# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the 2	2014 ca	lendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015					
		pplicable	C Name of organization GOLDIE B FLOBERG CENTER		D Employe	iden	tification number	
Add	ress ch	ange			36-216	7018		
Na	me chai	nge	Doing business as					
Init	ıal retu	rn			E Telephone	numb	er	
Fin	al um/tem	nınated	Number and street (or P O box if mail is not delivered to street address) Room/suite 58 WEST ROCKTON ROAD		(815)6	24-84	121	
	ended		City or town, state or province, country, and ZIP or foreign postal code		(813) 0.		+31	
		pending	ROCKTON, IL 61072		<b>G</b> Gross rece	ıpts \$	7,332,737	
i Abi	Jileacion	Pending						
			F Name and address of principal officer JOHN PINGO	(a) Is this subord		turn 1	for ┌Yes ┌ No	
			58 W ROCKTON ROAD	3450141	mates.		1 1651 110	
			ROCKTON,IL 61072	(b) Are all		tes	Γ Yes <b>Γ</b> No	
	x-exem	pt status	5	ınclude If "No.'		lıst (	see instructions)	
1 14/	obsito	<b>. h.</b>	www.goldofloborg.org	_				
					exemptio	ı num	ber <b>F</b>	
				<b>L</b> Year of form	ation 1918	<b>M</b> 9	State of legal domicile IL	
Pa	rt I		nmary					
			describe the organization's mission or most significant activities s to children and adults with disabilities					
e e	-	Jervice	s to children and addits with disabilities					
è								
Ĕ	-							
ş	2 (	Check	this box 🔰 if the organization discontinued its operations or disposed of m	ore than 25'	% of its ne	etass	ets	
Activities & Governance	, ,	Numbai	of voting members of the governing body (Part VI, line 1a)		i	з	12	
<b>20</b> ගු			of independent voting members of the governing body (Part VI, line 1b) .		<b>—</b>	4	12	
Ę			umber of individuals employed in calendar year 2014 (Part V, line 2a)		-	5	208	
Ę			umber of volunteers (estimate if necessary)			6	30	
Þ			nrelated business revenue from Part VIII, column (C), line 12		.	7a	0	
	ь	Net unr	elated business taxable income from Form 990-T, line 34		. [	7b		
				Prior \	Year		Current Year	
_	8	Cont	nbutions and grants (Part VIII, line 1h)		274,34	9	204,349	
를	9	Progr	am service revenue (Part VIII, line 2g)		6,842,14	6	6,901,903	
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)		12,779		159,574	
ш.	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		168,14	9	49,863	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		7,297,42	3	7,315,689	
	13		cs and similar amounts paid (Part IX, column (A), lines 1-3)		13,11	4	23,435	
	14	Bene	fits paid to or for members (Part IX, column (A), line 4)				0	
	15		ies, other compensation, employee benefits (Part IX, column (A), lines		5,793,49	2	5,705,011	
Expenses	16-	5-10	·			+		
কু	16a		ssional fundraising fees (Part IX, column (A), line 11e)			+	0	
ठ	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶11,446					
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,178,24	_	1,271,820	
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,984,85	+	7,000,266	
<u></u>	19	Keve	nue less expenses Subtract line 18 from line 12	Posin-i	312,57	<u>ا</u>	315,423	
Not Assets or Fund Balances				Beginning o			End of Year	
ege Befa	20	Total	assets (Part X, line 16)		4,761,63	6	4,742,591	
절절	21	Total	liabilities (Part X, line 26)		2,473,23	6	2,182,159	
_	22	Neta	ssets or fund balances Subtract line 21 from line 20		2,288,40	0	2,560,432	
Pai	rt II	Sig	nature Block					
my k	nowled	dge and	perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete Declaration of preparer (other than a consider that it is true, correct, and complete Declaration of preparer (other than a consider the consider that it is nowledge					
		***	***	2016	5-01-11			
Sigr	1	Sign	nature of officer	Date				
Her			N PINGO President & CEO					
		<u> </u>	e or print name and title	1				
			Print/Type preparer's name Preparer's signature Date MARK HARRISON TROTTER CPA MARK HARRISON TROTTER CPA	Check self-er		ΓΙΝ 005486	536	
Paid			Firm's name ► Quimby & Co PC		EIN ►			
	pare		Firm's address ► 697 S BLACKHAWK BLVD	Phone	no (815) 6	24-66	01	
USE	Onl	ıy	ROCKTON, IL 610722909		, 0	23.		
			NOON ON IL OLOI ELOO					

. Ves No

324,216 including grants of \$ (Code ) (Expenses \$ ) (Revenue \$ 229,229) Day ServicesOur day services program, called the Learning Enrichment & Empowerment program (LEEP), serves adults with development disabilities at our Rockton, Illinois campus Our program serves individuals with significant behavioral and/or medical and self-care needs that cannot be me by other local day training options The program focuses on providing a wide array of meaningful activities with an emphasis on community volunteerism and the exposure to new, life enriching activities

) (Revenue \$

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

Total program service expenses ►

**4**c

6.673.080

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		Νo
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		Νo
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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 $IV^{\bullet}$	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		N o
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. J No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   2		r es	INC
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	†		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
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		N
la	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		N
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ба	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?	5c 6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Ν
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			IN
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Ν
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		N
	Form 1098-C?	7h		N
•	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		N
)a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		N
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		N
)	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		N
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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
4.7		~		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
	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			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Vupon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►NANCY SWAIN
- 58 WEST ROCKTON ROAD
  - ROCKTON, IL 61072 (815) 624-8431

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	(C) Position (do not checks) C) Position (do not checks) Position (do not check) Position (do not chec		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ALEX BREWINGTON	1 00	x						0	0	0	
Director	0 00										
(2) KATHI FERRERO	1 00	х						0	0	0	
Director (2) PAT KLINE	0 00				_						
(3) PAT KLINE	1 00	х						0	0	0	
Director  (A) DISCHARD OLSON	0 00										
(4) RICHARD OLSON	1 00	х						0	0	0	
Director (5) MARY ORLANDI	0 00										
		х		х				0	0	0	
Vice President (6) PETER DAMBY	0 00 1 00				_						
		х						0	0	0	
Director (7) THOMAS BUDD	1 00										
		х		Х				0	0	0	
President (8) MATT WEBER	0 00 1 00				$\vdash$						
		х						0	0	0	
Director (9) STEPHEN SCHMELING	0 00										
		х		Х				0	0	0	
Secretary (10) JOHN W SMITH III	0 00 1 00				$\vdash$						
	0 00	х		Х				0	0	0	
Treasurer (11) DEBRA VAN DRIEST	1 00										
Director	0 00	Х						0	0	0	
(12) STEVEN WANG	1 00										
Director	0 00	Х						0	0	0	
(13) ERIN IVANCICH	40 00					$\vdash$					
C00	0 00			Х				49,227	0	8,556	
(14) Nancy Swain	44 00										
V P Finance	0 00			Х				70,066	0	16,425	
	•								· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2014)	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not bo: h a:	c , o usemblest compensated	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) JOHN PINGO President & CEO	45 00 0 00			х				88,337	0	21,219

1b	Sub-Total	<b> -</b>		
С	Total from continuation sheets to Part VII, Section A	<b> -</b>		
d	Total (add lines 1b and 1c)	•	207,630	46,200

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			res	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	/##1	Statement of	of Revenue ule O contains a respo	nse or note to any lu	ne in this Part VIII			
		CHECK II SCHOOL	uic o contains a respo	nse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>2</u> 2	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes <b>1b</b>					
9	c	Fundraising ev	ents <b>1</b> 0					
ff. A A	d	Related organiz	zations 1d					
n 	e	Government grant						
ons	f		ons, gifts, grants, and <b>1f</b>					
uti her	'	similar amounts no	ot included above					
Ę ŏ	g	Noncash contributi 1a-1f \$	ions included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1 a - 1 f	🛌	204,349			
				Business Code				+
nue	2a	Fees & Contracts (	Gov Agencies	624100	6,901,903	6,901,903		
æ	ь							
55	С							
Serv	d							
Ē	e							
Program Serwce Revenue	f	All other progra	am service revenue					
	g	Total. Add line	s 2a-2f	⊨	6,901,903			
	3		come (including dividen ar amounts)		14,716			14,716
	4		stment of tax-exempt bond	<b>-</b>	0			
	5	Royalties .		🕨	0			
	_		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	, c	expenses Rental income						
		or (loss)			0			
	d	Net rental inco	me or (loss)  (i) Securities	<b>►</b> (II) Other	0			+
	7a	Gross amount	(i) became	, ,				
		from sales of assets other		161,906				
	ь	than inventory Less cost or		17.040				
		other basis and sales expenses		17,048				
	C	Gain or (loss)		144,858	144,858			144,858
	d 8a		ss)		144,030			144,030
÷		events (not inc						
Other Revenue		\$of contributions	 s reported on line 1c)					
Яе́		See Part IV, lır	ne 18					
<u> </u>	Ь	Loss direct ox	a:penses b					
₹	c		(loss) from fundraising		0			
	9a	Gross income f	from gaming activities					
		See Part IV, lır	ne 19 <b>a</b>					
	ь	Less direct ex	penses <b>b</b>					
	c		(loss) from gaming act	vities	0			
	10a	Gross sales of returns and allo						
		returns and and	a a					
	ь	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inv		0			
	44-	Miscellaneou		Business Code 624100	4,926	4,926		
	11a b	MISCELLANEO		624100	44,937	4,926		1
	C	Reimbursemen	ırees	324100	11,557	17,557		+
	d	All other reven	ue					+
	e	Total. Add line:		🕨				+
	12		See Instructions .		49,863			+
				F	7,315,689	6,951,766		159,574

# Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this	Part IX	<u></u>	<u> </u>	<u></u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	23,435	23,435		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	25,183		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	249,994	175,271	74,723	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	40,608	39,105	1,503	
7	Other salaries and wages	3,978,517	3,922,190	56,327	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	930,618	871,777	58,841	
10	Payroll taxes	505,274	474,534	30,740	
11	Fees for services (non-employees)	, , ,	, ,	·	
а	Management	0			
b	Legal	315	295	20	
c	Accounting	25,022	10,284	14,738	
d	Lobbying	0	10,201	11,730	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,157	7,635	522	
12	Advertising and promotion	0	, , , , , , , , , , , , , , , , , , ,		
13	Office expenses	233,570	189,535	36,829	7,206
14	Information technology	0	,	,	
15	Royalties	0			
16	Occupancy	311,882	300,765	11,117	
17	Travel	89,301	89,301	11,117	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	03,301		
19	Conferences, conventions, and meetings	42,392	42,392		
20	Interest	98,198	98,087	111	
21	Payments to affiliates	0	30,007		
22	Depreciation, depletion, and amortization	358,615	345,346	13,269	
23	Insurance	0	3.5,5.5	15,255	
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	FOOD SUPPLIES	33,738	33,738		
b	Small equipment	23,926	23,245	681	
c	DUES/PARTICIPATION FEES	20,856	15,642	5,214	
d	Postage and Shipping	18,534	7,413	6,881	4,240
e	All other expenses	7,314	3,090	4,224	•
25	Total functional expenses. Add lines 1 through 24e	7,000,266	6,673,080	315,740	11,446
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)	.,,233,230	5,2.3,630	225), .0	22,.10

Form 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in t	thıs F	art >	<			
						(A)		(B)
						Beginning of year		End of year
	1	Cash-non-interest-bearing				36,590		39,072
	2	Savings and temporary cash investments				288, 196		599,565
	3	Pledges and grants receivable, net			•	99,535		43,498
	4	Accounts receivable, net				412,304	4	387,572
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II	of			5	0
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule II	contr mplo	ıbutı	ng employers		6	0
38	7	Notes and loans receivable, net					7	0
Ř	8	Inventories for sale or use					8	0
	9	Prepaid expenses and deferred charges					9	0
	10a	Land, buildings, and equipment cost or other basis Complete	1	· .	•			
		Part VI of Schedule D	10	а	6,350,270			
	b	Less accumulated depreciation	10	b	3,923,551	2,649,118	<b>10</b> c	2,426,719
	11	Investments—publicly traded securities	•			472,767	11	468,374
	12	Investments—other securities See Part IV, line 11					12	0
	13	Investments—program-related See Part IV, line 11					13	0
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11				803,126	15	777,791
	16	Total assets. Add lines 1 through 15 (must equal line 34) .				4,761,636	16	4,742,591
	17	Accounts payable and accrued expenses			•	447,127	17	464,763
	18	Grants payable					18	
	19	Deferred revenue			•		19	
	20	Tax-exempt bond liabilities					20	
S	21	Escrow or custodial account liability Complete Part IV of Sch	edule	D			21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualif		rust	ees,			
iak		persons Complete Part II of Schedule L	•		•		22	
<b>"</b>	23	Secured mortgages and notes payable to unrelated third partie	s.			2,026,109	23	1,717,396
	24	Unsecured notes and loans payable to unrelated third parties			•		24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa		25				
	26	Total liabilities. Add lines 17 through 25			•	2,473,236	26	2,182,159
Ş		Organizations that follow SFAS 117 (ASC 958), check here ►	▼ an	d co	mplete			
)ce		lines 27 through 29, and lines 33 and 34.						
lar	27	Unrestricted net assets	• •	•	•	1,405,971	27	1,728,827
ä	28	Temporarily restricted net assets	72,669	28	47,180			
Fund Balance	29	Permanently restricted net assets				809,760	29	784,425
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.		- [	and			
Ş.	30	Capital stock or trust principal, or current funds		•			30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund					31	
4	32	Retained earnings, endowment, accumulated income, or other f					32	
Net	33	Total net assets or fund balances				2,288,400	33	2,560,432
	34	Total liabilities and net assets/fund balances		•	•	4,761,636	34	4,742,591
							F	orm <b>990</b> (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.3	315,689
2	Total expenses (must equal Part IX, column (A), line 25)				
2	Revenue less expenses Subtract line 2 from line 1	2		/,(	000,266
3	Revenue less expenses subtract fine 2 nonnime 1	3		3	315,423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, -	288,400
5	Net unrealized gains (losses) on investments	-		2,2	200,400
•		5			-18,056
6	Donated services and use of facilities	6			
7	Investment expenses	-			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	- · · · · · · · · · · · · · · · · · · ·	9			-25,335
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,5	560,432
Par	t XII Financial Statements and Reporting	I		· · ·	·
	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2</b> c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	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>:</b>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

# **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.

Open to Public Inspection

Name of the organization GOLDIE B FLOBERG CENTER							Employer identification	ation number			
GOLD.		OBERO CENTER					36-2167018				
Pa	rt I	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this p	oart.) See instruction	ons.			
The	organı	zation is not a private f	oundation beca	auseıtıs (Forlines 1	through 11, ch	eck only one b	ox)				
1	$\sqcap$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).				
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in <b>se</b> c	ction 170(b)(1)(A)(iii	i). Enter the			
5	$\sqcap$	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unıt d	escribed in			
		section 170(b)(1)(A)	(iv). (Complet	e Part II)							
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).				
7	굣	An organization that n described in <b>section 1</b>	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the o	general public			
8	Γ	A community trust de	scribed in <b>sect</b>	tion 170(b)(1)(A)(vi)	(Complete Par	tII)					
9	Γ	An organization that n	ormally receiv	es (1) more than 331	l/3% of its supp	ort from contri	butions, membership	fees, and gross			
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of			
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses			
		acquired by the organ	ızatıon after Ju	ıne 30, 1975 See <b>sec</b>	tion 509(a)(2).	. (Complete Pa	rt III)				
10	Г	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ety See <b>sectio</b> i	n 509(a)(4).				
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nizations described in	section 509(a	)(1) or section	509(a)(2) See section	on <b>509(a)(3).</b> Check			
а	Γ	Type I. A supporting of supported organization	n(s) the power	to regularly appoint o	r elect a majori						
b	Γ	organization <b>You mus Type II.</b> A supporting management of the su	organization s ipporting organ	upervised or controllenization vested in the s	d in connection						
_	$\vdash$	must complete Part I' Type III functionally	•		n aparatad in c	onnoction with	and functionally into	aratad with its			
С	,	supported organization	_		•		•	grated with, its			
d	Γ	Type III non-function						janization(s) that is			
		not functionally integr					ement and an attentiv	eness requirement			
_	_	(see instructions) <b>Yo</b>	•	•	•		ca Type I Type II T	una III functionally			
е	,	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization									
f		Enter the number of supported organizations									
g		Provide the following i	nformation abo	out the supported orga	inization(s)						
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of monetary support	(vi) A mount of			
organization		organization		(described on lines 1-9 above or IRC section (see	1- 9 above or IRC section (see	organization lis (described on lines 1- 9 above or IRC section (see	(described on lines document 1-9 above or IRC section (see		listed in your governing document?		other support (see instructions)
				instructions))	Yes	No					

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 225,255 518,198 282,056 274,349 204,349 1,504,207 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 225,255 518,198 282,056 274,349 204,349 1,504,207 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 345,321 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 1,158,886 line 4 Section B. Total Support (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 225,255 518,198 282,056 274,349 204,349 1,504,207 Amounts from line 4 Gross income from interest, dividends, payments received on 14,399 13,696 13,306 12,779 14,716 68,896 securities loans, rents, rovalties

Calendar year (or fiscal year beginning and income from similar sources Net income from unrelated business activities, whether or Λ not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support Add lines 7 through 11 1,573,103 Gross receipts from related activities, etc (see instructions) 12 30,523,930 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 73 670 % Public support percentage for 2013 Schedule A, Part II, line 14 15 75 350 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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.

**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 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### 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  $\,)$ 

Section A. All Supporting Organizations
---

Section A. All Supporting Organizations							
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1					
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2					
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b					
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a					
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b					
c	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 <b>Part VI</b> .	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 II of Schedule L (Form 990).	8					
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a					
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b					
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c					
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a					
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b					
l1	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,						
	the governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

## Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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		

## Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

#### DLN: 93493011002266

# OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

► Attach to Form 990.

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

	me of the organization DIE B FLOBERG CENTER		Emp	oloyer identification number			
GOI	DIE BTEODERG CENTER		36-2167018				
Pa	rt I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990	O, Part IV, line 6.		·			
		(a) Donor advised funds		(b) Funds and other accounts			
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
i	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_	nor adv	rsed Yes No			
5	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?						
a	rt II Conservation Easements. Complete	f the organization answered "Yes"	to Forr	n 990, Part IV, line 7.			
· <u>!</u>	Purpose(s) of conservation easements held by the order Preservation of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held	n or education)  Preservation of a	certifie	d historic structure			
	easement on the last day of the tax year			T			
	Tatal number of concernation accompate		_	Held at the End of the Year			
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified hist	• • •	2c				
d	Number of conservation easements included in (c) ac historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transference the tax year •	red, released, extinguished, or terminat	ed by th	ne organization during			
Ļ	Number of states where property subject to conserva	tion easement is located ►					
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?			f violations, and <b>Yes No</b>			
<b>i</b>	Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation ease	ments o	during the year			
	A mount of expenses incurred in monitoring, inspectin	a and enforcing conservation easement	e durin	a the year			
,	►\$	g, and emoreing conservation casement	.s duim	g the year			
3	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)			
)	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	ne footnote to the organization's financia		•			
ar	t III Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures,	or Ot	her Similar Assets.			
.a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	or rese	earch in furtherance of public			
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education,					
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$			
	(ii) Assets included in Form 990, Part X			<b>-</b> \$			
<u>2</u>	If the organization received or held works of art, histo following amounts required to be reported under SFAS						

a Revenue included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	, His	<u>torical</u>	<u>Treas</u>	ures, or O	ther S	<u>Similar As</u>	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	eck any	of the fo	llowing that a	re a sıç	gnıfıcant use	of its	
а	Public exhibition		d	┌ Lo	an or ex	change progr	ams			
b	Scholarly research		e	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın hov	v they fur	ther the	organızatıon	's exem	npt purpose i	n	
5	During the year, did the organization solicit									
Do	assets to be sold to raise funds rather than t								Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					ni answered	ı res	to rottiti 9	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					or other ass	ets not		✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving table	!					
								Am	ount	
C	Beginning balance						1c			39,605
d	Additions during the year					L	1d			740,566
e	Distributions during the year						1e			745,987
f	Ending balance						1f			34,184
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for escro	worcus	todial accour	nt Iıabıl	ıty?	Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation h	as been	provided in P	art XII	I		Γ
Pa	rt V Endowment Funds. Complete									
4 -	Danish african balance	(a)Current year 809,760	(b)	Prior year 759,		Two years back 751,576	<del></del>	ee years back 770,382	(e)Four	years back 686,052
1a L	Beginning of year balance	809,700		739,	7 3 9	731,370		770,362		080,032
b	Contributions	-			_					
С	Net investment earnings, gains, and losses	-25,335		50,	001	8,183		-18,806		84,330
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	784,425		809,	760	759,759		751,576		770,382
2	Provide the estimated percentage of the cur	rent vear end balanc	e (lın	e 1a. col	umn (a)	held as	l .			
а	Board designated or quasi-endowment	,	`	3,	. ,	•				
ь	Permanent endowment ► 100 000 %									
c	Temporarily restricted endowment ►									
•	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ition t	that are l	neld and	administered	for the	2		
	organization by								Yes	+
	(i) unrelated organizations							3a(		
ь	(ii) related organizations							3a(	_	No No
4	Describe in Part XIII the intended uses of the	•							<u>,                                     </u>	1 110
Par	t VI Land, Buildings, and Equipme					wered 'Yes	' to Fo	rm 990, Pa	rt IV,	ine
	11a. See Form 990, Part X, line									
	Description of property				t or other vestment)			<b>c)</b> Accumulated depreciation	(d) E	Book value
1a	Land					69	000			69,000
b	Buildings					4,913	720	2,782,76	55	2,130,955
c	Leasehold improvements					102	.711	88,49	1	14,220
d	Equipment					1,264	839	1,052,29	5	212,544
	Other									
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	(, colu	mn (B), I	ne 10(c)	.)				2,426,719
								Schedule D	(Form	990) 2014

	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Co	mnlete if the organizati	on answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.		_ <del>_</del>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(1) Assets held in trust	ption	(b) Book value
A A GRANELA DEDU DE LI UNAL		765.790
(1) masers neigh in thust		765,790
(1) modera meta mi truat		765,790
AL) MODELO HEIU III UIUSU		765,790
AL) Madeta Held III ti tabt		765,790
ALY MODELS HELD III CLUST		765,790
ALY MODELS HELD III CLUST		765,790
AL) Madeta Held III tilast		765,790
ALI MODELO HICIA III CIUDE		765,790
		765,790
		765,790
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.  1 (a) Description of liability	nızatıon answered 'Yes'	

Part >		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		ts With Revenue	per R	<b>eturn</b> Complete If
1		r support per audited financial statements			1	7,315,689
2	A mounts included on line 1 but	t not on Form 990, Part VIII, line 12				
a l	Net unrealized gains (losses) o	on investments	2a			
b i	Donated services and use of fa	cilities	2b		1	
c l	Recoveries of prior year grants		2c			
d (	Other (Describe in Part XIII )		2d			
е ,	Add lines <b>2a</b> through <b>2d .</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	7,315,689
4	Amounts included on Form 990	), Part VIII, line 12, but not on line <b>1</b>				
a :	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a		]	
b	Other (Describe in Part XIII )		4b			
C ,	Add lines <b>4a</b> and <b>4b</b>				<b>4</b> c	
		<b>4c.</b> (This must equal Form 990, Part I, line	-		5	7,315,689
Part X		openses per Audited Financial St		nts With Expense	s per	Return. Complete
1		swered 'Yes' to Form 990, Part IV, line audited financial statements			1	7,000,266
		not on Form 990, Part IX, line 25			<u> </u>	7,000,200
		cilities	2a			
			2b		1	
			2c		1	
			2d		-	
					-   2e	
	<del>-</del>				3	7,000,266
		), Part IX, line 25, but not on line <b>1:</b>			<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ided on Form 990, Part VIII, line 7b	4a			
			4b		1	
					4c	
		d <b>4c.</b> (This must equal Form 990, Part I, III	ne 18 )		5	7,000,266
	Supplemental Info		,			, ,
	, line 4, Part X, line 2, Part XI, ation	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
an agent	Line 1b Why is organization t, trustee, custodian or other diary for contrib  Line 4 Intended uses of the ent fund	The Center maintains bank accounts for the bedisbursed only for the personal need assigned. Since these Custodial Funds are accompanying financial statements.  DISTRIBUTIONS FROM ASSETS HELD I RESTRICTED NET ASSETS ARE TO BE LEVERPOSE.	s of the e not as N TRUS	particular individual to sets of the Center, the ST AND EARNINGS FF	whom y are n	the funds are ot included in the THER PERMANENTLY
Part X	FIN48 Footnote	The Center follows the authoritative guida clarifying the accounting for uncertainty in and prescribing a recognition threshold of Measurement of the tax uncertainty occur guidance also addresses de-recognition, of transition The Center does not believe the positions The Center conducts business for the United States and Illinois In the nexamination by taxing authorities At June unresolved disputes with the various tax and unresolved disputes with the various tax and the second se	n income more-lil is if the i classific e financ solely ir ormal co nters ta 30, 201	e taxes recognized in a kely-than-not to be su recognition threshold h ation, interest and per ial statements include in the United States and burse of business the O x returns for years sub 5 there are no ongoing	n entitination entition entito entition entito entition entito ent	ys financial statements dupon examination been met This disclosures and lect) any uncertain tax result, files tax returns is subject to nt to 2010 are open, by ne tax audits or

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

Part I General Information on Grants and Assistance

DLN: 93493011002266

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public **Inspection** 

Name of the organization	Employer identification numbe
GOLDIE B FLOBERG CENTER	
	36-2167018

the selection criteria used to award the grants or assistance? . . . . . . . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

36-2167018

Part II Grants and Other A Form 990, Part IV, lir							s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		0
3	Enter total number of other organizations listed in the line 1 table	(	0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CILA DAY SERVICES	25	23,435			

Part IV Supplemental I	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
· ·	Expenditures are initiated by the Program Administrator following a purchase authorization procedure. The purchase authorization is reviewed and if appropriate, approved by the President/CEO and the CFO. No funds are expended without the approval of the President & CFO. The expenditures are monitored monthly by the President & CFO on the monthly financial statements.

Schedule I (Form 990) 2014

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As Filed Data -

DLN: 93493011002266

OMB No 1545-0047

2014

Open to Public Inspection

## 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.

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

Name of the organization GOLDIE B FLOBERG CENTER	Employer identification number
	36-2167018

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	THE PRESIDENT/CEO AND VP FINANCE/CFO REVIEW THE 990 PRIOR TO FILING
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ON AN ONGOING BASIS, POSSIBLE CONFLICTS ARE DISCUSSED AT BOARD MEETINGS
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE CENTER'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
Other Changes In Net Assets Or Fund Balances - Other Decreases	Decrease in value of beneficial interest in perpetual trusts = -\$25335