Form **990**

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

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. Open to Public Inspection

	A For	he 2014 calendar year, or tax year beginning SEP 1, 2013 and er	nding <u>A</u>	UG 31, 2014			
E	3 Check applic	C Name of organization		D Employer identif	ication number		
	Adi cha	dress AMIZADE LTD		ĺ			
		nge Doing business as		36-3	974227		
	Init	Number and street (or P.U. box if mail is not delivered to street address)	oom/suite	E Telephone number			
	Fin	IN SUS STILL BIKEEL		(412	1)586-4986		
	ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,380,358.			
	Lret	m PIIISBURGH, PA 15201		H(a) Is this a group r			
l	LItior	F Name and address of principal officer: BRANDON COTTEN		for subordinates	· — —		
-		exempt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or		H(b) Are all subordinates			
_!		exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or site: WWW • AMIZADE • ORG	527	H(c) Group exemption	list (see instructions)		
_		of organization: X Corporation Trust Association Other	I Year		M State of legal domicile: PA		
	Part	Summary		oriomation, 1991	VI Cante of legal dofficie. 2 1.		
_	1	Briefly describe the organization's mission or most significant activities: VOLUN	TEER	PROGRAMS PR	OVIDING		
	Activities & Governance	ASSISTANCE TO LOCAL NONPROFIT ORGANIZATION					
	E 2						
	8 8	Number of voting members of the governing body (Part VI, line 1a)		. 3	13		
	5 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13		
	କ୍ଷ 5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	5		
	₹ 6	Total number of volunteers (estimate if necessary)		6	873		
	፱ 7	a Total unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	0.		
_		b Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
3				Prior Year	Current Year		
	<u>u</u> 8	Contributions and grants (Part VIII, line 1h)		45,857.			
	Revenue 9 10	Program service revenue (Part VIII, line 2g)		835,513.	1,189,137.		
- 2	<u>နို့</u> 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
<u>.</u> .	<u> </u>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,815.	6,734.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		890,185.	1,380,358.		
** - *	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
 	14			0.	0.		
	ဖ္မွ 15			204,287.	249,810.		
0 2015	6 0 l	a Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u> ⊢	0.	0.		
≘ .	쫎	b Total fundraising expenses (Part IX, column (D), line 25) 2,210	<u>U•</u>		070 045		
- s	L 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) — Charles Total expenses. Add lines 13-17 (must equal Part IX column (A), line 25	7 ·	672,887.			
	18	Total expenses. Add lines 13-17 (must equal Part IX) column (A), line 25)	ŀ	877,174.			
	<u>19</u>	1(1)		13,011.	260,303.		
ų.	d Balances 20 21	1.1 ~ 2010 141	Be	ginning of Current Year	End of Year		
doo	떒 20	101	·	<u>367,499.</u>	658,381.		
7 tal	ا≘ا			86,692. 280,807.	117,271. 541,110.		
ŕ	<u>군 22</u> Part I			400,007.	541,110.		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules a	nd statem	ents and to the hest of m	ny knowledge and helief it is		
		ect, and comp lety . Declaration of preparer (other than officer) is based on all info <u>rmation of wh</u> icl			iy kilowicaye alia bellel, it is		
<u></u>	uc, com	ect, and company, beclaration of prepare (other than officer) is based on an information of which	ii proparci	Y 717	612015		
9	ign	Signature of officer		Date	0(/		
	lere	▶ BRANDON COHEN, EXECUTIVE DIRECTOR					
•		Type or print name and title					
		Print/Type preparer's name		Date Check	PTIN		
Р	aid	ANTHONY D. DURONIO, CPA ANTHONY D. DURONI	10, 0	2/10/15 f self-employ	P00048908		
	reparer			Firm's EIN	25-1846963		
	se Only						
		PITTSBURGH, PA 15237		Phone no. (4	12)367-8190		
<u>.</u>	lay the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No		
_							

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Pa	rt III Statement of Program Service A	ccomplishments			
•	Check if Schedule O contains a response of	r note to any line in this Part III			. \square
1	Briefly describe the organization's mission:				
•		JALS AND COMMUNITIES THROUGH	ידעות.זקרע נ	מסקט ק	エヘビ
	AND LEARNING.	THOOGS	1 MOMIDNIE	I DEICA	<u> </u>
	AND LEARNING.				·
					······································
			···		
2	Did the organization undertake any significant pro	gram services during the year which were not listed or	า		
	the prior Form 990 or 990-EZ?			Yes	X No
	If "Yes," describe these new services on Schedul	e O.			
3	Did the organization cease conducting, or make s	ignificant changes in how it conducts, any program se	rvices?	Yes	X No
•	If "Yes," describe these changes on Schedule O.	granical and ages without it contacts, any program of			
	_				
4		mplishments for each of its three largest program serv		-	
		required to report the amount of grants and allocations	s to others, the tota	ıl expenses, a	and
	revenue, if any, for each program service reported				
4a	(Code) (Expenses \$984,5	591 • including grants of \$) (Revenue \$	<u>1,189,</u>	<u>137.</u>)
		FOR INDIVIDUALS AND GROUPS	TO TAKE P	ART IN	
	EDUCATIONAL HEALTH, WELFA				
	about 104111 main 111, while				
					
				<u>-</u>	-
					
					
					
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			 		
					
					
	· · · · · · · · · · · · · · · · · · ·				
				7.	
					· _
		·			
					
4¢	(Code) (Expenses \$	including grants of \$	Revenue \$)
					
					
					
	_ 				
					
				······································	
4.*	Other and the second of the se				
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including g				
4e	Total program service expenses	984,591.			
				Form 9 9	90 (2014)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ı
	rains and the second se		I	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
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,	_		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7_		
o	Schedule D, Part III	8		x
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, VIII, 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	Х	
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			
	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			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	امما		X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\neg \neg$	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		ŀ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	complete Schedule G, Part III	40	[_X_
20°a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\Lambda}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~		Form	990 a	2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule 1, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ŀ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	
	complete Schedule L, Part II	26		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	. }	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		f	
	If "Yes," complete Schedule R, Part V, line 2	36	ľ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\neg	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	x	
			990 (2014)

Pa	rt 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 . 12	<u>1</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	<u> 1</u>		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c	X	l
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 5	,		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			: }
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country. ► BOLIVIA			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	, , , ,	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		7.7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	.7b	\vdash	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		х
А		7c		
e e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7e</u> 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
э h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	. 1	
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] [
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		:	
	amounts due or received from them)		,	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	$\vdash \vdash \vdash$	\longrightarrow	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	0044
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	, , , , , , , , , , , , , , , , , , ,	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ъ	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_		77
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		-
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA	الماءادور	<u>. </u>	
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) at	/allabl	C	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	C	ua!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinand	cial	
~~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRANDON COHEN - (412)586-4986			
	305 34TH STREET, PITTSBURGH, PA 15201	Eo	990	2014

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)	Docution						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of other	
	hours per	box	, unle cer an	ss pe id a d	rson irecto	s bot	han tee)	compensation	compensation		
	week (list any	草				<u> </u>		from the	from related organizations	compensation	
	hours for	direc			1	E.		organization	(W-2/1099-MISC)	from the	
	related	tee ou	ustee			ensati		(W-2/1099-MISC)	,	organization	
	organizations	altus	nal tr		loyee	ğ.				and related	
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	line)	르	S.	Off	<u>\$</u>	표	포				
(1) BRANDON COHEN	40.00							61 500			
EXECUTIVE DIRECTOR	1 00	X	<u> </u>	X				61,500.	0.	0	
(2) JEREMY CAMPBELL	1.00										
BOARD MEMBER		X						0.	0.	0	
(3) JOSEPH CROSKEY	1.00	}	']	_ '	_	
BOARD TREASURER		X	_	Х		_		0.	0.	0	
(4) BARBARA EVANS	1.00	l							_		
BOARD MEMBER		X						0.	0.	0	
(5) MONICA FROLANDER-ULF	1.00									_	
BOARD MEMBER		Х						0.	0.	0	
(6) ERIC HARTMAN	4.00									_	
BOARD MEMBER		X		_				0.	0.	0	
(7) CHAD MARTIN	2.00										
BOARD MEMBER		X						0.	0.	0	
(8) CODY MORRIS PARIS	1.00							_	_		
BOARD MEMBER		X	_					0.	0.	0	
(9) PATRICIA VILE	1.00							_		_	
BOARD MEMBER		X						0.	0.	0	
(10) DAN WEISS	1.00				İ			_		_	
BOARD MEMBER		X						0.	0.	0	
(11) RACHEL HELWIG	1.00								_	_	
BOARD MEMBER		X						0.	0.	0	
(12) JOSIE CELLONE	1.00							_	_	_	
BOARD MEMBER		X						0.	0.	0	
(13) MICHAEL SANDY	1.00							_			
BOARD MEMBER		X		_				0.	0.	0.	
		<u> </u>									
			_								
	<u> </u>										
								<u></u>		Form 990 (2014	

36-3974227 Page 8

Section A. Officers, Directors, Trus	iees, key Ein	PIOA	ees,	, am	u ni	gne	<u> </u>	ompensated Employe	es (continued)			
' (A)	(B)			(C Posi	C)			(D)	(E)		(F)	
Name and title	Average Position (do not check more than one box, unless person is both an							Reportable compensation	Reportable compensation	Estimated amount of		
	week					or/trus		from	from related	ام	other	OI
	(list any 흥 hours for 흥			ļ	1	the	organizations		pensa			
	hours for related	or du	tee		1	sated	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the	
	organizations		al frus		ee Xee	mpen		(88-2/1099-18115C)		_	janizati d relati	
	below	Individual	institutional trustee	, in	Key employee	Highest compensated employee	巨				anizatı	
	line)	Ind	Inst	Officer	ξ.	喜	Former			.		
		l i										
	<u> </u>	\vdash				-						
										<u> </u>		
								1		1		
	<u> </u>	-		_						+		
		1										
										 -		
		1										
						-				† · · ·		
										ļ		
		1										
										+		
1b Sub-total								61,500.	0			0
c Total from continuation sheets to Part VI	I, Section A							0.	0			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	at limited to th		licto				> r	61,500.	0	•		0.
compensation from the organization	of illinited to th	1036	11310	u at	JUVE	<i>5)</i> WI	10 16	eceived more man proc	,,000 of reportable			(
											Yes	No
3 Did the organization list any former officer,			, ke	y en	nplo	yee,	or l	highest compensated e	mployee on		ĺ	
line 1a? If "Yes," complete Schedule J for s								. :		3		<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-							•	the organization			х
5 Did any person listed on line 1a receive or a									 Idual for services	4		Λ.
rendered to the organization? If "Yes," com	•				-					5		X
Section B. Independent Contractors								.,—				
1 Complete this table for your five highest co									•	sation t	rom	
the organization Report compensation for (A)	tne calendar y	ear e	nair	ng w	/ith (or w	itnin	the organization's tax (B)	year.	(0	<u> </u>	
Name and business	address	NC	NE	C				Description of s	ervices	Compe		1
								·		<u>.</u>		
							_			_		
									Ì			
							+					
							_					
2 Total number of independent contractors (ii	ncluding but n	ot lin	nited	d to	thos	se lis	sted	above) who received m	ore than			
\$100,000 of compensation from the organic	zation >)					990 (2	

-	-	Check if Schedule O cont	tains a response	or note to any l	ine in this Part VIII			
		Onogen Bonoggio G Colin	u 100pon00	or their to dry	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a				· · · · · · · · · · · · · · · · · · ·	
ran	l	Mambarahia di ian	1b		7			
ñ,G	c	_	1c		1			
ifts ar A	Į.	Related organizations	1d					
nii, G		Government grants (contribut	•		1			
Sign		All other contributions, gifts, gran			1			
ig ig		similar amounts not included abo	1 1	184,487				
호텔				55,629	-			
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines Total, Add lines 1a-1f	s 1a-1r \$	55,025	184,487.			
		Total, Add lines 14 11		Business Code				
ę,	2 a	TUITION AND FEB	ES		1,189,137.	1,189,137.		
Program Service Revenue	ь							
Se	С							
e a	ď							
ğ	e							
F		All other program service reve	enue					
		Total. Add lines 2a-2f		•	1,189,137.			
	3	Investment income (including	dividends, intere					
ļ		other similar amounts)		>	1			
	4	Income from investment of ta	x-exempt bond r	•				
	5	Royalties		•				
1			(i) Real	(ii) Personal				
	6 a	Gross rents	(01154	, ,,, , e, e, e, , , , , , , , , , , ,	1			
	b				1			
ļ	C				-			
		Net rental income or (loss) .			1			
i		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a		(i) Securities	ui) Otrier	1			
		assets other than inventory			 			
	D	Less: cost or other basis		1		j		
		and sales expenses			-{	Į		
		Gain or (loss)		<u> </u>	-			
		Net gain or (loss)			ļ			
ne	8 a	Gross income from fundraising						
Other Reven		including \$						
Be		contributions reported on line	1c). See					
ē		Part IV, line 18	а		-			
됩		Less: direct expenses	. b	L]	}		
_		Net income or (loss) from fund	_					
	9 a	Gross income from garning ac	tivities See					
		Part IV, line 19	а		_			
l		Less: direct expenses .	••		_			
		Net income or (loss) from gam	-					
- 1	10 a	Gross sales of inventory, less	returns	1				
		and allowances	а		_	ľ		
	b	Less: cost of goods sold	b					
}	С	Net income or (loss) from sale		<u> </u>				
ļ		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS I	NCOME	611710	6,734.	6,734.		
1	b							
	С							
	ď	All other revenue	•	<u></u>	<u> </u>		<u>-</u>	
ł	е	Total. Add lines 11a-11d		>	6,734.			
40000	12	Total revenue See instructions.			1,380,358.	1,195,871.	0.	0.
432009 11-07-	14							Form 990 (2014)

Form 990 (2014) AMIZADE LTD Part IX Statement of Functional Expenses

<u>5601</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-		=	ппрівсь соштін (А).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 242	56 544	11 500	
	trustees, and key employees	68,343.	56,544.	11,799.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	164 000	147 046	10 777	
7	Other salaries and wages	164,823.	147,046.	17,777.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16 644	15,479.	1 165	
10	Payroll taxes	16,644.	15,4/9.	1,165.	
11	Fees for services (non-employees):				
a					
b	Legal .	5,249.		5,249.	
_ C	Accounting	3,249.		5,245.	
d	, , , , , , , , , , , ,				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	19,593.		17,383.	2,210
13	Office synonese	19,475.		19,475.	2,210
14	Information technology	13/1/31		13,1730	
15	Royalties				
16	Occupancy	14,300.		14,300.	
17	Troval				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,872.		10,872.	
23	Insurance	17,945.		17,945.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ON-SITE EXPENSES	646,638.	646,638.		
b	OFF-SITE EXPENSES	97,416.	97,416.		
С	STAFF EXPENSES	17,995.	17,995.		
d	BANKING FEES	12,839.		12,839.	
e	All other expenses	7,923.	3,473.	4,450.	
25	Total functional expenses. Add lines 1 through 24e	1,120,055.	984,591.	133,254.	2,210
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2014

Pa	π λ	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		215,518.	1	306,580.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		6,280.	3	71,372.
	4	Accounts receivable, net	114,169.	4	194,466.	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqual	ified persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use	💆	0.	8	23,271.
	9	Prepaid expenses and deferred charges		30,434.	9	<u>29,470.</u>
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 44,277.			
	ь	Less: accumulated depreciation	10b 14,380.	148.	10c	<u> 29,897.</u>
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	950.	15	3,325.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	367,499.	_16	<u>658,381.</u>
	17	Accounts payable and accrued expenses		8,180.	17	18,409.
	18	Grants payable		18		
	19	Deferred revenue		78,512.	19	71,862.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to current and former				
ilit		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L			_22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	· -		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of	0		27 000
	00	Schedule D		0. 86,692.	25	27,000.
	26	Total liabilities. Add lines 17 through 25	s), check here	00,094.	26	117,271.
•		Organizations that follow SFAS 117 (ASC 958	• •			
Ses	0.7	complete lines 27 through 29, and lines 33 an Unrestricted net assets	10 34.	274,527.	27	514,110.
lan	27 28	Temporarily restricted net assets	 	6,280.	28	27,000.
Ba	29	Permanently restricted net assets	· · · · · · · · -	0,200.	29	21,000.
nuq	29	Organizations that do not follow SFAS 117 (A	SC 958) check here		-29	
ا الح		and complete lines 30 through 34.	30 936), Check here			
ts o	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
Ne l	33	Total net assets or fund balances		280,807.	33	541,110.
	34	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	367,499.	34	658,381.
		Total nabilities and not assets/fully balances		301, 4330	54 [- 000

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total revenue (must equal Part VIII, column (A), line 25) 2 Total expenses (must equal Part VIII, column (A), line 25) 3 Revenue less expenses, Subtract line 2 from line 1 3 2 (26), 303. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances (explain in Schedule C) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements and selection of an independent accountant? If the organization's financial statements and selection of an independent accountant? If the organization changed either its oversight pr		1 990 (2014) AMIZADE LTD	36-39'	74227	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Pa	rt XI Reconciliation of Net Assets	•			
2 1,120,055. 3 Revenue less expenses. Subtract line 2 from line 1 3 260,303. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: A Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: A Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Beth consolidated and separate basis Consolidated basis Both consolidated and separate basis. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X If the organization organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the		Check if Schedule O contains a response or note to any line in this Part XI				
2 1,120,055. 3 Revenue less expenses. Subtract line 2 from line 1 3 260,303. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: A Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: A Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Beth consolidated and separate basis Consolidated basis Both consolidated and separate basis. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X If the organization organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the						
2 1,120,055. 3 Reverue less expenses. Subtract line 2 from line 1 2 20,033. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 280,807. 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 7 Investment expenses 7 7 8 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)) 9 0. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,380),3	58.
8 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: X Separate basis Consolidated by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis by both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis by both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis by both: X Separate basis Consolidated basis Both consolidated and separate basis. C if "Yes,"	2	Total expenses (must equal Part IX, column (A), line 25)	2			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 13 Separate basis, consolidated basis, or both: 14 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 15 Yes check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 16 Yes check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 16 Were the organization of infinancial statements and selection of an independent accountant? 17 Yes check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 17 Separate basis Consolidated basis Both consolidated and separate basis 28 Yes X 29 X 29 X 20 X 21 Yes To line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 29 Yes Consolidated basis Both consolidated and separate basis 29 Yes	3	Revenue less expenses. Subtract line 2 from line 1	3			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII X X	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Despirate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act	5	Net unrealized gains (losses) on investments	5			
8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Test Test Test T	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Yes No Yes No 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax ye	7	Investment expenses	7			
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column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b 4 10 10 10 10 10 10 10	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3a X	За					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			•	3a	1	Х
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	· · · · ·	red audit			
				3b	f	
					90 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

2014

Open to Public Inspection

Name of the organization **Employer identification number** 36-3974227 AMIZADE LTD Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I, A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

	nedule A (Form 990 or 990-EZ) 2014						Page 2
Pi	art II Support Schedule for						
•	(Complete only if you checke fails to qualify under the test			-	on failed to qualify	under Part III. If the	ne organization
Se	ction A. Public Support	5 11010 Dolo11, pio	add dompleto i all	· · · · · · · · · · · · · · · · · · ·			
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(0) 2012	(0) 2013	(e) 2014	(f) Total
•	membership fees received. (Do not			İ			
	include any "unusual grants.")						
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			 	 		
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		·				
4 5	•						
9	The portion of total contributions by each person (other than a						
	governmental unit or publicly	İ					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	į.					
6	Public support. Subtract line 5 from line 4			1			
	ction B. Total Support		<u> </u>	<u> </u>	<u> </u>		1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(a) 2014	(f) Total
	Amounts from line 4	(a) 2010	(0) 2011	(0) 2012	(0) 2013	(e) 2014	(f) Total
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	•					
9	Net income from unrelated business				 		
9	activities, whether or not the						
	business is regularly carried on			İ			
10	Other income. Do not include gain	<u> </u>					,
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruct	T	1	<u> </u>	12	
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t	ay wear as a secti		
	organization, check this box and stor		o mot, booona, tim	a, roarti, or mar t	ax year as a seem	311 30 1(0)(3)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2014 (I		· · · · · · · · · · · · · · · · · · ·	column (f))		14	%
	Public support percentage from 2013	• • • • • • • • • • • • • • • • • • • •	•	(7)		15	%
	33 1/3% support test - 2014. If the			n line 13, and line	 14 is 33 1/3% or		
	stop here. The organization qualifies						•× uu
b	33 1/3% support test - 2013. If the o		_		Hine 15 is 33 1/39	 % or more checkt	his box
-	and stop here. The organization qual					2 0oro, oricon t	▶□
17a	10% -facts-and-circumstances tes		• • •			and line 14 is 10%	or more
-	and if the organization meets the *fac						
	meets the "facts-and-circumstances"					and orga	▶ □
b	10% -facts-and-circumstances test				-	17a. and line 15 is	10% or

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Sec	ction A. Public Support	elow, piease comp	nete r art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and			1-7	1		(.) , (.)
	membership fees received. (Do not						
	include any "unusual grants.")	87,131.	85,953.	92,639.	45.857	184,487.	496,067.
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	510,111.	·			1 189 137.	
2	Gross receipts from activities that	J10,111.	051,255.	011,023.	000,010.	1,189,137.	4,109,037.
3	are not an unrelated trade or bus- iness 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	597,242.	783,206.	969,662.	881,370.	1,373,624.	4,605,104.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) ction B. Total Support						4,605,104,
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	597,242.	783,206.	969,662.	881,370.	1,373,624.	4,605,104.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					ı	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 VI)	19,631.	19,162.	24,672.	8,815.	6,734.	79,014.
13	Total support. (Add lines 9, 10c, 11, and 12)	616,873.	802,368.	994,334.	890,185.	1,380,358.	4,684,118.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section		ation,
	check this box and stop here		····				
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2014 (li	ne 8, column (f) dr	vided by line 13, c	olumn (f))		15	98.31 %
16	Public support percentage from 2013	Schedule A, Part I	III, line 15			16	97.84 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2014. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2013. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	$\triangleright X$
	line 18 is not more than 33 1/3%, che	_					▶□
	Private foundation. If the organization		-			-	

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)

S

Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			l
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			ļ
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			Į
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		[[
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1 1	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	_3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		ı
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b	L	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	!		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
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		1	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	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 Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			_
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	_10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations			
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 co	omplete Se	ctions A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1		(opional)		
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	T-				
_	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				
	ion 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).	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
ď	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				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on 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	1712 <u>u un man</u>			
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	d Type III supporting org	anization (see		
	instructions)	. •		•		

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V Type III Non-Functionally Integra	ted 509	(a)(3) Supporting Orga	anizations (continued)				
Secti	tion D - Distributions				Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furth	ers exemp	ot purposes of supported					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exem	ns	1					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval rec	uired)						
6	Other distributions (describe in Part VI). See instru							
7	Total annual distributions. Add lines 1 through 6.		-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
8	Distributions to attentive supported organizations to	o which t	he organization is responsive	e				
Ŭ	(provide details in Part VI). See instructions.	0 111110111	ne organization to responsive	•				
9	Distributable amount for 2014 from Section C, line	6						
10	Line 8 amount divided by Line 9 amount	<u> </u>	******					
10	Line 8 amount divided by Line 9 amount		(i)	(ii)	(iii)			
			Excess Distributions	Underdistributions	Distributable			
Secti	tion E - Distribution Allocations (see instructions)		EXCESS DISTRIBUTIONS					
	Distributable amount for 2014 from Section C, line	6		Pre-2014	Amount for 2014			
1		0			 			
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)				 			
3_	Excess distributions carryover, if any, to 2014							
<u>a</u>								
<u>b</u>								
С	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
d								
е	From 2013							
f	Total of lines 3a through e							
_ g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
<u>i</u>	Carryover from 2009 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 201	4, ıf						
	any. Subtract lines 3g and 4a from line 2 (if amount	:	•					
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lir	es 3h						
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines	; 3 _j						
	and 4c	•						
8	Breakdown of line 7:							
a		·						
<u>=</u> _				No				
c								
	Excess from 2013							
	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 AMIZADE LTD	36-3974227 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; F	Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	, ,
Also complete this part for any additional information. (Occ instructions).	
	······································
THE STATE OF THE S	
	····
	

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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.lrs.gov/form990.

Open to Public

Employer identification number

OMB No 1545-0047

Inspection

-	AMIZADE LID		36-3974227
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5			l finada
Э	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
•	Number of conservation easements on a certified historic str		
ں ۔		**	_2c
a	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
_	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er 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 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	•
	the text of the footnote to its financial statements that descri		o or public corvice, provide, in raire xilli,
h	If the organization elected, as permitted under SFAS 116 (AS		ad balance shoot works of art, butaries
D			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		.
	(i) Revenue included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatment	_	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		. • \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 AMIZADE LTI	D		36-3974227 Page
Part VII Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	ation. Cost or end-of-year market value
(1) Financial derivatives .			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	ļ		
(F)	-		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	· <u> </u>	<u></u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)	ļ		
(3)			
(4)			
(5)			
(6)			
(8)	-		
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	# 45 Farm 000 David N/		VI. de
Complete if the organization answered "Yes"	Description	line 11d. See Form 990, Pan	x, line 15. (b) Book value
The state of the s	Description		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)		*******	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Irr	no 15 l	1.F-T-1-1-1	
Part X Other Liabilities.	10 10)		
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See Form 99) Part X line 25
(a) Description of liability	10.10.10.00,1.4.11,1	(b) Book value	, r are 7, mo 20.
(1) Federal income taxes			
(2) OTHER LIABILITIES		27,000.	
(3)	· · · - · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)	******		
(7)	-		
(8)			

27,000. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. 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

Schedule D (Form 990) 2014

(9)

AMIZADE1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" 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.

Employer identification number 36-3974227 AMIZADE LTD

Par	ti Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	l	(d) Method of det cash contribut		_	;
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles	X	1	7,	,000.	FAIR	MARKET	VAL	UE	
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous		<u> </u>							
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial .			· · · · · · · · · · · · · · · · · · ·						
17	Real estate - Other									
18	Collectibles .									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy						· · ·			
22	Historical artifacts .									
23	Scientific specimens						· · · · · · · · · · · · · · · · · · ·			
24	Archeological artifacts		1	3.0	000	HA TO	MA DIZEM	777 T	1112	
25	Other (OFFICE EQUIPM)	X	1		·	1	MARKET MARKET			—
26	Other (HAND PAINTED)	X		10	,045.	LAIK	MARKEI	VAL	105	
27	Other ()					-				
28	Other ()			ontributions.		L				
29	Number of Forms 8283 received by the organization completed Form 828				29					
	for which the organization completed Form 626	55, Fail IV, I	Donee Acknowled	gement	[23]			Τ,	Yes	No
302	During the year, did the organization receive by	/ contributio	on any property rei	oorted in Part Lilir	nes 1 throu	ah 28 th:	at it		103	110
Sua	must hold for at least three years from the date									
	exempt purposes for the entire holding period?							30a		X
h	If "Yes," describe the arrangement in Part II.		•							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any non-stand	ard contrib	utions?		31		X _
	Does the organization hire or use third parties of									
	contributions?							32a		X
b	If "Yes," describe in Part II.	••		• •						
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colu	mn (a) is ch	necked,				
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Schedule M	(Form 990) (2014) AMIZADE LTD	<u> 36-3974227</u>	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, as reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.		
		· · · · · · · · · · · · · · · · · · ·	
			
		· · · · · · · · · · · · · · · · · · ·	
			•••
			

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2014

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number Name of the organization 36-3974227 AMIZADE LTD FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR ABILITY TO ACHIEVE THEIR GOALS WHICH INCLUDES BUILDING DORMS AND HOSPITALS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE EXECUTIVE DIRECTOR, OFFICERS AND KEY EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REOUEST. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

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

Schedule O (Form 990 or 990-EZ) (2014)

Depreciation and Amortization (Including Information on Listed Property)

Business or activity to which this form relates

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

➤ Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Sequence No 179 identifying number

AMI	ZADE LTD			FOR	M 990 F	AGE 10		36-3974227
Par	t I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you h	ave any lis	sted property,	complete Part	V before y	ou complete Part I.
1 M	faximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)				2	
	hreshold cost of section 179 propert	,	· ·				3	2,000,000.
	eduction in limitation. Subtract line 3	-)-			4	
	ollar limitation for tax year. Subtract line 4 from lin				e instructions		5	
6	(a) Description of p				ness use only)	(c) Elected	d cost	
		· · · · · · · · · · · · · · · · · · ·						
								
7 1	sted property. Enter the amount from	n line 29			7			
	otal elected cost of section 179 prop	,	 s in column (c), li	nes 6 and			8	
	entative deduction. Enter the smaller	•	5 II. COIGITII (0), II		. •		9	***************************************
	arryover of disallowed deduction from		013 Form 4562				10	
	usiness income limitation. Enter the	•		s than ze	ro) or line 5		11	
	ection 179 expense deduction. Add						12	
	arryover of disallowed deduction to 2	•			▶ 13		16.	
	Do not use Part II or Part III below for				7 10 1			
Par					de listed prop	ertv.)		
	pecial depreciation allowance for qua							
	pecial depreciation allowance for qua- le tax year	illied property (ot	ner man isted pi	operty) pi	aced in servic	e during	14	
	roperty subject to section 168(f)(1) el	oction		••••			15	
		ection		•••		•	15	10,872.
Par	ther depreciation (including ACRS) t III MACRS Depreciation (Do not	et include listed n	roporty \ /Soo ins	tructions	`		1 10	10,074.
	ACRS deductions for assets placed you are electing to group any assets placed in see Section B - Assets	rvice during the tax year S Placed in Service (b) Month and	ce During 2014	ral asset acc	ounts, check here		I	
	(a) Classification of property	year placed in service	(business/invest only - see instr		period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	_			ļ			
<u>b</u>	5-year property				ļ			· · · · · · · · · · · · · · · · · · ·
c_	7-year property	_	ļ		ļ			
<u>d</u>	10-year property	_						
e	15-year property							
f	20-year property	_					<u> </u>	
<u>_g</u>	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27 5 yrs.	MM	S/L	
	Troolderman property	/			27.5 yrs.	MM_	S/L	
i	Nonresidential real property	//			39 yrs.	MM	S/L	
	Section C - Assets	/ Placed in Service	During 2014 Ta	x Year U	sing the Alter	MM native Depred	S/L	stem
 20a	Class life				T T		S/L	
<u>20a</u>	12-year	\dashv			12 yrs.		S/L	
C	40-year	 ,			40 yrs.	MM	S/L	
Par					,	10110	OIL	
	sted property. Enter amount from lin	98					21	
			 	ookumn (a) and line 21		21	
	otal. Add amounts from line 12, lines						000	10,872.
	nter here and on the appropriate line: or assets shown above and placed in	-			LIUI IS - SEE II ISI	<u>. </u>	22	10,012
	ortion of the basis attributable to sec	-	·		23			
416251 01-08-	LUA For Described Deducation		separate instru	ctions.				Form 4562 (2014)

36-3974227 Page 2 AMIZADE LTD Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes Yes No No (b) (c) (e) (f) (i) (g) (h) Date Business/ Elected Type of property Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use. % % % 27 Property used 50% or less in a qualified business use: S/L -% S/L -S/L -% 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) (e) **(f)** (a) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes Nο Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization (a) (c) (d) (e) **(f)** Description of costs Date amortization Amortization period or percentage beams Amortization of costs that begins during your 2014 tax year:

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43

44

43 Amortization of costs that began before your 2014 tax year

44 Total. Add amounts in column (f). See the instructions for where to report