. 990-EZ

# Short Form 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. 1545-1150 2014

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-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calend	ar year, or tax year beginning January 1 , 2014, and ending	Dec	ember 3	31 , 20 14	$\overline{}$
В	check if ap	oplicable:	D Employer identification number			_	
	Address c	hange	45-3183874				
=	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telep	hone nur	nber	
=	instal retur		P.O. Box 11791		720	-394-6589	
∺	rınavrended Amended	n/termmated	City or town, state or province, country, and ZIP or foreign postal code	Grou	p Exem	ption	_
=		n pending	Denver, CO 80211	Num	ber 🕨		
G /	Account	ing Method		neck Þ	· Wifi	the organization is i	not
ı v	Vebsite	:► www.	<del></del>			ch Schedule B	
JT	ax-exem	npt status (che	ck only one) -   501(c)(3)  501(c) ( )  (insert no )  4947(a)(1) or  527  (Fo	orm 99	90, 990-	EZ, or 990-PF)	
			☑ Corporation ☐ Trust ☐ Association ☐ Other	•			
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets			
(Par	t II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► s		
Ρ	art i	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struc	tions	for Part I)	_
			the organization used Schedule O to respond to any question in this Part I .			· · · · · · · · · · · · · · · · · · ·	
	1		ons, gifts, grants, and similar amounts received		1	40,8	_
	2		ervice revenue including government fees and contracts		2	24,5	
	3		ip dues and assessments	İ	3	2-1,0	
	4	Investment	•		4		—
	5a		ount from sale of assets other than inventory   5a	·	12		
	ь		or other basis and sales expenses		15.5		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming an	.	Ser. 1			
	a	_	ome from gaming (attach Schedule G if greater than	ŀ			
9	"			ł	- 3		
Revenue	Ь		me from fundraising events (not including \$ of contributions				
Š	-		aising events reported on line 1) (attach Schedule G if the		4		
Œ	l		th gross income and contributions exceeds \$15,000)   6b				
	c		t expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	ract	17		
	_	line 6c)	o or (1999) from garining and fandidating overlap (and miles on and ob and obba		<u>್ವತ್ತು</u> 6d		
	7a	•	s of inventory, less returns and allowances   7a	980			
	b		of goods sold	556	Part 1		
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	330	7c		422
	8		nue (describe in Schedule O)	.	8		<u>423</u>
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9		<del></del>
	10		I similar amounts paid (list in Schedule O)		10	65,1	<u>/6/</u> 0
	11		aid to or for members		11		<del>_</del> 0
ca.	12			. }	12		
nses	13	Profession	al fees and other payments to independent contractors AUG \$ 7.015	.	13	29,1	
ě	14	Occupance	y, rent, utilities, and maintenance $\dots \dots $	.	14		<u>680</u>
Expe	15	Occupance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. }	15		147
_	16		ublications, postage, and shipping	.	16		<u>496</u>
	17						<u>540</u>
_		Total expe	enses. Add lines 10 through 16		17	61,0	
Ş	18		(deficit) for the year (Subtract line 17 from line 9)		18	4,	<u>110</u>
88	19			ŀ	40		
Net Assets					19	1,;	<u> 213</u>
2	20		nges in net assets or fund balances (explain in Schedule 0)		20	<del></del>	
	21		or fund balances at end of year. Combine lines 18 through 20	•	21		323
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (20	J14)

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Part		•				_
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	<del>.</del> -	
22	Cash, savings, and investments		}		22	<del></del>
23	Land and buildings			2,467	23	1,719
24	Other assets (describe in Schedule O)			588	-	5,785
25	Total assets			3,054	_	7,500
26	Total liabilities (describe in Schedule O)			1,841		2,177
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21) [	1,213	27	5,323
Part l	II Statement of Program Service Accom	plishments (see th	ne instructions for f	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗸	/0-	Expenses equired for section
What is	s the organization's primary exempt purpose?	See Schedule O				(c)(3) and 501(c)(4)
as me	be the organization's program service accompli- asured by expenses. In a clear and concise m is benefited, and other relevant information for ea	nanner, describe the				anizations, optional for ers)
	poken Word Workshops					
	worked with approximately 1,667 youth at 28 school coordinated participant showcases Grants \$ 15,000) If this amount			<b>&gt;</b> [	28	16,064
29 V	Vords to Actions Youth Leadership Program					
Ö	uring their time the 5 week summer camp, 12 partic	ipants (ages 13-17) g	ained the confidence	e, cultural		
	wareness, and leadership skills needed to strength					
<u>.</u>	Grants \$ 8,000) If this amount	includes foreign gra	ants, check here .	▶ □	29	a 11,655
	pen Mic and Community Events					1
	nosted collaborative Rise Up event for 200 people fe			<u>ıt</u>		
	eatured 10 performers from outside of Colorado for				20	
_	Grants \$ 10,000 If this amount other program services (describe in Schedule O)	includes foreign gra	ints, check here .	· · · • u	30	a 25,178
	· -	includes foreign ar	ants, check here		31:	<b>a</b>
<u> </u>	otal program service expenses (add lines 28a				32	
Part l						
	Check if the organization used Schedule					_
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	
Derek I	Brown					
Chair, I	Board of Directors	5		<u> </u>	0	0
	la Zepeda					
	rer, Board of Directors	3	C		<u> </u>	0
	pah Blue					•
	ary, Board of Directors a Beltran	2		<u>'</u>	9	0
	er, Board of Directors	,			٥	0
	Dickinson	<b>†</b>			_	
	er, Board of Directors	2			0	0
	Sagastume				T	
Membe	er, Board of Directors	2	<u> </u>		0	0
Bobby	LeFebre					
Membe	er, Board of Directors	2	c		0	0
Ara Crı		-[				
Execut	ive Director	60	27,500	·	0	0
		-				
				<del> </del>	+	
		1				
				<del>                                     </del>	+	
	•••••••••••••••••••••••••••••••••••••••	1				
					$\top$	
		1				

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed desception of each activity in Schedule O.  34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35 Did the organization have urrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 If "Yes," to line \$5a, has the organization field a Form \$90-If to the year? If "Yes," provide an explanation in Schedule O.  37 Was the organization receives of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  38 Did the organization descention \$1,000 (sp.) of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  38 Did the organization descention \$1,000 (sp.) of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  39 Did the organization file Form \$120-POL for this year?  30 If the organization file Form \$120-POL for this year?  31 If "Yes," complete Schedule on file \$1,000 POL for this year?  32 Did the organization file Form \$120-POL for this year?  33 Did the organization file Form \$120-POL for this year?  34 Did the organization file Form \$120-POL for this year?  35 Did the organization file Form \$120-POL for this year?  36 Did the organization file Form \$120-POL for this year?  37 Did the organization file Form \$120-POL for this year?  38 Did the organization file Form \$100-POL for this year?  39 Did the organization file Form \$100-POL for this year?  30 Did the organization file form \$100-POL for this year?  30 Did the organization file form \$100-POL for this year?  30 Did the organization file form \$100	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	1e	
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed desception of each activity in Schedule O.  34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35 Did the organization have urrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 If "Yes," to line \$5a, has the organization field a Form \$90-If to the year? If "Yes," provide an explanation in Schedule O.  37 Was the organization receives of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  38 Did the organization descention \$1,000 (sp.) of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  38 Did the organization descention \$1,000 (sp.) of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  39 Did the organization file Form \$120-POL for this year?  30 If the organization file Form \$120-POL for this year?  31 If "Yes," complete Schedule on file \$1,000 POL for this year?  32 Did the organization file Form \$120-POL for this year?  33 Did the organization file Form \$120-POL for this year?  34 Did the organization file Form \$120-POL for this year?  35 Did the organization file Form \$120-POL for this year?  36 Did the organization file Form \$120-POL for this year?  37 Did the organization file Form \$120-POL for this year?  38 Did the organization file Form \$100-POL for this year?  39 Did the organization file Form \$100-POL for this year?  30 Did the organization file form \$100-POL for this year?  30 Did the organization file form \$100-POL for this year?  30 Did the organization file form \$100		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u>	
detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  353  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others)?  354  Bit "Yes," to bine \$2s, his the organization of a form \$90-17 to the year? If "Yes," provide an explanation in Schedule O, and prove the requirements during the year? If "Yes," complete \$5chedule C, Part III  355  356  357  357  358  359  360  379  370  370  371  371  380  371  381  381  382  383  384  385  386  387  387  387  387  387  387  387	00		_	Yes	No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (See instructions)  35a Did the organization have urrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, mong others)  5 If "Yes," to line 35a, has the organization filed a Form 900.1 for the year? If "No.", provide an explanation is schedule 0.  6 Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule 0, Part III	33		33		1
10th the organization have unrelated business gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If "fes," to line 35a, has the organization lifed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete special chairs of Schedule N  10th the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete special cable parts of Schedule N  10th the organization the Form 1120-POL for this year?  10th the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  10th the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  10th the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year overed by this return?  10th the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year overed by this return?  10th the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year overed by this return?  10th the organization in a prior year and still outstanding at the text and outstanding the year overed by this return?  10th the organization in a prior year that the stat	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		<b>✓</b>
b II "Yes," to line 35s. has the organization field a Form 990-T for the year? If TNo," provide an explanation in Schedule O C Was the organization a section 501(c)(4), 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule N  36  37a  37a  37a  37a  37a  37b  37a  37b  37b	h				<b>✓</b>
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spenicable parts of Schedule N. 37a   0   0   0   0   0   0   0   0   0		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   38b   38a   38b   38a   38b   38a   38b	36		36		1
Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    b   l'*Yes," complete Schedule L, Part II and enter the total amount involved 38b   Section 501(c)(7) organizations. Enter:   Initiation fees and capital contributions included on line 9 39a   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   section 4911 ▶ 0 ; section 4915 ▶ 0 ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year or that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   40b   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   Did tax shelter transaction? If "Yes," complete Form 8886-T   40c   List the states with which a copy of this return is filed ▶ Colorado  1 The organization's books are in care of ▶ Ara Cruz	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    1			37ь		<b>_</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		L	ļ	لـِــا
a Initiation fees and capital contributions included on line 9 . 39a	h		38a		<b>-</b>
a Initiation fees and capital contributions included on line 9 b Gross réceipts, included on line 9, for public use of club facilities  40s Section 501(c)(3) organizations. Enter amount of tax imposed on the organization dunng the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ2 If "Yes," complete Schedule L, Part I  C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization  42 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  40e  41 List the states with which a copy of this return is filed ▶ Colorado  42 The organization's books are in care of ▶ Ara Cruz  Telephone no. ▶ 720-394-6589  Located at ▶ 910 Galpage 51  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  42c If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization meceive any payments for indoor tanning			1		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization dung the year undersection 4911 № 0; section 4955 № 0  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schedule I, Part I 40b  C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4958 ▶ 0  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ Colorado  11 List the states with which a copy of this return is filed ▶ Colorado  12 The organization's books are in care of ▶ Ara Cruz  Located at ▶ 910 Galapago St  Located at ▶ 910 Galapago St  Located at ▶ 910 Galapago St  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  42 Located 4947(a)(1) nonexempt charatable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If		· · · · · · · · · · · · · · · · · · ·	1		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations that any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40e  41 List the states with which a copy of this return is filed ▶ Colorado  42a The organization's books are in care of ▶ Ara Cruz  Telephone no. ▶ 720-394-6589  80204  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  42b  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization have a controlled en	40a	· · · · · · · · · · · · · · · · · · ·	1		
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  G Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed ▶ Colorado  Telephone no. ▶ 720-394-6569  Located at ▶ 910 Galapago St  Located at ▶ 910 Galapago St  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; such as a bank account, securities account, or other financial account?? If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?		section 4911 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o			
that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization .  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed by Colorado  11 List the states with which a copy of this return is filed by Colorado  12 The organization's books are in care of by Ara Cruz  Located at by 910 Galapago St  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: by See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  42b If "Yes," enter the name of the foreign country: by Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  14a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments fr	b		L	L	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶					
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  41 List the states with which a copy of this return is filed ▶ Colorado  The organization's books are in care of ▶ Ara Cruz  Located at ▶ 910 Galapago St  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; lesse the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  dt "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  dt "Yes to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  dt the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "	_		40b		<b>/</b>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  40c reimbursed by the organization  41 I List the states with which a copy of this return is filed ▶ Colorado  42a Telephone no. ▶ 720-394-6589  Located at ▶ 910 Galapago St  Located at ▶ 910 Galapago St  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization poerate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d	С	on organization managers or disqualified persons during the year under sections 4912,			
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed   Colorado  The organization's books are in care of   Ara Cruz  Telephone no.   720-394-6589  Located at   10 Galapago St  2 IP + 4   10 Calorato	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
Telephone no. ▶ 720-394-6589  Located at ▶ 910 Galapago St ZIP + 4 ▶ 80204  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	e		40e		1
Located at ▶ 910 Galapago St  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	41	List the states with which a copy of this return is filed ▶ Colorado		L	<u> </u>
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  44b  Uff "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  5b  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	42a	The organization's books are in care of ▶ Ara Cruz  Telephone no. ▶	720-39	4-658	9
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time duning the calendar year, did the organization maintain an office outside the U.S.?			80	204	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?	b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?		<del>-</del>			
If "Yes," enter the name of the foreign country:   43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Financial Accounts (FBAR).			
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	С	If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	✓
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	1 1	• •	. I	
completed instead of Form 990-EZ	440	Did the experience mantain any decay edited foods that the core O.K. Over 11 Feb. 200		Yes	No
completed instead of Form 990-EZ		completed instead of Form 990-EZ	44a		1
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Ь	completed instead of Form 990-EZ			1
explanation in Schedule O			44c	<u> </u>	1
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	d	explanation in Schedule O	44d		
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	_		45a	<u> </u>	<b>✓</b>
rum 330-64 (S53 Instructions) , , , , , , , , , , , , , , , , , , ,	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		./

Form 99	0-EZ (20	014)							Page 4
								Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes,"							-
Part \		Section 501(c)(3) organization	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	<del></del>	· · ·	· 46	<u>l</u>	<b>V</b>
Turt		All section 501(c)(3) organization		estions 47–49b ar	d 52, and co	mplete th	e tables	for lin	es
		50 and 51.			· · · · · · ·	•			
	1	Check if the organization used Sc	hedule O to respond	d to any question i	n this Part VI			<u> </u>	
								Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Pa	,	section 501(h) elec		during the	1	.	
48	•	organization a school as described					. 48	+	1
<del>4</del> 9а		ne organization make any transfers		•				→	1
		s," was the related organization a s					. 49		<b>                                     </b>
50	Comp	olete this table for the organization'	s five highest comper	nsated employees (	other than offic	ers, direct			
	emplo	oyees) who each received more tha	n \$100,000 of compe	nsation from the or	ganization. If the	nere is non	e, enter "	None.	
	4-5	N	(b) Average	(c) Reportable	(d) Health contributions		(e) Estima	ted amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	(C) benefit plans, comper			mpensa	
None				<del> </del>	Compe	Isauon			
None			1						
				<u> </u>					
			1						
									-
			4						
			1						
f	Total	number of other employees paid or	/er \$100.000	▶ No	ne				
51		olete this table for the organization		ensated independe	ent contractors	who each	n receive	d more	than
	\$100,	000 of compensation from the org	anization. If there is n	one, enter "None."		<del>.</del>			
	(a)	Name and business address of each indepen	dent contractor	(b) Type of s	service	(c	) Compensa	ition	
None									
None				-					
				<del> </del>					
				1	ļ				
				-					
				<del> </del>			<del></del>		
				-					
d	Total	number of other independent contr	actors each receiving	over \$100,000 .	. ▶	N	one		
52		the organization complete Sched	_	·	ganizations m	ust attac	h a		
	comp	eleted Schedule A		<u> </u>	<u> </u>		. <b>▶</b>	s 🗆	No
		of penjury, I declare that I have examined this					nowledge a	nd belief	, it is
true, cor	rect, and	d complete Deparation of preparer (other that	en onicasyns bassed on all int	ormation of which prepar	er nas any knowle	age	1		
Sign		Signature of officer	·		Dat	<del>8/1)</del>	<del>/                                    </del>		
Here		Ara Cruz, Executive Director			Jai	٠ ,	•		
		Type or print name and title					•		
Paid		Print/Type preparer's name	Preparer's signature	-	Date	Check	l PTIN	-	
Drop						self-emplo	- 1		

Preparer Use Only

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

Phone no

### **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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name	of the organization					Employer identification	number
Cafe (	Cultura					45-31	83874
Par	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c	organization is not a private founda	tion because it is	s: (For lines 1 through	11, chec	k only or	ne box.)	
1.	A church, convention of church	nes, or association	on of churches descri	bed in <b>s</b> e	ection 17	O(b)(1)(A)(ī).	
2	☐ A school described in <b>section</b>	170(b)(1)(A)(іі). (	(Attach Schedule E.)				
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	nbed in s	ection 170(b)(1)(A)(	(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp.		college or university	owned o	r operate	d by a government	al unit described in
6	A federal, state, or local govern	ment or governi	mental unit described	in section	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a goven	nmental unit or from	the general public
8	A community trust described u	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization at	receives: (1) more I to its exempt in tincome and	re than 331/3% of its functions—subject to unrelated business t	support ( certain taxable i	exception ncome (le	ns, and (2) no more	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11c	organizations de	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	□ Type I. A supporting organization organization. You must com	the power to re	gularly appoint or ele	•	• •	•	
b	Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	anization vested in th				
С		ted. A supportin	ng organization operat				y integrated with,
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organiz	zation generally must	satisfy a	distributi	on requirement and	
е	<ul> <li>Check this box if the organization functionally integrated, or Type</li> </ul>						I, Type III
f	Enter the number of supported of	rganizations .					
g			orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

Part II

	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if the	e organization	failed to qua	alify under
Secti	on A. Public Support	y quality und	<u> </u>	stod bolow, p	icacc compic	to r are may	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(0) 2011	(6) 2012	34,050	40,823	74,873
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-		0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				o	o	0
4	Total. Add lines 1 through 3				34,050	40,823	74,873
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)						
6	Public support. Subtract line 5 from line 4.		∯ <u></u>				74.073
	on B. Total Support	<u> </u>	<u></u>	ł.,	i <u></u>		74,873
_	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	, , , , , , , , , , , , , , , , , , ,		(0,1010	34,050	40.823	74,873
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on				40	156	196
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				0	0	0
11	Total support. Add lines 7 through 10						75,069
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	43,267
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						· · 🕨 🗷
Secti	on C. Computation of Public Suppor		<u> </u>				
14	Public support percentage for 2014 (line					14	%
15	Public support percentage from 2013 Sch					15	<u>%</u>
16a	331/s% support test – 2014. If the organization qua					-	
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 or	r 16a, and line	15 is 33½%	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	014. If the orga	anization did n	ot check a box inces" test, che	on line 13, 16a eck this box and	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the	e "facts-and-c	ircumstances"	test, check thi	is box and sto	op here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, check	this box and	· ► □ see · ► □

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

# 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<u> </u>				
	sold or services performed, or facilities furnished in any activity that is related to the					Į	
	organization's tax-exempt purpose						<u></u>
3	Gross receipts from activities that are not an					_	
	unrelated trade or business under section 513						
4	Tax revenues levied for the	•				İ	
	organization's benefit and either paid						
_	to or expended on its behalf					-	ļ
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		İ				
6	Total. Add lines 1 through 5			ļ	<u> </u>		
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			]		j	
b	Amounts included on lines 2 and 3		<u> </u>	<b>†</b>		· · · · · · · · · · · · · · · · · · ·	
_	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						
<u> </u>	line 6.)		<u>l</u>	l	<u> </u>	<u> </u>	
	on B. Total Support	( ) 0010				г <del></del>	
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
10a	· ·						
100	payments received on securities loans, rents,		,				
	royalties and income from similar sources		]				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business		1				
	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		1				
	(Explain in Part VI.)				1		
13	Total support. (Add lines 9, 10c, 11,		1	<u> </u>	-		
	and 12.)				1		]
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				<del>-</del>		' ' '
Secti	on C. Computation of Public Suppor				· · · · · ·		
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In					<del></del>	
17	Investment income percentage for 2014 (					17	<del>%</del>
18	investment income percentage from 2013					18	% and line
19a	331 a% support tests – 2014. If the organ 17 is not more than 331 a%, check this box						
ь	331/s% support tests—2013. If the organiz						
D	line 18 is not more than 331/2%, check this l						
20	Private foundation. If the organization di						

### Part IV Supporting Organizations

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

~~ <u>~</u>	on A. Air capporting organizations			-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	40		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	100		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b		

Page	ŝ
raue	

No

No

No

No

iaction E Type	. III Eunctionalh	"Interroted Supporting	Amanizations.
Jecuon L. Type	in runcuvnan	-Integrated Supporting	VI Yanızanıvnə

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

		Yes	NO
	2a		
•			
	2b		
	3a		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<del> </del>			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<del></del>				
3 Subtract line 2 from line 1d	3		11			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recovenes of pnor-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5	, , , , , , , , , , , , , , , , , , ,				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		i				
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III supporti	ng organization (see			

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continuea)		
Secti	ection D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2					
	organizations, in excess of income from activity				
3					
4					
5					
6				<del></del>	
7	<u> </u>				
8					
O	(provide details in <b>Part VI</b> ). See instructions.				
9					
10					
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014	
_1_	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014		•		
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
ь					
С					
d					
e	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)			<del></del>	
— <u>;                                    </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
<u>,</u>	Distributions for 2014 from Section				
4	D, line 7:				
а	Applied to underdistributions of prior years				
_ <u>_</u>	Applied to 2014 distributable amount				
c	Remainder, Subtract lines 4a and 4b from 4.				
_ <del></del> _	Remaining underdistributions for years prior to 2014, if				
3	any. Subtract lines 3q and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6					
•	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3j and 4c.				
	Breakdown of line 7:				
	DIEGROUWII OI IIITE 7.				
<u>a</u>					
<u>b</u>	<del></del>				
<u> </u>	Fyrana from 2012				
<u>d</u>	Excess from 2013		<del>_</del>	·	
e	Excess from 2014	<u> </u>	<del></del>	L <del></del>	

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
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	<del></del>

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Cafe Cultura	45-3183874			
Form 990-EZ Part 1, Line 16, Other Expenses: Bank Charges - \$459				
Form 990-EZ Part 1, Line 16, Other Expenses: Education and Training - \$45				
Form 990-EZ Part 1, Line 16, Other Expenses: Equipment - \$542				
Form 990-EZ Part 1, Line 16, Other Expenses: Food - \$2,004				
Form 990-EZ Part 1, Line 16, Other Expenses: Insurance - \$676				
Form 990-EZ Part 1, Line 16, Other Expenses: Licenses and Fees - \$1,800				
Form 990-EZ Part 1, Line 16, Other Expenses: Supplies - \$870				
Form 990-EZ Part 1, Line 16, Other Expenses: Transportation - \$2,143  Form 990-EZ Part 2, Line 24, Other Assets: Accounts Receivable				
Form 990-EZ Part 2, Line 26, Other Assets: Payroll Liabilities				
Form 990-EZ Part 3, Organization's primary exempt purpose: Educational; Our Mission: promotes unit	y and healing among Indigenous			
peoples through creative expression while empowering youth to find their voice, reclaim oral, and written traditions, and become leaders in				
their communities.				
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