### **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

September 30, 2014

350.org 1 Saint Matthews Ct No. A Washington, DC 20036  Prepared by  Councilor, Buchanan & Mitchell, P.C. 7910 Woodmont Avenue, Suite 500 Bethesda, MD 20814  Amount due or refund  Not applicable or refund  Make check payable to  Mail tax return and check (if applicable)  Not applicable		····· <del>·</del>
1 Saint Matthews Ct No. A Washington, DC 20036	Prepared for	
Prepared by  Councilor, Buchanan & Mitchell, P.C. 7910 Woodmont Avenue, Suite 500 Bethesda, MD 20814  Amount due or refund  Make check payable to  Mail tax return and check (if applicable) to  Return must be mailed on or before  Special Instructions  Washington, DC 20036  Mitchell, P.C. 7910 Woodmont Avenue, Suite 500 Bethesda, MD 20814  Not applicable  Not applicable  Not applicable  This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors		
Prepared by  Councilor, Buchanan & Mitchell, P.C. 7910 Woodmont Avenue, Suite 500 Bethesda, MD 20814  Amount due or refund  Not applicable  Make check payable to  Mail tax return and check (if applicable) to  Return must be mailed on or before  Special Instructions  This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors		
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

<u>A</u>	For the	e 2013 calendar year, or tax year beginning OCT 1, 2013 and	enaing 5	EP 30, 2014	
В	Check if applicable	C Name of organization		D Employer identification	ation number
	Addre	350.ORG			
	Name chang	Doing Business As		26-11	.50699
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termir ated	1 SAINT MATTHEWS CT	A	(802)	552-4067
	Ameno	City or town, state or province, country, and ZIP or foreign postal code			5,838,996.
	Applic			H(a) Is this a group ret	
	pendir	F Name and address of principal officer:MAY BOEVE		for subordinates?	
		SAME AS C ABOVE		H(b) Are all subordinates inc	·····
$\overline{}$	Toy ov	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) €	or 527	1 ' '	
		te: NWW . 350 . ORG	01 321	1	st. (see instructions)
		organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	State of legal domicile: DC
			L Year	or formation: 2007 M	State of legal domicile; DC
Р	art I	Summary	ODG TO	DIITI DING A	OT OD AT
မွ	1	Briefly describe the organization's mission or most significant activities: 350.	ORG IS	BOILDING W	GLOBAL
Activities & Governance		GRASSROOTS MOVEMENT TO SOLVE THE CLIMATE			
ern	2	Check this box  if the organization discontinued its operations or dispose	sed of more	1 1	sets.
Š	3			3	<u> </u>
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			-7
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			32
Ξ	6	Total number of volunteers (estimate if necessary)		6	4969
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		6,333,170.	5,748,443.
Š	9	Program service revenue (Part VIII, line 2g)		116,423.	7,225.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,678.	883.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85,355.	785.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,538,626.	5,757,336.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	514,430.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,340,762.	2,041,580.
Expenses	16a			0.	0.
þer	h	Professional fundraising fees (Part IX, column (A), line 11e)	72.		•
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,856,161.	5,762,596.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,196,923.	8,318,606.
	1			1,341,703.	-2,561,270.
<u>_ 2</u>		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or	200	Total coopts (Dort V. line 10)		4,701,498.	2,630,467.
ASS Ral	20	Total assets (Part X, line 16)		349,703.	839,942.
let/	21	Total liabilities (Part X, line 26)		4,351,795.	1,790,525.
	≧∣22 art II	Net assets or fund balances. Subtract line 21 from line 20		±,331,793•	1,190,323.
			a and atatam	anta and to the heat of my	knowledge and halief it is
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and Deller, it is
true	e, correc	is, and complete. Declaration of preparer (other than officer) is based on an information of wi	lich preparer	1 8/7/15	
٠.		Signature of officer		Date	
Sig		MAY BOEVE, EXECUTIVE DIRECTOR		Duto	
He	re	Type or print name and title			
			П	Date Check	TI PTIN
D-'	4	Print/Type preparer's name Preparer's signature  HOLLY CARORALE HOLLY CARORALE		OHOOK L	<b>-</b>
Pai		HOLLY CAPORALE HOLLY CAPORALE		8/07/15 self-employed	P00235685
	parer	Firm's name COUNCILOR, BUCHANAN & MITCHELL,	P.C.	Firm's EIN	52-1711839
US	Only	Firm's address 7910 WOODMONT AVENUE, SUITE 500			11 \ 000 0000
_		BETHESDA, MD 20814		Phone no. (30	1) 986-0600
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

THROUGH ONLINE MEDIA SUCH AS EMAILS, BLOGS, AND SOCIAL NETWORKS,
MULTIMEDIA SUCH AS PHOTO GALLERIES AND VIDEOS, AND WEB TOOLS SUCH AS
ONLINE MAPS THAT ALLOW USERS TO MORE QUICKLY AND EASILY UNDERSTAND HOW
TO CONNECT TO A GLOBAL MOVEMENT FOR CHANGE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Total program service expenses ▶ 7,127,232.

) (Revenue \$

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#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	- 21	
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	444		Х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	1-tu		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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	17		Х
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		<u></u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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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Part IV Checklist of Required Schedules (continued) Page 4

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? <i>If</i> "Yes," <i>complete</i>			х
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		21
z <del>-r</del> a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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 so, complete Schedule L, Part II	26		Х
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		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Х	X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	30		 X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b 36		Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		-2
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

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# Form 990 (2013) 3 5 0 . ORG Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			77
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:	<b>^</b> · ·				
E.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A			En		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		 )	5a 5b		X
b C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
-	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	 I		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file for the organization received a contribution of qualified intellectual property, did the organization file for the organization received a contribution of qualified intellectual property, did the organization file for the organization file			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	uny un	io during the your.	0		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
			<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Eorm	aan	(2012)

Form	990 (2013) 350 · ORG		∠6-I.	150699	) Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			for a "No"		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	tructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with an	y other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was 1	filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhold	lers, or			l
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		٠,,	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at 1	the			x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		·····	9		Λ
	<b>tion B. Policies</b> (This Section B requests information about policies not required by the Internal Re					
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	everiue C	,oae.)		Vaa	N <sub>2</sub>
			,oae.)	100	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?	napters,	affiliates,	10b		
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body	napters,	affiliates,	10b	Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990.	napters,	affiliates,	10b m? 11a	X	
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	napters, a	affiliates, filing the for	10b		
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990.  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 give rise	napters, a	affiliates, filing the for	10b m? 11a	X	
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17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	THE ORGANIZATION - (802) 552-4067

WASHINGTON, 1 SAINT MATTHEWS CT , NO. A, 20036

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.

(A)	(B)	ny related organization compensate (B) (C) Average Position						(D)	(E)	(F)
Name and Title	Average	(do	do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_					, 	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KC GOLDEN	3.00		=	0		王 65	Œ			
SECRETARY		Х		Х				0.	0.	0.
(2) BILL MCKIBBEN	3.00									
CHAIR		Х		Х				0.	0.	0.
(3) JESSY TOLKAN	3.00									
DIRECTOR		Х						0.	0.	0.
(4) JAY HALFON	3.00								_	_
TREASURER	1 2 2 2	Х		Х				0.	0.	0.
(5) NAOMI KLEIN	3.00								0	
DIRECTOR	2 00	Х						0.	0.	0 .
(6) MELINA LABOUCAN-MASSIMO DIRECTOR	3.00	x						0.	0.	^
(7) LIDY NACPIL	3.00	^				<u> </u>		0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(8) GILLIAN MAY BOEVE	40.00							0.	0.	0.
EXECUTIVE DIRECTOR	40.00			Х				54,920.	0.	7,776.
				-				31,3200		,,,,,
		1								
		1								
		L	L	L	L	L	L			
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	itior more		one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	n	an	(F) timate	
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	S	com fr org and	other pensa om the anizati d relate anizatio	e ion ed
1b Sub-total							<u> </u>	54,920.		0.		7,7	76. 0.
c Total from continuation sheets to Part Vi d Total (add lines 1b and 1c)							> 10 r	54,920.	000 of reportab	0.		7,7	_
compensation from the organization	ot inflited to ti		11310					ecowed more than \$100	,,ooo or reportab			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J t	for such individual			4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	-				-			-			5		Х
Complete this table for your five highest co the organization. Report compensation for	•	-						n the organization's tax		npens			
(A) Name and business	address	NC	INC	3				(B) Description of s	services	С	(Compe		<u>1</u>
2 Total number of independent contractors (i	ncluding but a	ot li-	mito	d to	the	SO 11:	etoo	d above) who received a	ore than				
\$100,000 of compensation from the organi		IOL III	ııııe	u 10		0	J. C.	above, who received h	IOIE HIAH		Form	990 <i>(c</i>	2012

26-1150699

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Part VIII	Statement of Revenue

		Check if Schedule O conta	ains a resnonse	or note to any li	ne in this Part VIII			
		Oncok ii Odricadic O doriti	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
e al	b	Membership dues	1b					
Am Am	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
imi	е	Government grants (contributi	ions) <b>1e</b>					
e ii	f	All other contributions, gifts, grant						
₽ġ		similar amounts not included abov	/e <b>1f  5 ,</b>	748,443.				
E S	g	Noncash contributions included in lines	1a-1f: \$	79,344.				
<u>ā č</u>	h	Total. Add lines 1a-1f			5,748,443.			
				Business Code				
ice	2 a	ADMISSIONS		900099	7,225.	7,225.		
Program Service Revenue	b							
n S	С							
Jev Jev	d							
5	е							
۱ ۵		All other program service reve			E 005			
$\rightarrow$		Total. Add lines 2a-2f			7,225.			
	3	Investment income (including	•	•	402			402
		other similar amounts)			403.			403.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities 82,140.	(ii) Other				
		assets other than inventory	82,140.		-			
	b	Less: cost or other basis	70 244	2 216				
		and sales expenses	79,344.	2,316. -2,316.				
		Gain or (loss)			480.	-2,316.		2 706
		Net gain or (loss)		<b>D</b>	400.	-2,310.		2,796.
ne l	8 a	Gross income from fundraising	,					
Other Revenu		including \$	of					
Be		contributions reported on line						
her		Part IV, line 18			-			
ŏ		Less: direct expenses						
		Net income or (loss) from fund	-					
	a a	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses			-			
		Net income or (loss) from gam						
		Gross sales of inventory, less	-	·····				
	10 a	and allowances						
	h	Less: cost of goods sold			-			
		Net income or (loss) from sales						
ŀ		Miscellaneous Revenu		Business Code				
ŀ	11 2	OTHER INCOME	<u> </u>	900099	785.	785.		
	b					, , ,		<del> </del>
	c							
		All other revenue						
		Total. Add lines 11a-11d			785.			
	12	Total revenue. See instructions.			5,757,336.	5,694.	0	3,199.
332009 10-29-						· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2013)

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# Form 990 (2013) 350 ORG Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	molete column (A)					
23011	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX								
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising				
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	514,430.	514,430.						
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	62,696.	31,348.	15,674.	15,674.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	1,604,236.	1,215,218.	301,183.	87,835.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	36,432.	26,633.	7,947.	1,852.				
9	Other employee benefits	203,821.	147,672.	44,642.	11,507.				
10	Payroll taxes	134,395.	100,659.	25,509.	8,227.				
11	Fees for services (non-employees):								
а	Management								
	Legal	7,929.	1,000.	6,929.					
	Accounting	74,782.	40,903.	30,312.	3,567.				
	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
_	column (A) amount, list line 11g expenses on Sch O.)	744,037.	635,799.	107,945.	293.				
12	Advertising and promotion	12,393.	10,918.	1,475.					
13	Office expenses	318,231.	294,573.	20,247.	3,411.				
14	Information technology	173,089.	168,239.		4,850.				
15	Royalties								
16	Occupancy	260,057.	218,263.	31,471.	10,323.				
17	Travel	448,807.	432,422.	14,589.	1,796.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	39,170.	39,170.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	24,067.		24,067.					
23	Insurance	42,161.		42,161.					
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
	amount, list line 24e expenses on Schedule 0.)								
а	EVENTS & MATERIALS	1,297,399.	1,122,027.	175,372.					
b	REGIONAL COORDINATORS	896,277.	875,214.	21,063.					
С	STRATEGY	497,611.	413,386.	84,225.					
d	VIDEO	303,476.	284,851.	18,625.					
e	All other expenses	623,110.	554,507.	53,566.	15,037.				
25	Total functional expenses. Add lines 1 through 24e	8,318,606.	7,127,232.	1,027,002.	164,372.				
26	Joint costs. Complete this line only if the organization			. ,	<u> </u>				
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
33201	) 10-29-13				Form <b>990</b> (2013)				

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350.ORG

### Form 990 (2013) Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,086,276.	1	2,354,016.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			500,000.	3	100,000.
	4	Accounts receivable, net				4	41,344.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persor	ns (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3	(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)	(9) voluntary			
şts		employees' beneficiary organizations (see instr).	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			58,607.	9	59,796.
	10a	Land, buildings, and equipment: cost or other		010 001			
		basis. Complete Part VI of Schedule D	10a	213,391.	22.22		F.C. F.O.O.
	b	Less: accumulated depreciation		156,609.	38,086.	10c	56,782.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	10 500	14	10 500		
	15	Other assets. See Part IV, line 11	18,529.	15	18,529.		
	16	Total assets. Add lines 1 through 15 (must equ			4,701,498.	16	2,630,467.
	17	Accounts payable and accrued expenses	349,703.	17	839,942.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
i≣		key employees, highest compensated employee				00	
Lia						22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines					
		Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			349,703.	26	839,942.
		Organizations that follow SFAS 117 (ASC 958			,		
Ø		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			3,825,811.	27	1,690,525.
ala	28	Temporarily restricted net assets			525,984.	28	100,000.
d B	29			<u></u> .		29	<u> </u>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), c	check here			
ō		and complete lines 30 through 34.	•				
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
et ⊿	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		-	4,351,795.	33	1,790,525.
	34	Total liabilities and net assets/fund balances			4,701,498.	34	2,630,467.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,75	7,3	<u> 36.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,31		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,35	1,7	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,79	0,5	<u>25.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 350.ORG 26-1150699

Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🗀	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	•		'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization			170(b)(1)	A)(iii).					
4	•		operated in conjunction				, ,, ,	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	ne,
_	city, and state		,		•					•		<u> </u>
5 📖	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public desc	cribed i	in
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 🖳	A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	1/3% of its	support	from gross	invest	ment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	<sup>7</sup> 5.
	See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).				
11 📖	An organizati	on organized and or	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>se</b> c	tion 509(a	<b>a)(3).</b> Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	a L Type I	<b>b</b>	/pe II c L Ty	ype III - Fu	nctionally	integrated	c	<b>і</b> 📖 Тур	e III - No	n-functiona	lly integ	grated
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons ot	her tha	เท
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	from any	of the follo	owing pers	sons?			
	(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below	',	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
			person described in (i) o									
h			about the supported or									
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	( <b>vi)</b> Is organizațio	the .	(vii) Amoun	t of moi	netarv
` '	anization	(,	(described on lines 1-9		sted in your			organizatio (i) organiz	on in coi. ed in the		port	
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>		<u> </u>						
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

#### 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1397614.	3008741.	3609859.	6332569.	5748443.	20097226.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1397614.	3008741.	3609859.	6332569.	5748443.	20097226.
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 shown on line 11,						
	column (f)						3903492.
6	Public support. Subtract line 5 from line 4.						16193734.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1397614.	3008741.	3609859.	6332569.	5748443.	20097226.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,236.	4,304.	766.	467.	403.	7,176.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			16,838.	201,778.	5,694.	224,310.
11	Total support. Add lines 7 through 10						20328712.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	6,957.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2013 (					14	79.66 %
	Public support percentage from 2012					15	76.63 %
16a	33 1/3% support test - 2013. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2012. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	i <b>ere.</b> Explain in Pai	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Soho	dule A (Form 990	or 990-F7\ 2013

,

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees 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 unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	ū	•	•	•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
<b>19a 33 1/3% support tests - 2013.</b> If the	-					
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2012.</b> If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶∟

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Employer identification number

2013

	350.ORG	26-1150699
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501  General Rule  For an organizat	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and Rule and a Special Rule and Alberta and Rule and	
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regro(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributio	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrus of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ed for cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to ruse exclusively for religious, charitable, etc., purposes, but these contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because in the etc., contributions of \$5,000 or more during the year	etal to more than \$1,000.  Ply religious, charitable, etc., it received nonexclusively
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule I	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

350.ORG

26-1150699

220.01	ng .	20	-1130033
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 450,000.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>175,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 600,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 250,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

350.ORG 26-1150699

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	

Name of organization Employer identification number 350.ORG 26-1150699 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 30 (16)(17), (07), or (10) organizations was year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

<u> </u>	11 30 1(c)(4), (3), 01 (6) 01ga1112a	tions. Complete Part III.			
Name of or	rganization			Emplo	oyer identification number
	350.ORG	+			26-1150699
Part I-A	Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 or	rganization.
2 Politic	cal expenditures	zation's direct and indirect polit		▶\$	
Part I-E	Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
1 Enter		incurred by the organization ur			
2 Enter	the amount of any excise tax	incurred by organization mana	aers under section 495	5 <b>&gt;</b> \$	
		on 4955 tax, did it file Form 472			
		······································			
<b>b</b> If "Ye	s." describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt un	der section 501(c)	, except section 501(	c)(3).
1 Enter	the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities >\$	
2 Enter	the amount of the filing organ	nization's funds contributed to d	other organizations for s		
exem	pt function activities			▶\$	
		s. Add lines 1 and 2. Enter here			
line 17	7b			<b>▶</b> \$	
4 Did th	ne filing organization file Form	1120-POL for this year?			Yes No
made contri	payments. For each organiza butions received that were pr	nployer identification number (E ation listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political org	ization's funds. Also enter th ganization, such as a separa	e amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990-EZ) 2013	220.0KG		E04/ \/0\ : 4:	Z0-1	130033 Page 2	
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fil	ed Form 5768		
(election under sec						
		liated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,	
. —	re of excess lobbying	. ,				
Limi	ts on Lobbying Expe	nd "limited control" pro nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	uoneo public opinion (	arass roots lobbying)		1,562.		
<b>b</b> Total lobbying expenditures to infli				10,307.		
c Total lobbying expenditures (add I				11,869.		
d Other exempt purpose expenditur				8,306,737.		
e Total exempt purpose expenditure				8,318,606.		
f Lobbying nontaxable amount. Ent				565,930.		
If the amount on line 1e, column (a) o		bying nontaxable am				
Not over \$500,000		the amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000 \$1,000,000.						
g Grassroots nontaxable amount (er	nter 25% of line 1f)			141,483.		
h Subtract line 1g from line 1a. If zer	o or less, enter -0			0.		
i Subtract line 1f from line 1c. If zero				0.		
j If there is an amount other than ze reporting section 4911 tax for this		line 1i, did the organiza			Yes No	
	4-Year Ave	eraging Period Under	Section 501(h)			
		ection 501(h) electior				
cc	olumns below. See the	e instructions for line	s 2a through 2f on pa	age 4.)		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total	
2a Lobbying nontaxable amount	257,463.	293,384.	409,846.	565,930.	1,526,623.	
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))					2,289,935.	
c Total lobbying expenditures	33,323.	17,747.	12,205.	11,869.	75,144.	
d Grassroots nontaxable amount	64,366.	73,346.	102,462.	141,483.	381,657.	
e Grassroots ceiling amount (150% of line 2d, column (e))					572,486.	
		I			I	

Schedule C (Form 990 or 990-EZ) 2013

1,562.

7,868.

14,138.

1,725.

f Grassroots lobbying expenditures

(b)

(a)

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С					
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	7 7 1				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n F01/a	(E) or oc	otion	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(a), or se	CUON	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b					
С	- · ·				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, line 2; a	nd Part II-B	I, line 1.
Also,	complete this part for any additional information.	·			

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

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

2013 Open to Public

Inspection
Employer identification number

Name of the organization 350.ORG 26-1150699 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

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	t III   Organizations Maintaining C	Collections of A	rt Hie	torical Tu	easures (	or Other		ssets/co		
3										
	(check all that apply):		. $\Box$							
а	Public exhibition	c			change progra					
b	Scholarly research	e	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							n Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	assets			
_	to be sold to raise funds rather than to be ma									No_
Pai	t IV Escrow and Custodial Arran		ete if the	organization	on answered '	'Yes" to F	orm 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								г	_
	on Form 990, Part X?							L Yes	; L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
								Amo	unt	
	Beginning balance									
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					∴ L Yes	; <u> </u>	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								L	
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	orm 990, Part					
		(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>j)</b> Three years l	back (e) F	our ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		ce (line 1	a. column (	a)) held as:	<u> </u>				
_ а	Board designated or quasi-endowment		%	g, cc.a (	۵,, ۱۱۵۱۵ ۵۵۱					
h	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c shou									
22	Are there endowment funds not in the posse	=	ation the	at are hold a	and administs	rod for the	o organization	,		
Ja		ssion of the organiz	ation the	at are rielu a	and administe	iled for the	organization	1	Ye	s No
	by:							20	_	5 110
	(i) unrelated organizations							3a		+-
<b>L</b>	If "Yes" to 3a(ii), are the related organizations	listed as required a						3a(	$\neg$	+
								31	<u> </u>	
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.						
Fai			Dort IV	lina 11a C	Saa Farm 000	Dort V III	20.10			
	Complete if the organization answere							(-1) D		-1
	Description of property	(a) Cost or obasis (investr			t or other (other)		cumulated eciation	(a) B	ook va	alue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			8	36,272.		37,548.			724.
	Other			12	27,119.		19,061.		8,	058.
	. Add lines 1a through 1e. (Column (d) must e		X, colur				<b></b>			782.
	• , , , ,	•	-							

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 350 • ORG		2	6-1150699 Page 3
Part VII Investments - Other Securities.			•
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	1		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(8)

	t XI Reconciliation of Revenue per Audited Financial Statemen	te Wit	h Revenue ner R		rage -
ı a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	13 1111	iii Nevellae pei N	Cturr	•
1	Table and the second of the se			1	5,779,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	.,,====
– a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	21,810.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	•		2e	21,810.
3	Subtract line 2e from line 1			3	5,757,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,757,336.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,340,416.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		04 040		
а	Donated services and use of facilities	2a	21,810.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			01 010
е	Add lines 2a through 2d			2e	21,810.
3	Subtract line 2e from line 1			3	8,318,606.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		_	0
_	Add lines 4a and 4b			4c	0. 8,318,606.
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	0,310,000.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines 1	b and Ob. Dort V. line	1. Dort	V line 0: Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			4, Pari	A, IIIIe 2, Part AI,
iries	20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide any addition	Jilai IIII	ormation.		
PAI	RT X, LINE 2:				
EX.	PLANATION: THE ORGANIZATION REQUIRES THAT A	TAX	POSITION B	E RI	ECOGNIZED
OR	DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-I	"TON	THRESHOLD.	TH:	IS APPLIES
TO	POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A T	AX RETURN.	THE	
OR	SANIZATION DOES NOT BELIEVE ITS FINANCIAL S	TATE	MENTS INCLU	DE,	OR
					000
RE.	LECT, ANY UNCERTAIN TAX POSITIONS. THE ORG	ANIZ	ATION'S IRS	FOI	RM 990,
חדו	NIDN OF ODGANIZATION EVENDE FROM INCOME MAY	т с	CIID TECE EO	T3 3 2 3	NATALA METONI
KE'	TURN OF ORGANIZATION EXEMPT FROM INCOME TAX	<u>, IS</u>	SUBJECT TO	EXA	AMINATION
DΛ	THE FEDERAL AND STATE AUTHORITIES, GENERAL	[.V [	Ор тирге уг	ΔDC	V CAULO TU
ם ד	THE PEDERAL AND STATE AUTHORITIES, GENERALI	UI F	OK INKEE IE	CAL	WLIEW II
IS	FILED.				
	<del></del> :				

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Schedule D (Form 990) 2013 350 ORG  Part XIII Supplemental Information (continued)	

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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. ► See separate instructions.

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

2013
Open to Public Inspection

Name of the organization

United States.

**Employer identification number** 

350	ORG	26-1150699							
Pai	TI General Information on Activities Outside the United States. Complete if the organ	nization answered "Yes" on							
	Form 990, Part IV, line 14b.								
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,								
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance	istance? Yes No							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and or	ther assistance outside the							

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region CLIMATE CHANGE AWARENESS RATSING THROUGH PARTNER ENGAGEMENT EDUCATION TRAINING, AND EVENTS. SOUTH AMERICA 17 PROGRAM SERVICES 186,542. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER ENGAGEMENT, EDUCATION, SUB-SAHARAN AFRICA 25 PROGRAM SERVICES TRAINING AND EVENTS. 166,527. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER MIDDLE EAST AND ENGAGEMENT, EDUCATION, TRAINING, AND EVENTS. NORTH AFRICA -2 PROGRAM SERVICES 81,397. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER EUROPE (INCLUDING ENGAGEMENT EDUCATION ICELAND & GREENLAND) 69 PROGRAM SERVICES TRAINING, AND EVENTS. 860,010. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER ENGAGEMENT, EDUCATION, 116,124. SOUTH ASIA 21 PROGRAM SERVICES TRAINING AND EVENTS. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER EAST ASIA AND THE ENGAGEMENT, EDUCATION, 36 PROGRAM SERVICES TRAINING, AND EVENTS. PACIFIC 421,463. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER ENGAGEMENT, EDUCATION, RUSSIA AND NEIGHBORING STATES 6 PROGRAM SERVICES TRAINING, AND EVENTS. 17,273. CLIMATE CHANGE AWARENESS RAISING THROUGH PARTNER ENGAGEMENT, EDUCATION, NORTH AMERICA 8 PROGRAM SERVICES TRAINING, AND EVENTS. 65.816. 3 a Sub-total 184 1,915,152. **b** Total from continuation 0 0. sheets to Part I ....... c Totals (add lines 3a 184 1,915,152. and 3b)

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Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 350 • ORG 26-1150699 Page 2

Part II 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.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
							<u> </u>	<u> </u>				
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter											

Part III 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. (0) 1/1

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2013

26-1150699 Page 4

### Part IV | 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	X 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)	Yes	X 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	X 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	X 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	X 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)	Yes	X No

Schedule F (Form 990) 2013

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

350.ORG		26-11506	599					
Part I General Information on Grants	and Assistance					•		
Does the organization maintain records criteria used to award the grants or ass		-						 ∑ No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	d States.				
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States.	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	ded.				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GLOBAL GREENGRANTS FUND								
2840 WILDERNESS PLACE, SUITE A							GLOBAL POWER SHIFT	
BOULDER, CO 80301	84-1612422	501(C)3	514,430.	0.			PROGRAM.	
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	ne line 1 table			•	<b>&gt;</b>	1.
3 Enter total number of other organization								1.

26-1150699 350.ORG Schedule I (Form 990) (2013) Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Inspection | Employer identification number

350.ORG 26-1150699 Types of Property Part I (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes \_\_\_\_\_ 7 Intellectual property 8 <u>19</u> 79,344. FAIR MARKET VALUE X Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles ..... 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other Other -26 27 Other -28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) (2013)

describe in Part II.

#### 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.

Attach to Form 990 or 990-EZ.

2013

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

350.ORG

Employer identification number 26-1150699

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE DRAFT OF THE FORM 990 IS GIVEN TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE FORMS ARE MAILED EACH YEAR TO ALL BOARD MEMBERS. THE FORMS
ARE RETURNED TO THE OPERATIONS DIRECTOR AND FILED TOGETHER.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: (PART A) - THE EXECUTIVE DIRECTOR'S SALARY COMPENSATION IS

DETERMINED BY THE BOARD OF DIRECTORS IN AN ANNUAL REVIEW PROCESS THAT

CONSIDERS THE TERMS OF HER HIRING CONTRACT, THE FINANCIAL STATUS OF THE

ORGANIZATION, AND PERCENTAGE SALARY INCREASES GIVEN TO OTHER STAFF MEMBERS

WITHIN THAT SAME PERIOD. THE BOARD OF DIRECTORS ALSO REVIEWED SALARIES AND

INCREASES FROM COMPARABLE ORGANIZATIONS IN MAKING THEIR DECISION AND

DELIBERATED ON THE BASIS OF ALL THOSE FACTORS IN ADDITION TO A THOROUGH

PERFORMANCE REVIEW IN MAKING ITS DECISION.

(PART B) - NO OTHER OFFICER OR KEY EMPLOYEE IS COMPENSATED.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS ANNUAL REPORTS, GOVERNING DOCUMENTS

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST OF SUCH

DOCUMENTS BY THE PUBLIC.

38

Form 8868 (Rev. 1-2014)					Page <b>2</b>				
If you are filing for an Additional (Not Automatic) 3-Month	Extension.	complete only Part II and check this	hox						
<b>Note.</b> Only complete Part II if you have already been granted a									
If you are filing for an Automatic 3-Month Extension, comp			.04 1 01111	0000.					
Part II Additional (Not Automatic) 3-Month			al (no c	opies ne	eded).				
			•	•	r, see instructions				
Type or Name of exempt organization or other filer, see inst	tructions.				tion number (EIN) or				
print									
File by the 350.ORG 26-1150699									
due date for filling your return. See 1 SAINT MATTHEWS CT , NO	Social se	curity num	ber (SSN)						
instructions. City, town or post office, state, and ZIP code. For a WASHINGTON, DC 20036	a foreign add	lress, see instructions.							
Enter the Return code for the return that this application is for	file a separa	te application for each return)			01				
Application	Application			Return					
Is For	Code	Is For			Code				
Form 990 or Form 990-EZ	01								
Form 990-BL	02	Form 1041-A			08				
Form 4720 (individual)	03	Form 4720 (other than individual)			09				
Form 990-PF	04	Form 5227 Form 6069							
Form 990-T (sec. 401(a) or 408(a) trust)			11						
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already grant	06	Form 8870			12				
THE ORGANIZAT  • The books are in the care of ▶ 1 SAINT MATTH: Telephone No. ▶ (802) 552-4067  • If the organization does not have an office or place of busine • If this is for a Group Return, enter the organization's four dig box ▶ □ . If it is for part of the group, check this box ▶ □  4 I request an additional 3-month extension of time until 5 For calendar year, or other tax year beginning 6 If the tax year entered in line 5 is for less than 12 months □ Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED A COMPLETE AND ACCURATE RETURN	ess in the Ur git Group Exe and atta AUGUS' OCT 1 c, check reas	Fax No.  inted States, check this box comption Number (GEN)	f this is fo all memb	r the whole ers the ext	e group, check this tension is for.				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  8a \$  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid									
previously with Form 8868.			8b	\$	0.				
C Balance due. Subtract line 8b from line 8a. Include your EFTPS (Electronic Federal Tax Payment System). See ins		h this form, if required, by using	8c	<b>\$</b>	0.				
		st be completed for Part II o		. Ψ					
Under penalties of perjury, I declare that I have examined this form, inclit is true, correct, and complete, and that I am authorized to prepare this	luding accomp	•	-	f my knowle	edge and belief,				
Signature ▶ Title ▶	- CPA		Date	<b>&gt;</b>					
					n <b>8868</b> (Rev. 1-2014)				