu	ied)	
					•	C) ition							
	(A)	(8)	(do n	ot ch			than c	one	(D)	(E)		(F)	
	Name and title	Average hours per	box,	unies	s pe	rson	is both	an	Reportable compensation	Reportable compensation		Estimated amount of	
		week (list any					or/trust	-	from	related	"0"	other	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	喜	Former	the	organization (W-2/1099-M		compensation from the	
		related organizations	S C	u di	4	1	est	卓	organization (W-2/1099-MISC)		130)	organizatio	
		below dotted	0 H	ž		ş	8 9		,			and related	d
		line)	uste	Ę	Ì	8	Pen					organizatio	ns
			•	8		İ	Highest compensated employee						
74 C)				H	<b> </b>	<u></u>							
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(16)				<del> </del>	<del> </del>	╁		⊢					ADE house travelsees
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(25)		<b></b>				1				,			
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	Sub-total						• •		50,000		0		0
	Total from continuation sheets to Part						• •		50,000		0		0
d	Total (add lines 1b and 1c)							<u> </u>				) of	
Z	reportable compensation from the organ		<b>a</b> to ti	nosi	e iis	teo	abov	e) w	vno received iii	ole man an	JU,UUL	<i>)</i> ()	
<del></del>	reportable compensation from the organ	IIZANOII P										Yes	No
3	Did the organization list any former o	fficer, direc	ctor.	or t	rust	ee.	kev (	emi	olovee, or high	nest compe	nsated		-
•	employee on line 1a? If "Yes," complete	Schedule .	l for s	uch	ina	livid	ual	•				3	1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	cor	npe	nsatio	on a	and other com	pensation fro	om the	<b>в</b>	
-	organization and related organizations	greater th	an \$	150	,00	0?	f "Ye	s,"	complete Sci	hedule J fo	r sucl	h   1	
	individual											4	<b>/</b>
5	Did any person listed on line 1a receive	or accrue c	ompe	ensa	ation	n fro	m an	y ur	nrelated organi	zation or inc	lividua	al Establish	
	for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hed	ule J	for	such person			5	<b>/</b>
Section	on B. Independent Contractors								ALL AND ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF THE ADDRESS OF TH				
1	Complete this table for your five highest	compensa	ted in	dep	enc	dent	cont	ract	tors that receiv	ed more tha	n \$10	0,000 of	
	compensation from the organization. Re	port compo	ensati	on f	for t	he d	calend	dar	year ending wi	th or within	the or	ganization's	tax
-	year.	anaugustavites		M. CO. D. W. CO.				_				,=++++	
	(A) Name and business ad	drace							(B) Description of	services		(C) Compensation	ı
		u1699					-	+-	Justinpatri VI				
NONE								+				<del></del>	
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2	Total number of independent contract	ors (includ	ina h	ut i	not	lim	ited t	o t	hose listed at	ove) who	UNE.	GARAGE SA	
-	received more than \$100,000 of comper							- •	NONE		<b>的</b> 意		
***								-	ITVITE				

Part	WIII)	Statement of Revenue		D 1700		
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e				
ntributions d Other Sir	f g	All other contributions, gifts, grants, and similar amounts not included above  1f 279,819  Noncash contributions included in lines 1a-1f; \$ 0				
	h	Total. Add lines 1a–1f ▶  Business Code	279,819			
Program Service Revenue	2a b c d e f	All other program service revenue .  Total. Add lines 2a–2f				
Δ.	3	Investment income (including dividends, interest,				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	4 5	and other similar amounts)	2,703			2,703
	6a b c	Royalties				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . (i) Securities (ii) Other				
	c d	Gain or (loss)   .     Net gain or (loss)   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .     .   .				
Other Revenue	8a	Gross income from fundraising events (not including S of contributions reported on line 1c). See Part IV, line 18 a				
O#	b c 9a	Less: direct expenses b  Net income or (loss) from fundraising events . ▶  Gross income from gaming activities.  See Part IV, line 19 a				
	0 0 10a	Less: direct expenses b  Net income or (loss) from gaming activities ▶  Gross sales of inventory, less returns and allowances a				
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code				
	11a b c	All other revenue				
	d	All other revenue				
	12	Total revenue. See instructions ▶	282,522	0	0	2,70

Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization:	s must complete col	umn (A).
	Check if Schedule O contains a respons				r-1
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,200	30,200		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	113,495	113,495		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	55,830	55,830		
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	50,000	37,500	5,000	7.500
7	persons described in section 4958(c)(3)(B) Other salaries and wages	0	0	0 0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10 11	Payroll taxes	4,086	3,064	409	613
a	Management	0	0	0	0
b b	Legal	1,948	75	1,873	0
d	Lobbying	0	0	0	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	10,000	0	0	10,000
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13 14	Office expenses	952 1,223	658 1,147	133	161 0
15	Royalties	0	0	0	0
16	Occupancy	6,000	4,500	600	900
17	Travel	4,138	2,679	12	1,447
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	o	o	0
19	Conferences, conventions, and meetings .	1,105	89	818	198
20 21	Interest	0	0	0	0
22	Payments to affiliates	0	0	0	0
23	Insurance	1,243	933	124	186
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, line 1 line 24e expenses on Schedule O.)				
a b	Bank and fili-g fees	875	25	850	C
c d		Democratical and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	281,095	250,195	9,895	21,005
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   I if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 15,961 20,911 2 2 Savings and temporary cash investments . . . . . . 353,412 310,035 3 3 0 1,524 4 4 800 11 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 0 7 0 8 0 8 Prepaid expenses and deferred charges . . . 9 9 552 563 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,016 10b 10c Less: accumulated depreciation . . . . -1,016 0 Investments—publicly traded securities . . . . . 11 11 80,443 89,098 12 Investments - other securities. See Part IV, line 11 . 12 13 Investments - program-related. See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 451,168 16 422,142 3,094 17 17 1,777 18 18 168,008 205,886 19 19 0 0 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 23 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 26 Total liabilities. Add lines 17 through 25 . . . . . . 207,663 171,102 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 203,183 27 185,147 28 28 58,358 47,857 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ Capital stock or trust principal, or current funds . . . . . . 30 Net Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 243,505 33 251,040 33 34 422,142 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 451,168 Form 990 (2014)

Page 12	
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	V 120 · · · ·		
Part	XI Reconciliation of Net Assets		
	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)		282,522
2	Total expenses (must equal Part IX, column (A), line 25)		281,148
3	Revenue less expenses. Subtract line 2 from line 1		1,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		243,505
5	Net unrealized gains (losses) on investments		6,161
6	Donated services and use of facilities		0
7	Investment expenses		0
8	Prior period adjustments		0
9	Other changes in net assets or fund balances (explain in Schedule O)		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))		251,040
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· ; ⊔</u>
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	Orthor T	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	12 00 00 00 00 00 00 00 00 00 00 00 00 00	
b	Were the organization's financial statements audited by an independent accountant?	2b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	o≠ togliki o	
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?	3a	<b>✓</b>
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	
4944-MACCO			990 (2014)
		1 01111	(5017)

#### 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 000 or Form 000-E7

Department of the Treasury Internal Revenue Service Inform

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

FUND	FOR INVESTIGATIVE JOURNALISM,			A		52-089	
Par							ns.
The c	organization is not a private foundat						
1	A church, convention of church	•		ed in se	ction 170	)(b)(1)(A)(i).	
2	A school described in section 1						
3	A hospital or a cooperative hos	pital service orga	anization described in	section	170(b)(1)	)(A)(iii).	em 100 a 44
4	A medical research organization hospital's name, city, and state		njunction with a hospi	ital descr	ibed in s	ection 170(b)(1)(A)(i	ii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp	lete Part II.)					al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally r described in section 170(b)(1)()	eceives a subst	antial part of its supp	in sectio ort from	n 170(b)( a govern	(1)(A)(v). nmental unit or from	the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	art II.)			
9	An organization that normally r	eceives: (1) mor	e than 331/3% of its s	support f	rom cont	ributions, membersl	nip fees, and gross
	receipts from activities related support from gross investmer acquired by the organization af	to its exempt to it income and ter June 30, 197	functions—subject to unrelated business to 5. See section 509(a)	certain e axable in (2). (Con	exception come (le aplete Pa	ns, and (2) no more ess section 511 tax rt III.)	than 331/3% of its
10	☐ An organization organized and	operated exclus	ively to test for public	safety. 9	ee secti	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11d	organizations de I that describes t	escribed in section 50 he type of supporting	9(a)(1) or organizat	section on section	509(a)(2). See section omplete lines 11e, 1	<b>on 509(a)(3).</b> Check 1f, and 11g.
а	the supported organization(s) organization. You must com	the power to re plete Part IV, S	gularly appoint or elece ections A and B.	ct a majo	rity of the	directors or trustee	s of the supporting
b	control or management of the organization(s). You must co	e supporting org	anization vested in the Sections A and C.	e same p	ersons th	nat control or manag	e the supported
C	its supported organization(s)	(see instructions	s). You must complet	e Part IV	, Section	ns A, D, and E.	
d	Type III non-functionally int that is not functionally integra requirement (see instructions	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness
e	ET OL THE BELL KALL AND AND AND AND AND AND AND AND AND AND	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported of						[
ç	F9 1 1 11 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1	about the supp	orted organization(s).	• • •			
***************************************	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(860 headchous))	Yes	No		
(A)		.,					
(B)		Airpini					
(C)							
(D)							
(E)							
		liman same and resident	RANGE MENSAGE AND PROPERTY OF THE PARTY OF T		<b>表數之</b> 之意		
Tota	ai			語"# 日本		-	

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

	on A. Public Support		······································				
Calenc	lar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	234,262	211,665	273,884	353,140	279,819	1,352,770
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	o	0
4	Total. Add lines 1 through 3	234,262	211,665	273,884	353,140	279,819	1,352,770
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						4.047.002
	shown on line 11, column (f)						1,047,003 305,767
Section 5	Public support. Subtract line 5 from line 4. on B. Total Support	ll				L	303,701
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	234,262	211,665	273,884	353,140	279,819	1,352,770
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	456	637	805	985	2,703	5,586
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for torganization, check this box and stop he	he organizatior	n's first, secon	d, third, fourth	n, or fifth tax y	12 ear as a section	1,358,356 0 on 501(c)(3)
Secti	on C. Computation of Public Suppo			the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
14	Public support percentage for 2014 (line	6, column (f) d	ivided by line	11, column (f))		14	22.51 %
15 16a	Public support percentage from 2013 Sc 331/3% support test – 2014. If the organ box and stop here. The organization qua	hedule A, Part ization did not alifies as a pub	II, line 14 . check the box licly supported				🕨 📋
b	331/3% support test—2013. If the organ check this box and stop here. The organ	inization did no nization qualifie	ot check a bo es as a publicly	x on line 13 o / supported org	ganization .		▶ 🗀
<b>1</b> 7a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts- 'facts-and-circ 	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here. I as a publicly s	Explain in supported ►
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test 	' test, check t The organization	his box and ston qualifies as	top here. a publicly ▶ □
18	Private foundation. If the organization of	did not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	l see
	instructions					<i></i> .	🕨 📙

Part	Support Schedule for Organiza (Complete only if you checked th	tions Descri	ibed in Secti	on 509(a)(2)	ration failed t		A/A
	If the organization fails to qualify	e box on line	sts listed held	n ine organia ow please co	zation raneu t molete Part II	o quality ui	idei Pait II.
Section	on A. Public Support	diddi tilo tot		or, piodeo co	mpioto i dicii		
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(2) 2010	(5/20				
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	······································					
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				p		
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	•					avec converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the converted to the c
6	Total. Add lines 1 through 5						
7a		-					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		Ì				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	er manetagen					
8	Public support (Subtract line 7c from line 6.)					国数学之	
Cost	ion B. Total Support	<b>3.5</b> 40, 571, 341, 341	100001425	Hadamay Adams	BE STREET, SERVICE STREET		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Galei 9	Amounts from line 6	(4) 2010	10,2011	(0) 2012	(0, 20.0	10/	
9 10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,			ļ			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		•				
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	1		Ì			
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1	1			
	loss from the sale of capital assets			1	1		
	(Explain in Part VI.)		ļ			20.00	
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12.)	L	n'a firat sasa	nd third fourth	h or fifth tay v	ear as a ser	tion 501(c)(3)
14	organization, check this box and stop he	ne organizatio ere	on S mst, seco	na, uma, loura			▶ [
Cont	tion C. Computation of Public Suppo						
15	Public support percentage for 2014 (line	8. column (f) o	divided by line	13. column (f))		15	%
16	Public support percentage from 2013 Sc	chedule A. Par	t III, line 15 .		<u> </u>	16	%
	tion D. Computation of Investment In	ncome Perce	entage				
17	Investment income percentage for 2014	(line 10c, colu	mn (f) divided	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	3 Schedule A	Part III, line 17	7		.   18	%
19a	331/3% support tests-2014. If the orga	nization did no	ot check the bo	ox on line 14, a	and line 15 is r	nore than 33	31/3%, and line
	17 is not more than 331/3%, check this box	and stop her	e. The organiza	tion qualifies as	a publicly supp	orted organi	zation . ▶ [
b	331/3% support tests—2013. If the organ	ization did not	check a box or	n line 14 or line	19a, and line 1	o is more (na supported or	an 331/3%, and ganization ▶ [
	line 18 is not more than 331,8%, check this  Private foundation. If the organization of	qore ones xou :	nere, me orga a hov on line 1	mzanom qualille 4 10a or 10h	check this how	and see ins	structions > [
20	Private tounosuon. Il lile ofosiuzsuon (	コレス けいしん しけいせいべん	2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**************************************		

Part IV Supporting Organizations

I/A

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

Section	on A. All Supporting Organizations		10.	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		ing a
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	Light	2472
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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	•	X
4a	10 Maria - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4a	riti.	P. A.
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	はは、対象を対象に	
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?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	H.	oź-, r
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990).	8	N. S.	3 400
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.  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.	9b 9c		
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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		A Problem

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Part	V Supporting Organizations (continued)  N  N  N  N  N  N  N  N  N  N  N  N  N	/A	[ \	8.
		25.75°	Yes	<u>No</u>
11	Has the organization accepted a gift or contribution from any of the following persons?		5.	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	17.290	Page 1 Art
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	展表		rie R
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	3.5		\$ C 10
_	-	1000A13	er cu	in pr
2	Did the organization operate for the benefit of any supported organization other than the supported	推到		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	allii-"Li	
Secti	ion C. Type II Supporting Organizations		<u></u>	
	an at 1 lba it adebat mild at 2 miles mana		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	12.7		
	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	4 1.3		ī.c.
***	the supported organization(s).	1	<u> </u>	
Sect	ion D. All Type III Supporting Organizations		13/	I NI -
_	many the state of the state of the state of the fifth mouth of the	e testa	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	2.5		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		75° - 77
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	77.5		45.5
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1.13		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	E.
	supported organizations played in this regard.	3		1
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	. V A		-1.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	) instru	iction	(S):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b		lana ia	otn (of	iosol
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(See III	Suuci	iorisj.
2	Activities Test. Answer (a) and (b) below.	(COURT	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1544 1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-		15.
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		<del></del>	1 2.5	+
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported or janization(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	11 de 11 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de 12 de		1
	activities but for the organization's involvement.	2b	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	37.75	1	1
a	ment of the officers of the officers of the officers of the officers of		<b>.</b> .	
-44	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			L. H.
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

n &		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	N/A
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must core.	tru	st on Nov. 20, 1970. See in	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	羅		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ir	ntegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	N/A_
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets	- <del> </del>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				· · · · · · · · · · · · · · · · · · ·
е	From 2013			***************************************
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI

Part III, line 12. Also complete this part for any additional information. (See instructions.) Part II, Section B, Line 17A, Facts and Circumstances Test: Although the Fund for Investigative Journalism, Inc. does not have 33 1/3% public support, it does receive a substantial amount of its support from contributions made directly or indirectly from a combination of sources, including the general public. As required in Section 1.170A-9T Section (F) subsection 3(i), the Fund for Investigative Journalism does receive more than 10% of its support from public sources. As outlined in Section 1.170A-9T Section (F) subsection 3(ii), the Fund for Investigative Journalism has an ongoing campaign for additional financial support. In addition to fund-raising with foundations that support journalism, the fund seeks financial support from previous winners as well as prominent individuals, journalists, and members of the community to increase the level of public support of our work. As outlined in Section 1.170A-9T Section (F) Subsection (III) the level of public support for the fund has varied over the years, and in 2013 and 2014, the level was 22.51% and 22.51%, respectively. Most of our contributions are from a limited number of unrelated private foundations. As outlined above, we are working hard to broaden our base of public support. The Fund for Investigative Journalism was founded in 1969. It has a 12-member board that consists of active and retired investigative reporters, including Pulitzer Prize winners, and professors at major universities around the country with well established journalism and investigative reporting programs. The academic institutions represented currently on the board include, Temple University and University of Maryland. The Fund exists to provide a critical service to the public by selecting and financing well qualified journalists to produce a significant, independent and often ground-breaking investigative stories in the United States and around the world. The Journalists who receive grants from the Fund have presented and distributed their work in newspapers, magazines, on broadcast programs -- both television and radio, and on web sites in text, audio and video. These stories keep government and business accountable to the public, protect the weak and powerless, shine light on injustices and the need for reform, and reveal secret illegal activities that pollute the environment, plunder the public coffers, or that result in the killing or physical abuse of citizens. The work supported by the Fund has been recognized with numerous awards and spurred follow-up investigations and reform that continue to benefit the public. The watchdog role of journalists that the Fund has supported for more than 40 years is crucial to creating and preserving free and democratic societies. Because of the Fund, the public has received a greater awareness and understanding of the major issues and problems in the U.S. and around the world. The Fund is now more important than ever because of the major reductions in staff and resources occurring in the news media in the U.S. Without the Fund, many of the most necessary and valuable investigative stories would not be done.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

**Employer identification number** 

OMB No. 1545-0047

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

52-0895081 **FUND FOR INVESTIGATIVE JOURNALISM, INC** Organization type (check one): Section: Filers of: Form 990 or 990-EZ **☑** 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

FUND FOR INVESTIGATIVE JOURNALISM, INC 52-0895081

Part I	Contributors (see instructions). Use duplicate copies of	Part i ir additional space is r	lecaed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE NARA FUND P. O. Box 2927 Framingham, MA 01703	\$ <u>18,000</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NICHOLAS B OTTAWAY FOUNDATION  P. O. Box 401  Campbell Hall, NY 10916-0401	\$25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ETHICS AND EXCELLENCE IN JOURNALISM FOUNDATION  210 Park Avenue, Suite 3150  Oklahoma City, OK 73102	\$100,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	REVA AND DAVID LOGAN FOUNDATION  980 N. Michigan Avenue #1122  Chicago, IL 60611	\$75,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GREEN PARK FOUNDATION  1564 Ramona Drive  Santa Barbara, CA 93108	\$25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE MORTON K AND JANE BLAUSTEIN FOUNDATION  10 East Baltimore Street, Suite 1111  Baltimore, MD 21202	\$30,000	Person

Name of organization FUND FOR INVESTIGATIVE JOURNALISM, INC Employer identification number

52-0895081

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) · Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

UND FOR	INVESTIGATIVE JOURNALISM, INC				52-0895081
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the	the year from any tions completing Pa te year. (Enter this in	one contributor. ( rt III, enter the total nformation once. Se	Complete columns of exclusively relig	(a) through (e) and
	Use duplicate copies of Part III if add	litional space is nee	ded.		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description	of how gift is held
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
		4Np= == = = = = = = = = = = = = = = = = =		************	
ŀ		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	iship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description	of how gift is held
1		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description	n of how gift is held

	(e) Transfer of gift				
	Transferee's name, address, a	Relatio	nship of transferor	to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Descriptio	n of how gift is held
	**************************************				0840
	44.50	(e) Tran	sfer of gift		
	Transferee's name, address,			enship of transferor	to transferee

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

LISM				-0895081
n on Activiti	es Outside	the United States. Comp	olete if the organization ansv	vered "Yes" on
	maintain reco	ords to substantiate the am	ount of its grants and other	
gibility for the	grants or as	sistance, and the selection	criteria used to award the	
			to the other constant the month	
	he organizati	on's procedures for moni	toring the use of its grant	s and other
ed States.				
ollowing Part	I. line 3 table o	can be duplicated if addition	nal space is needed.)	
(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(i) Total
offices in the	agents, and	region (by type) (e.g., fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		investments, grents to recipients	service(s) in region	in region
	in region	located in the region)		
_	n	grants to recipients	investigative igurnalism	5,000
0	0	grants to recipients	investigative journalism	1,750
		grante to recipients	investigative journalism	5,000
-		grants to recipients	BLACOUQUIAC IOMITAMICANI	
0	0	grants to recipients	investigative journalism	5,000
0	0	grants to recipients	investigative journalism	4,000
0	0	grants to recipients	investigative journalism	27,080
0	0	grants to recipients	investigative hournalism	4,000
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		Anna Anna Anna Anna Anna Anna Anna Anna		
				51,83
'				
	organization gibility for the in Part V ted States. billowing Part (b) Number of offices in the region 0 0 0	on Activities Outside 14b. organization maintain recognization for the grants or as in Part V the organization of the sed States. collowing Part I, line 3 table of the sed States. collowing Part I, line 3 table of the sed States of the sed St	non Activities Outside the United States. Compatible organization maintain records to substantiate the amagibility for the grants or assistance, and the selection of the select	To nactivities Outside the United States. Complete if the organization ansistation maintain records to substantiate the amount of its grants and other gibility for the grants or assistance, and the selection criteria used to award the selection criteria used to award the gibility for the grants or assistance, and the selection criteria used to award the selection criteria used (selection c

c Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2014

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

(1) (2) (3) (4) (4) (10) (11) (12) (13) (14) (15) (16) (16) (16) (16) (16) (16) (16) (16	- (a	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash cash disbursement	non-cash assistance	(h) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
	E									
	(2)									
	<u> </u>									
	(4)									
(5) (10) (11) (12) (13) (14) (15) (16)										
(7) (8) (9) (10) (11) (12) (13) (14) (15)	(9)									
(a) (10) (11) (12) (13) (14) (15)										
(10) (11) (12) (13) (14) (15)	8									
(10) (11) (12) (13) (14) (15)	6									
(11) (12) (13) (14) (15) (15)	(10)									
(12) (13) (14) (15)										
(13)	(4.0)									Visit in the little was a second with the lin
(14)	() (E)									
(15)	14									
(16)	(15)									
	(16)									

▲ . by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities

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Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) book 800 200 200 book book book book book (g) Description of non-cash assistance 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement 5,000 wire 1,750 wire 5,000 wire 4,000 wire 5,000 wire 27,080 wire 4,000 wire (d) Amount of cash grant (c) Number of recipients ∞ 8 Sub-Saharan Africa (b) Region Central America South America North America South Asia Europe Russia (a) Type of grant or assistance (1) investigative journalism (2) investigative journalism (3) investigative journalism (4) investigative journalism (5) investigative journalism (6) investigative journalism (7) investigative journalism 38 <u>6</u> (11) (12) (13) (14) (15) (16) 8 9 3

Page	6

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

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Part \	ľ	S	uni	olei

Supplemental Information

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

Before awarding grants, the Fund requires commitments from news outlets that supported work will be published or broadcast, as long as it	
meets the news organization's standards. The Fund pays half of the grant once the award is made and, to ensure work is completed, pays	
the second half once the work is published in accordance with the original proposal. The Fund also establishes deadlines for completion	
and monitors progress of grantees for the duration of the grant period.	

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SCHEDULE I (Form 990)	- 0	Grants and Governments	Other Assist, and Individ	tance to Orguals in the L	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.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<b>P</b> Infor	mation about Sched	► Attach to Form 990.	Form 990. Id its instructions is	► Attach to Form 990. ► Information about Schedule (Form 990) and its instructions is at www.irs.gov/form990.	n990.	Open to Public Inspection
Name of the organization							Employer identification number
E E	E JOURNALISM, INC.						52-0895081
Seneral In	General Information on Grants and Assistance	Assistance					
1 Does the organize the selection crite	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?	stantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistance	e, and · · ☑ Yes ☐ No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for monitoring t	he use of grant fur	nds in the United	States.		
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiza	ations and Dom an \$5,000. Part	iestic Governm Il can be duplica	ents. Complete if ated if additional s	the organization answipace is needed.	rered "Yes" to Form 990,
1 (a) Name and address of organization or government	rganization (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
(1) NONE							
(2)							Man-Mattheway (1974)
(8)							
(4)							
(5)							
(9)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
ω	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(8)							
(6)							
(10)	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						
(11)	# # # # # # # # # # # # # # # # # # #						
(12)							
2 Enter total number	Enter total number of section 501(c)(3) and governmer Enter total number of other organizations listed in the		it organizations listed in the line 1 table line 1 table	ine 1 table			NONE NONE
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the instructions for Form 990.	is for Form 990.		Ö	18		Schedule I (Form 990) (2014)

Schedule I (Fo	Schedule I (Form 990) (2014)					Page 2
Sart Et Et	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	nestic Individua space is needed	ils. Complete if the	organization answ	ic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. e is needed.	Part IV, line 22.
	(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
1 investi	1 investigative journalism grants	28	122,845	0	book	
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4						
ro.						
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ne information re	equired in Part I, line	2, Part III, column	(b), and any other additi	onal information.
Before awa	Before awarding grants, the Fund requires written commitments from news outlets that supported work will be published or broadcast, as long as it meets the news organization's	ments from news o	utlets that supported w	vork will be published	or broadcast, as long as it m	eets the news organization's
standards.	standards. The Fund pays half of the grant once the award is made and, to ensure work is completed, pays the second half once the work is published in accordance with the original	d is made and, to er	nsure work is complete	d, pays the second h	alf once the work is publishe	in accordance with the original
proposal. T	proposal. The Fund also establishes deadlines for completion and monitors progress of grantees for the duration of the grant period.	tion and monitors	progress of grantees fo	or the duration of the	grant period.	
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# # # # # # # # # # # # # # # # # # #				7		
	***************************************	# E	**************************************			
						Schedule I (Form 990) (2014)

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

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number

FUND FOR INVESTIGATIVE JOURNALISM, INC	52-0895081
Part VI, Section B. Policies Line 11b The Fund provides an electronic copy of the 990 to the Board	to review prior to filing the form.
Part VI, Section B. Policies Line 12 The Fund has a conflict of interest policy. All board members i	nust disclose any connections or
interest in any grant applications or contracts and recuse themselves when appropriate. All activities	are routinely monitored through the
process of making policy, contracts or grants.	
Part VI, Section B. Policies, Line 15 The search committee of the Fund, composed of board member:	s, reviewed comparable salaries at
other similar nonprofit organizations, and discussed it and what the budget would allow throughout the	ne process of hiring.
Part VI, Section C. Disclosure, Line 19 The Fund's governing documents, conflict of interest policy	and financial statements are
available to the public upon written request.	
Part XI Reconciliation of Net Assets	
Line 5 - Net unrealized gains on investments reflect the difference in the cost of the marketable securi	ty and the Fair market value @ 12/31/14
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