# \*\* PUBLIC DISCLOSURE COPY \*\* Short Form

## Form **990-EZ**

## Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

JUN 30, 2015 2014 For the 2014 calendar year, or tax year beginning JUL 1 and ending Check if applicable: C Name of organization D Employer identification number SENIOR ADVOCATES FOR GENERATIONAL EOUITY Address change 45-3599268 Name change E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return 600 971-717-6570 1515 SW FIFTH AVENUE terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return PORTLAND, OR 97201 Number > Application pending **X** Cash Accrual **H** Check ▶ if the organization is Accounting Method: Other (specify) Website: ► WWW.WEARESAGE.ORG not required to attach Schedule B Tax-exempt status (check only one) -  $\boxed{X}$  501(c)(3)  $\boxed{ }$  501(c) ( )**⋖**(insert no.) 4947(a)(1) or [ (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust \_\_\_\_ Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 164,051. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 136,626. 1 27,413. Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 4 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 164,051. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members 78,189. Salaries, other compensation, and employee benefits 12 12 13,803. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 746. 14 14 817. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 41,584. 16 Other expenses (describe in Schedule 0) 16 135,139. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 28,912. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 18,635. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2014) **SAGE** 

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II X (B) End of year (A) Beginning of year 18,865. 51,938. Cash, savings, and investments 22 Land and buildings 23 23 24 Other assets (describe in Schedule 0) 24 18,865. 25 51,938. 25 4,391.230. Total liabilities (describe in Schedule 0) SEE SCHEDULE O 26 18,635. 47.547. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4)What is the organization's primary exempt purpose? **EDUCATION** organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 SEE SCHEDULE O 34,289. 28a ) If this amount includes foreign grants, check here (Grants \$ SEE SCHEDULE O 33,531. ) If this amount includes foreign grants, check here 29a (Grants \$ SEE SCHEDULE O 25,563. ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) SEE SCHEDULE O 17,739. ) If this amount includes foreign grants, check here 111,122. Total program service expenses (add lines 28a through 31a) 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours (d) Health benefits, (e) Estimated (c) Reportable contributions to employee benefit plans, and deferred compensation ompensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (if not paid, enter -0-) LORI DAVIDSON 2.80 0. 0. 0. DIRECTOR MICHELLE GARCIA 0. DIRECTOR 1.00 0. 0. WILLIAM HALLMARK DIRECTOR 0.40 0. 0. 0. MARY MARKLEY 0. DIRECTOR 0.50 0. 0. DIANE PONTI DIRECTOR 3.00 0. 0. 0. DICK ROY DIRECTOR 2.00 0. 0. 0. JEANNE ROY DIRECTOR 0.50 0. 0. 0. ELIZABETH SCHELLBERG 0. SECRETARY AND DIRECTOR 2.50 0. 0. RANDY SELL 0. 0. 0. TREASURER AND DIRECTOR 0.30 S. WARD GREENE PRESIDENT AND DIRECTOR 12.00 0. 0. 0. STEPHEN HIGGS 69,600. EXECUTIVE DIRECTOR 40.00 0. 0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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45-3599268

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| So   Did the organization engage in any significant activity only previously reported to the IHSP II "Yes," provide a detailed decorption of each activity in Schedula (0   Sa   Sa   Sa   Sa   Sa   Sa   Sa   S   |      | instructions for Part V) Check if the organization used Sch. O to respond to any question in this  | Part \      | /       | X             |
|--|------|--|-------------|---------|---------------|
| activity in Schedule D  All Wer an weightimat changes made to the organization or poverning documents? If Yes, "attach a conformed copy of the amended documents if they raffect a change to the organization's same. Otherwise, explain the change on Schedule O (see instructions)  32   |      |  |             | Yes     | No            |
| 34 Were any significant changes made in the organization series of the "operation of documents" if "Nes" transh a continued concerns if the ryelfect of alterios the organization is men. Otherwise, spoils the change on Schedule 0 (see instructions)  35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 16, and 7a, among others)?  35b If "Yes" to law Salt, has the organization lifed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  35b IN/A  35c IN/A  35c IN/A  35c IN/A  35c IN/A  35d Did the organization alteriation 501(c)(4), 501(c)(6), or 501(c)(6) or principles subject to section 803(c)) indice, reporting, and proxy lax requirements during the year? If "Yes," complete septiciation 4: 1 and other the year of the complete septiciation of the date of the long of the principles of the organization before the year of indirect, as described in the instructions  | 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each |             |         |               |
| 34 We any significant changes made to the organization or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization anse. Otherwise, explain the change on Schodule (0 cell with the ryelf of the property).  35 a 10 the organization have unrelated business gross income of \$1.000 or more during the year from business activities (such as those reported on line 2.6 as, and Ys, among otherwise)?  36 b (1 Yes* to line 35a, bas the organization field a form 990-Tro the year? If Yes, tronglet software in the present of 91 ((0)4, 50 1(c)(5), or 50 1(c)(6) or granization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete software in the regularization transport of the present of the organization and proxy tax requirements during the year? If Yes, complete software in the solution, estimated in special disposition of net assets during the year? If Yes, complete software in the year of middle, as described in the instructions  37 b (1 Yes, complete Schodule L, Part II and enter the total amount involved  38 b (1 He organization the Form 11 24PO-L for this year)  39 caches 50 ((1) organization to remark and situation of the second of 10 ((1)) organizations and situation of the second of 10 ((1)) organizations. Enter amount of tax imposed on the organization during the year of did tengage in any section 956 secress benefit transaction during the year, or did it engage in an excess brenefit transaction of the second 50 ((1)(3), 50 (1)(4), and 50 ((1)(2)) organizations. Enter amount of tax imposed on organization managers or disqualized persons during the year of the organization aparty to a prohibited tax shelter transaction 50 ((1)(3), 50 (1)(4), and 50 ((1)(2)) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in carriage the second to 2 organization and 2 organization of the year of 10 (1) ((1)(3), 50 (1)(4), and 50 ((1)(2)) organizations. Enter amount of tax enter a |      | activity in Schedule 0   | 33          |         | X             |
| socionents if they reflect a change to the organization's name. Differiorise, explain the change on Schedule O (see instructions)  a Diff the organization have unreflect business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2. 6a, and 7a, among others)?  b If Yes' to line 36a, has the organization filed a Form 990-T for the year? If Yeo', provide an explanation in Schedule O  Was the organization an explore all quidation, dissolution, intermination, or significant disposition of social provides, reporting, and proxy tax requirements during the year? If Yes', complete Schedule C, Part II  Did the organization interpor a liquidation, dissolution, itermination, or significant disposition of net assets during the year? If Yes', organization propries applicable parts of Schedule N  To the organization interpor a liquidation, dissolution, itermination, or significant disposition of net assets during the year? If Yes', organization provides or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes's complete Schedule I, Part I and enter the total amount involved  B Uffer organizations contributions included on line 9  b Cross records, included on line 9  b Cross records, included on line 9, for public use of cub labelitius  b Cross records, included on line 9, for public use of cub labelitius section 4915 (1), 001(0)(4), and 501(0)(4), and 501(0)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 990-EZ II Yes's complete Schedule I, Part I  c Section 501(6)(3), 501(6)(4), and 501(6)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or part or a prohibited tax shelter transaction of 11/4, 301(6)(4), and 501(6)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization have an interest in or a signalute or other authority ov | 34   |  |             |         |               |
| 35a   Uther cognization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  |      |  | 34          |         | X             |
| on lines 2. 6a, and 7a, among others??  b If Yes's to line 35a, bas the organization field a form 990-T for the year? If Yio', provide an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(g) motics, reporting, and proxy tax feet price of the programma of the proxy of the prox | 35 a |  |             |         |               |
| b If Vest to line 35a, has the organization fleet a form 990-1 for the year? If Yos, provide an explanation in Schedule 0  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(a) onotice, reporting, and proxy tax requirements during the year? If Yes, compile softwate (b, Fart III and the organization undergo a liquidation, dissolution, termination, or significant disposition of eat assets during the year? If Yes, compile adjusted part of Schedule (b, Fart III and the organization the form 1120-DU to Iris year).  37a Extending the year? If Yes, compile softwate (b, Fart III and enter the total amount involved in a prior year and still outstanding at the end of the says are overwed by this return?  a first year and still outstanding at the end of the says are covered by this return?  initiation fees and capital combinations included on line 9  33b Extending the year? If Yes, compile softwate (b, Fart III and enter the total amount involved in the organization of the organization solitic) (c), 30 organizations included on line 9  33b Extending the year organization included on line 9  33c Extending the year organization solitic (c), 30 organization included on line 9  33c Extending the year organization solitic (c), 30 organization included on line 9  33c Extending the year organization solitic engage in any section 4958 by the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any or this prior for forms 900 organization solitic) (c), 30 organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year under sections 4912 excess during the year organization aparty to a prohibited tax shelter transaction? If Yes, organization is books are in care of the STEVE HIGGS  40c Extending the calendar year, did the organization have an interest in or a signature or other authority over a fi |      |  | 35a         |         | Х             |
| c Wish the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete spliticable parts of Schedule N.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 38 B. X.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a N.  38 bid the organization there form 1120+P0L for this year?  39 bid the organization brown from or, make any tones, to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still custanding at the end of the tax year covered by this return?  38 bid the organization brown from or, make any tones, to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still custanding at the end of the tax year covered by this return?  38 bid the organization brown from or, make any tones, to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still custanding at the end of the tax year covered by this return?  39 bid the organization brown from or, make any tone of the tax year covered by this return?  30 bid the organization still contributions included on line 9  30 bid the organization still contributions included on line 9  30 contribution organization the still contributions included on line 9  30 contribution organization and still contributions and the organization of the organization during the year under store the still contribution organization managers or disqualitied persons during the year under store the still trustee organization organization managers or disqualitied persons during the year under store and the programization organization and managers or disqualitied persons during the year of the complete form 3886-T  30 bid the organization shooks are in care of ▶ STEVE HIGGS  31 bid the organization organi  | b    | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                    |             | N/      |               |
| The policy of t  |      |  |             | ·       |               |
| 36 bit the organization undergo a liquidation, describing, expendituding the year plant of political expenditures, direct or indirect, as described in the instructions  |      |  | 35c         |         | Х             |
| as a policable parts of Schedule N  27 a Enter amount of political expenditures, direct or indirect, as described in the instructions  28 b) Did the organization file Form 1120-POL for this year?  28 b) Did the organization file Form 1120-POL for this year?  38 b) Use organization file Form 1120-POL for this year?  38 b) Use organization file Form 1120-POL for this year?  39 b) Use organization file Form 1120-POL for this year?  39 b) Use organization file Form 1120-POL for this year?  39 b) Use organization file Form 1120-POL form 1120-POL form 1120-POL file tax year covered by this return?  39 b) Use organization file Form 1120-POL form 1120-POL form 1120-POL form 1120-POL file in the star year over the star year over the organization of the organization of the organization of the organization of the organization organizat  | 36   |  |             |         |               |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions    Did the organization file Form 120-POL for this year?  38 Did the organization form or make any locars to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  1 If **Yes, Complete Schedule I, Part II and enter the total amount involved  38 N/A  39 Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on line 9  30 N/A  30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year made;  31 Initiation fees and capital contributions included on line 9  32 N/A  33 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year made;  33 N/A  34 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year and still under the sum organization amagers or disqualified persons during the year and still under the sum organization managers or disqualified persons during the year and still under the sum organization amagers or disqualified persons during the year and still under the sum organization amagers or disqualified persons during the year and still under the sum organization amagers or disqualified persons during the year and still under the sum organization amagers or disqualified persons during the year and the organization and the programization and the organization aparty to a prohibited tax sheller transaction? If "Yes," complete Form 8888-1  40 List the states with which a copy of this return is filed ▶ OR  21 List the states with which a copy of this return is filed ▶ OR  21 Located at ▶ 1.51.5 SW FIFTH AVENUE, NO. 6.00, PORTLAND, OR  21 Located at ▶ 1.51.5 SW FIFTH AVENUE, NO. 6.00, PORTLAND, OR  22 Located at ▶ 1.51.5 SW FIFTH AVENUE, NO. 6.00, PORTLAND, OR  24 Located  |      |  | 36          |         | Х             |
| b Did the organization for Form 1120-POL for this year?  38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "ext," complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(27) organizations. Enter:  a Initiation fees and capital contributions included on line 9  39 N/A  39 Section 501(c)(30), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year ander:  section 4911 ► 0.; section 4912 ► 0.; section 4958 ► 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit trunsaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "es; complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  40 Extra transaction 1" "extra complete form 8886"  | 37 a |  |             |         |               |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wore any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  8 Section 501(c)(7) organizations. Enter:  8 Initiation fees and capital contributions included on line 9  9 Gross receipts, included on line 9, for public use of club facilities  8 Japa N/A  10 Section 4911 ► 0. •; section 4912 ► 0. •; section 4915 ► 0. •  10 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year value of the special transaction during the year of did lengage in any section 4956 excess benefit transaction during the year of did lengage in any section 4956 excess benefit transaction during the year of did lengage in any section 4956 excess benefit transaction during the year of did lengage in any section 4956 excess benefit transaction during the year of did lengage in any section 4956 excess benefit transaction during the year of did lengage in any section 4956 excess benefit transaction during the year of did lengage in any section 4956 excess benefit transaction of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Biter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |      |  | 37b         |         | Х             |
| in a prior year and still outstanding at the end of the tax year covered by this return?  a Initiation fees and capital contributions included on line 9  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9  c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization during the year under; section 4911 ₱ vear, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of lits prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40   |      |  |             |         |               |
| b If Yes,* complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  Initiation tees and capital contributions included on line 9  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year of dif it engage in an excess benefit transaction during the year of dif it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year unders sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year unders sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disqualified persons during the year with the states with which a copy of this return is filled ▶ OR  1 List the states with which a copy of this return is filled ▶ OR  12 Telephone no. ▶ 971-717-6570  Located at ▶ 1515 SW FIFTH AVENIUE, NO. 600, PORTLAND, OR ZIP+4 ▶ 97201  D At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country; ▶ Section 4947(3)(1) nonexempt charitable trusts  |      |  | 38a         |         | Х             |
| Section 501(s)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  399 N/A  398 N/A  399 N/A  390   | b    |  |             |         |               |
| a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, or public use of club facilities  20 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911   |      |  | 1           |         |               |
| b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 495 ▶ 0. }  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 If "Yes," complete Schedule I. Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engages or disqualified persons during the year under sections 4912, 4955, and 4958  |      |  |             |         |               |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4915 ▶ 0.  Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 ▶ 0.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If I'ves, complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the vertical sections 4912, 4955, and 4958  O.  E All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filled ▶ OR  11 List the states with which a copy of this return is filled ▶ OR  12 P + 4 ▶ 972.01  DATE organization books are in care of ▶ STEVE HIGGS  Telephone no. ▶ 971-717-6570  12 P + 4 ▶ 972.01  DATE organization books are in care of ▶ STEVE HIGGS  Telephone no. ▶ 971-717-6570  12 P + 4 ▶ 972.01  DATE or any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  14 P × S, enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  14 P × S, enter the name of the foreign country: ▶  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E  | b    |  | 1           |         |               |
| b Section 4911   | 40 a |  | 1           |         |               |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed  OR  1. List the states with which a copy of this return is filed  OR  1. Located at  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   |      |  |             |         |               |
| transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed  OR  21 He organization's books are in care of STEVE HIGGS  1 Telephone no. \$971-717-6570  1 Located at \$1515\$ SW FIFTH AVENUE, NO. 600, PORTLAND, OR  21 P+4 \$97201  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country; some an account or other authority over a financial account in a foreign country; some the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country;  Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a  | b    |  |             |         |               |
| of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  40e  X  11 List the states with which a copy of this return is filled  POR  21 The organization's books are in care of  STEVE HIGGS  1 Telephone no.  971-717-6570  1 Located at  1515 SW FIFTH AVENUE, NO. 600, PORTLAND, OR  21P+4  97201  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  42b  |      |  |             |         |               |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |      |  | 40b         |         | X             |
| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  | C    |  |             |         |               |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e   |      |  |             |         |               |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  15 the states with which a copy of this return is filed  | d    |  |             |         |               |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed Total Part organization books are in care of STEVE HIGGS Telephone no. SP71-717-6570 Located at S1515 SW FIFTH AVENUE, NO. 600, PORTLAND, OR  Located at S1515 SW FIFTH AVENUE, N |      | by the organization $lacksquare$   |             |         |               |
| List the states with which a copy of this return is filled  NOR    Vestage   | е    |  |             |         |               |
| List the states with which a copy of this return is filled   OR  |      | transaction? If "Yes," complete Form 8886-T  | 40e         |         | Х             |
| Located at  1515 SW FIFTH AVENUE, NO. 600, PORTLAND, OR  IP+4 97201  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial  IFYes, enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  Lif "Yes," enter the name of the foreign country:  At a Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Lif "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Lift "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Lift Horgs to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Lift Horgs to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Lift Horgs to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Lift Horgs to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Lift Horgs to line 45c a No. 4 | 41   | List the states with which a copy of this return is filed $ ightharpoonup OR$  |             |         |               |
| the stand 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)?  42b   | 42 a |  |             |         |               |
| ver a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes, "Form 990-EZ  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  Did the organization receive any payments for indoor tanning services during the year?  Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 44c, has the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  Vers No  Yes No    |      | Located at $\triangleright$ 1515 SW FIFTH AVENUE, NO. 600, PORTLAND, OR ZIP+4 $\triangleright$ 9   | 720         | 1       |               |
| accounty?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  10 bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d   | b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority                             |             |         |               |
| If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b  |      | over a financial account in a foreign country (such as a bank account, securities account, or other financial                                |             | Yes     |               |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  d Yes, "enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b  |      |  | 42b         |         | X             |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  42c X  43c X  43c X  44d X  45c X  475 A Did the organization receive any payments for indoor tanning services during the year?  44d 45d X  45d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45d Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45d Did If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |      | · · · · · · · · · · · · · · · · · · ·  |             |         |               |
| If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1  |      |  |             |         |               |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A   Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b ■  | C    |  | 42c         |         | X             |
| Ada Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |      |  |             |         | $\overline{}$ |
| Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b I   | 43   |  |             | ▶       | Ш             |
| Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b   |      | and enter the amount of tax-exempt interest received or accrued during the tax year  | N/A         |         |               |
| Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b   |      |  |             | Vaal    | NI_           |
| Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b Indicate Instructions   | 44 - | Did the experiention maintain any dency advised funds during the use O I f W/s II Farms OOO world to see that I feel of                      |             | 162     | 140           |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b   | 44 a |  | 44-         |         | v             |
| of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b Standard Report Schedule R may need to be completed instead of Form 990-EZ (see instructions)  |      |  | 448         |         | Λ             |
| c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b   | D    |  | AAL         |         | v             |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b  | _    | Did the ergonization receive any payments for indeer tenning convices during the year?   |             |         |               |
| in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45 b  |      |  | 440         |         | Δ             |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45a X  | a    | ,  | 114         |         |               |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b   | 15 ~ |  |             |         | x             |
| 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |      |  | 408         |         | -22           |
|  | U    |  | <b>∆</b> 5h |         |               |
|  |      |  |             | 90-F7 ( | (2014)        |

|              |                         |  |                              |                    |              |                                       | ,   |           | Yes       | No     |
|--------------|-------------------------|--|------------------------------|--------------------|--------------|---------------------------------------|---|-----------|-----------|--------|
|              |                         | ganization engage, directly or indirectly, in p  | · -                          |                    |              | •                                     | i i   | 40        |           | v      |
|              |                         | omplete Schedule C, Part I   | s only                       |                    |              |                                       |   | 46        |           | X      |
| ı uı         |                         | All section 501(c)(3) organizations must   | =                            | 9b and 52, and     | l complete   | e the tables for lines                | s 50 and 51.  |           |           |        |
|              |                         | Check if the organization used Schedul   | •                            |                    |              |                                       |   |           |           |        |
|              |                         | <u> </u>   | •                            | •                  |              |                                       | ,   |           | Yes       |        |
|              |                         | ganization engage in lobbying activities or h  |                              |                    |              |                                       |   | 47        |           | X      |
|              |                         | anization a school as described in section 17  |                              |                    |              |                                       |   | 48        |           | X      |
| 49a [        | Did the or              | ganization make any transfers to an exempt   | non-charitable related org   | anization?         |              |                                       |   | 49a       |           | _X_    |
| 50 (         | IT "YES," W<br>Complete | ras the related organization a section 527 org<br>this table for the organization's five highest | compensated employees        | other than officer | re director  | e truetage and key an                 |   | 49b       | oived m   | ora    |
|              | •                       | 0,000 of compensation from the organization  |                              |                    | is, uncolor  | s, trustous and key on                | ipioyoos) wilo oa   | 311 1 6 6 | GIVGU III | 1016   |
|              | *                       | (a) Name and title of each employe   | , i                          | (b) Average        | hours        | (C) Reportable                        | (d) Health benefits   | , (6      | e) Estim  | ated   |
|              |                         |  |                              | per week dev       |              | compensation (Forms<br>W-2/1099-MISC) | contributions to<br>employee benefit<br>plans, and deferred |           | ount of   |        |
|              |                         | NO   | NE                           | positio            | ın           |                                       | compensation  | , co      | mpensa    |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   | -         |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              | +                                     |   | +         |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         | this table for the organization's five highest   |                              |                    | Anch racei   | ived more than \$100 (                | 100 of company  | ion fr    | nm tha    |        |
|              | -                       | on. If there is none, enter "None."  |                              | CONTRACTORS WITH   | each recei   | iveu illore tilali \$ 100,0           | Joo of compensal  | 1011 111  | טווו נוופ |        |
|              |                         | ame and business address of each independ  |                              |                    | (b           | ) Type of service                     | (c)   | Comp      | ensation  |        |
|              | \                       | ·  |                              |                    | ,            | , ,                                   |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
|              |                         |  |                              |                    |              |                                       |   |           |           |        |
| d 7          | Total num               | nber of other independent contractors each re  | eceiving over \$100,000      |                    |              | ▶                                     |   |           |           |        |
| <b>52</b> [  | Did the or              | ganization complete Schedule A? Note. All  | section 501(c)(3) organiza   | tions must attach  | 1 a          |                                       |   |           |           |        |
| (            | complete                | d Schedule A   |                              |                    |              |                                       | <b>&gt;</b> [   | Υ         | es 🗌      | No     |
| Under        | penalties               | of perjury, I declare that I have examined th  | is return, including accom   | panying schedule   | es and state | ements, and to the be                 | st of my knowled  | ge and    | l belief, | it is  |
| true, c      | orrect, ar              | nd complete. Declaration of preparer (other t  | nan officer) is based on all | information of w   | hich prepa   | rer has any knowledg                  | <u>e.</u>   |           |           |        |
| Cian         |                         | Signature of officer   |                              |                    |              |                                       | Date  |           |           |        |
| Sign<br>Here |                         | EXECUTIVE DIRECTOR   |                              |                    |              |                                       |   |           |           |        |
|              |                         | Type or print name and title   |                              |                    |              |                                       |   |           |           |        |
|              | <u> </u>                | Print/Type preparer's name   | Preparer's signature         |                    | Date         | Check                                 | if PTIN   |           |           |        |
| Deid         |                         |  |                              |                    |              | self- emplo                           | <b>-</b> '  |           |           |        |
| Paid         |                         | SANG AHN   |                              |                    |              |                                       | P00   | 540       | 880       |        |
| -            | oarer<br>Only           | Firm's name ► MCDONALD JA  | COBS, P.C.                   |                    |              | Firm's EIN                            | ▶ 93-09   |           |           |        |
| USE          | Office                  | Firm's address ► 520 SW YAM  |                              | E 500              |              | Phone no                              |   |           | -05       | 81     |
|              |                         | PORTLAND,  | -                            |                    |              |                                       |   |           |           |        |
| May th       | ne IRS dis              | scuss this return with the preparer shown ab   | ove? See instructions        |                    |              |                                       | 🕨 🛚   | Υ         | es        | No     |
|              |                         |  |                              |                    |              |                                       | I   | orm 9     | 990-EZ    | (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

Open to Public Inspection

Name of the organization

SENIOR ADVOCATES FOR GENERATIONAL EQUITY **Employer identification number** SAGE

45-3599268 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 8 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (i) Name of supported (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 No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2014

45-3599268 Page 2

#### 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.)

| Sec  | ction A. Public Support   |                       |                       |                     |                    |                     |             |
|------|---|-----------------------|-----------------------|---------------------|--------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                           | (a) 2010              | <b>(b)</b> 2011       | (c) 2012            | (d) 2013           | <b>(e)</b> 2014     | (f) Total   |
| 1    | Gifts, grants, contributions, and                                   |                       |                       |                     |                    |                     |             |
|      | membership fees received. (Do not                                   |                       |                       |                     |                    |                     |             |
|      | include any "unusual grants.")                                      |                       | 12,600.               | 50,928.             | 93,242.            | 136,626.            | 293,396.    |
| 2    | Tax revenues levied for the organ-                                  |                       |                       |                     |                    |                     |             |
|      | ization's benefit and either paid to                                |                       |                       |                     |                    |                     |             |
|      | or expended on its behalf   |                       |                       |                     |                    |                     |             |
| 3    | The value of services or facilities                                 |                       |                       |                     |                    |                     |             |
|      | furnished by a governmental unit to                                 |                       |                       |                     |                    |                     |             |
|      | the organization without charge                                     |                       |                       |                     |                    |                     |             |
| 4    | Total. Add lines 1 through 3  |                       | 12,600.               | 50,928.             | 93,242.            | 136,626.            | 293,396.    |
| 5    | The portion of total contributions                                  |                       |                       |                     |                    |                     |             |
|      | by each person (other than a  |                       |                       |                     |                    |                     |             |
|      | governmental unit or publicly                                       |                       |                       |                     |                    |                     |             |
|      | supported organization) included                                    |                       |                       |                     |                    |                     |             |
|      | on line 1 that exceeds 2% of the                                    |                       |                       |                     |                    |                     |             |
|      | amount shown on line 11,  |                       |                       |                     |                    |                     |             |
|      | column (f)  |                       |                       |                     |                    |                     | 187,236.    |
|      | Public support. Subtract line 5 from line 4.                        |                       |                       |                     |                    |                     | 106,160.    |
|      | ction B. Total Support  | T                     |                       |                     |                    |                     |             |
|      | ndar year (or fiscal year beginning in)                             | (a) 2010              | (b) 2011              | (c) 2012            | (d) 2013           | (e) 2014            | (f) Total   |
|      | Amounts from line 4   |                       | 12,600.               | 50,928.             | 93,242.            | 136,626.            | 293,396.    |
| 8    | Gross income from interest,   |                       |                       |                     |                    |                     |             |
|      | dividends, payments received on                                     |                       |                       |                     |                    |                     |             |
|      | securities loans, rents, royalties                                  |                       | 1.                    | 7.                  | 21.                | 12.                 | 41.         |
| •    | and income from similar sources                                     |                       | Τ•                    | 7 •                 | 21.                | 14.                 | 41.         |
| 9    | Net income from unrelated business                                  |                       |                       |                     |                    |                     |             |
|      | activities, whether or not the                                      |                       |                       |                     |                    |                     |             |
| 10   | business is regularly carried on  Other income. Do not include gain |                       |                       |                     |                    |                     |             |
| 10   | or loss from the sale of capital                                    |                       |                       |                     |                    |                     |             |
|      | assets (Explain in Part VI.)  |                       |                       |                     |                    |                     |             |
| 11   | Total support. Add lines 7 through 10                               |                       |                       |                     |                    |                     | 293,437.    |
| 12   | Gross receipts from related activities,                             | etc. (see instruction | nns)                  |                     |                    | 12                  | 34,133.     |
| 13   | <b>First five years.</b> If the Form 990 is for                     |                       |                       |                     |                    |                     | ,           |
|      | organization, check this box and stop                               | •                     |                       |                     | •                  | . , . ,             | X           |
| Sec  | ction C. Computation of Publi                                       | c Support Per         | centage               |                     |                    |                     |             |
| 14   | Public support percentage for 2014 (I                               | ine 6, column (f) di  | vided by line 11, co  | lumn (f))           |                    | 14                  | %           |
| 15   | Public support percentage from 2013                                 | Schedule A, Part      | II, line 14           |                     |                    | 15                  | %           |
| 16a  | 33 1/3% support test - 2014. If the o                               | organization did no   | t check the box on    | line 13, and line 1 | 4 is 33 1/3% or m  | ore, check this box | k and       |
|      | $\ensuremath{\mathbf{stop}}$ here. The organization qualifies       | as a publicly supp    | orted organization    |                     |                    |                     | ▶□          |
| b    | 33 1/3% support test - 2013. If the                                 |                       |                       |                     |                    |                     |             |
|      | and stop here. The organization qual                                | ifies as a publicly s | supported organizat   | tion                |                    |                     | ▶□          |
| 17a  | 10% -facts-and-circumstances test                                   | - 2014. If the org    | anization did not cl  | neck a box on line  | 13, 16a, or 16b, a | and line 14 is 10%  | or more,    |
|      | and if the organization meets the "fac                              |                       |                       |                     | •                  | -                   |             |
|      | meets the "facts-and-circumstances"                                 | test. The organizat   | tion qualifies as a p | ublicly supported   | organization       |                     | ▶□          |
| b    | 10% -facts-and-circumstances test                                   | _                     |                       |                     |                    |                     |             |
|      | more, and if the organization meets the                             |                       | •                     |                     | •                  |                     |             |
|      | organization meets the "facts-and-circ                              |                       |                       | •                   |                    |                     | <b>&gt;</b> |
| 18   | Private foundation. If the organization                             | n did not check a     | box on line 13, 16a   | , 16b, 17a, or 17b  | , check this box a | nd see instructions | <u> </u>    |

Schedule A (Form 990 or 990-EZ) 2014

### 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  | etion A. Public Support  | , pioase comp      | Jose Fare II.j     |                     |                      |                     |             |
|------|--|--------------------|--------------------|---------------------|----------------------|---------------------|-------------|
|      | ndar year (or fiscal year beginning in)  | (a) 2010           | <b>(b)</b> 2011    | (c) 2012            | (d) 2013             | (e) 2014            | (f) Total   |
|      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                    |                    |                     |                      |                     |             |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                    |                     |                      |                     |             |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                    |                    |                     |                      |                     |             |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                    |                     |                      |                     |             |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                    |                     |                      |                     |             |
| 6    | Total. Add lines 1 through 5   |                    |                    |                     |                      |                     |             |
| 7a   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                    |                    |                     |                      |                     |             |
| b    | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                    |                    |                     |                      |                     |             |
| С    | Add lines 7a and 7b  |                    |                    |                     |                      |                     |             |
|      | Public support (Subtract line 7c from line 6.)   |                    |                    |                     |                      |                     |             |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2010           | <b>(b)</b> 2011    | (c) 2012            | (d) 2013             | (e) 2014            | (f) Total   |
| 9    | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                       | (1)                | 12/22              | (-)                 | (1)                  |                     | (1)         |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                    |                     |                      |                     |             |
|      | Add lines 10a and 10b  |                    |                    |                     |                      |                     |             |
|      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                    |                     |                      |                     |             |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                    | <u> </u>           |                     | <u> </u>             |                     | <u></u>     |
| 14   | First five years. If the Form 990 is for   | •                  |                    | *                   | •                    | . , . ,             | ·           |
| Sec  | check this box and stop here<br>ction C. Computation of Public   |                    |                    |                     |                      |                     | <b>&gt;</b> |
|      | •  |                    |                    | oolumn (f)\         |                      | 15                  | 0/          |
|      | Public support percentage for 2014 (lin  |                    |                    |                     |                      | 15                  | <u>%</u>    |
|      | Public support percentage from 2013 etion D. Computation of Investigation  |                    | -                  |                     |                      | 10                  | <u> </u>    |
|      | Investment income percentage for 20  |                    |                    | ne 13 column (fl)   |                      | 17                  | <u> </u>    |
|      | Investment income percentage from 2  |                    |                    |                     |                      | 18                  |             |
|      | 33 1/3% support tests - 2014. If the   |                    |                    |                     |                      |                     |             |
| ıJa  | more than 33 1/3%, check this box an   |                    |                    |                     |                      |                     |             |
| b    | 33 1/3% support tests - 2013. If the   | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | ınd         |
| 20   | line 18 is not more than 33 1/3%, chec<br><b>Private foundation.</b> If the organization   |                    |                    | •                   |                      | -                   |             |
| /11  | ELIVARE ROUNDAMON, IL THE ORDANIZATION   | тою погспеска      | COX OIL HITE 14 19 | a or igo checkith   | us dox and see ins   | SOCICIONS           | -           |

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 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).
- 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).
- 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 Part VI.
- **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*.
- 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 Part VI.
- 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.
  - **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.)

|   |          | Voc   | No   |
|---|----------|-------|------|
|   |          | Yes   | 140  |
|   |          |       |      |
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|   | 5b<br>5c |       | _    |
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|   | 9c       |       |      |
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|   | .54      |       |      |
|   | 10b      |       |      |
| 0 | an ar ga | 0-F7) | 2014 |

| Pa  | TIV   Supporting Organizations (continued)   |           |     |     |
|-----|--|-----------|-----|-----|
|     |  |           | Yes | No  |
| 11  | 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       |     |     |
| С   | 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       |     |     |
|     | tion 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 Part VI how the supported organization(s) effectively operated, supervised, or  |           |     |     |
|     | controlled the organization's activities. If the organization had more than one supported organization,  |           |     |     |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |           |     |     |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 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   |           |     |     |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  |           |     |     |
|     | supervised, or controlled the supporting organization.   | 2         |     |     |
| Sec | tion 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 Part VI how control  |           |     |     |
|     | or management of the supporting organization was vested in the same persons that controlled or managed   | _         |     |     |
| Sec | the supported organization(s). tion D. Type III Supporting Organizations   | 1         |     | l   |
| 000 | tion 5. Type in 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   |           | 163 | INO |
| •   | 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 Part VI 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 Part VI the role the organization's   |           |     |     |
|     | supported organizations played in this regard.   | 3         |     |     |
| Sec | tion 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 instructions):  |           |     |     |
| а   | The organization satisfied the Activities Test. Complete line 2 below.   |           |     |     |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.  |           |     |     |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr   | uctions). | · · |     |
| 2   | Activities Test. Answer (a) and (b) below.   |           | Yes | No  |
| а   | 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   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  | u         |     |     |
| _   | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |           |     |     |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these   |           |     |     |
|     | activities but for the organization's involvement.   | 2b        |     |     |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |     |
| а   | 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  |           |     |     |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b        |     | 1   |

| Pai      | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                    | ng Orgar       | nizations                   |                  |
|----------|---|----------------|-----------------------------|------------------|
| 1        | Check here if the organization satisfied the Integral Part Test as a qualifying | ing trust on   | Nov. 20, 1970. See instru   | uctions. All     |
|          | other Type III non-functionally integrated supporting organizations must of     | complete Se    | ections A through E.        |                  |
| Soct     | ion A - Adjusted Net Income   |                | (A) Prior Year              | (B) Current Year |
|          | ION A - Aujusteu Net Income   |                | (A) FIIOI Teal              | (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              |                             |                  |
| Coot     | ion B - Minimum Asset Amount  |                | (A) Drior Voor              | (B) Current Year |
|          | ION B - Millimum Asset Amount   |                | (A) Prior 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):               |                |                             |                  |
| <u>a</u> | 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             |                             |                  |
| е        | 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     | ion C - Distributable Amount  |                |                             | Current Year     |
| 1        | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1              |                             |                  |
| 2        | Enter 85% of line 1   | 2              |                             |                  |
| 3        | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3              |                             |                  |
| 4        | Enter greater of line 2 or line 3   | 4              |                             |                  |
| 5        | Income tax imposed in prior year  | 5              |                             |                  |
| 6        | Distributable Amount. Subtract line 5 from line 4, unless subject to            |                |                             |                  |
|          | emergency temporary reduction (see instructions)                                | 6              |                             |                  |
| 7        | Check here if the current year is the organization's first as a non-function    | ally-integrate | ed Type III supporting orga | nization (see    |

Schedule A (Form 990 or 990-EZ) 2014

instructions).

| Par      | t V     | Type III Non-Functionally Integrated 509(                 | a)(3) Supporting Orga        | nizations (continued)                  |                                     |
|----------|---------|---|------------------------------|--|-------------------------------------|
| Secti    | on D -  | Distributions   |                              |  | Current Year                        |
| 1        | Amou    | nts paid to supported organizations to accomplish exer    | npt purposes                 |  |                                     |
| 2        | Amou    | nts paid to perform activity that directly furthers exemp | t purposes of supported      |  |                                     |
|          | organi  | izations, in excess of income from activity               |                              |  |                                     |
| 3        | Admir   | nistrative expenses paid to accomplish exempt purpose     | s of supported organizations | 3                                      |                                     |
| 4        | Amou    |   |                              |  |                                     |
| 5        | Qualif  |   |                              |  |                                     |
| 6        | Other   | distributions (describe in Part VI). See instructions.    |                              |  |                                     |
| 7        | Total   | annual distributions. Add lines 1 through 6.              |                              |  |                                     |
| 8        | Distrib | outions to attentive supported organizations to which th  | e organization is responsive |  |                                     |
|          | (provi  | de details in <b>Part VI</b> ). See instructions.         |                              |  |                                     |
| 9        | Distrib | outable amount for 2014 from Section C, line 6            |                              |  |                                     |
| 10       | Line 8  | amount divided by Line 9 amount                           |                              |  |                                     |
| Secti    | on E -  | Distribution Allocations (see instructions)               | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2014 | (iii) Distributable Amount for 2014 |
| 1        | Distrib | outable amount for 2014 from Section C, line 6            |                              |  |                                     |
| 2        | Under   | distributions, if any, for years prior to 2014            |                              |  |                                     |
|          | (reaso  | nable cause required-see instructions)                    |                              |  |                                     |
| 3        | Exces   | s distributions carryover, if any, to 2014:               |                              |  |                                     |
| а        |         |   |                              |  |                                     |
| b        |         |   |                              |  |                                     |
| С        |         |   |                              |  |                                     |
| d        |         |   |                              |  |                                     |
| е        | From    | 2013  |                              |  |                                     |
| f        | Total   | of lines 3a through e                                     |                              |  |                                     |
| g        | Applie  | ed to underdistributions of prior years                   |                              |  |                                     |
| h        | Applie  | ed to 2014 distributable amount                           |                              |  |                                     |
| <u>i</u> | Carry   | over from 2009 not applied (see instructions)             |                              |  |                                     |
| j        | Rema    | inder. Subtract lines 3g, 3h, and 3i from 3f.             |                              |  |                                     |
| 4        | Distrib | outions for 2014 from Section D,                          |                              |  |                                     |
|          | line 7: | \$  |                              |  |                                     |
| а        | Applie  | ed to underdistributions of prior years                   |                              |  |                                     |
|          |         | ed to 2014 distributable amount                           |                              |  |                                     |
|          |         | inder. Subtract lines 4a and 4b from 4.                   |                              |  |                                     |
| 5        |         | ining underdistributions for years prior to 2014, if      |                              |  |                                     |
|          |         | Subtract lines 3g and 4a from line 2 (if amount           |                              |  |                                     |
|          |         | er than zero, see instructions).                          |                              |  |                                     |
| 6        |         | ining underdistributions for 2014. Subtract lines 3h      |                              |  |                                     |
|          |         | b from line 1 (if amount greater than zero, see           |                              |  |                                     |
| _        |         | ctions).  |                              |  |                                     |
| 7        | and 4   | s distributions carryover to 2015. Add lines 3j           |                              |  |                                     |
| 8        |         | down of line 7:   |                              |  |                                     |
| а        |         |   |                              |  |                                     |
| b        |         |   |                              |  |                                     |
| С        |         |   |                              |  |                                     |
| d        | Exces   | s from 2013   |                              |  |                                     |
| е        | Exces   | s from 2014   |                              |  |                                     |

Schedule A (Form 990 or 990-EZ) 2014

#### SENIOR ADVOCATES FOR GENERATIONAL EQUITY

| Schedule A | (Form 990 or 990-EZ) 2014 SAGE  | 45-3599268 Page 8           |
|------------|---|-----------------------------|
| Part VI    | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or | 17b; and Part III, line 12. |
|            | Also complete this part for any additional information. (See instructions).                           |                             |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Organization type (check one):

SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE

**Employer identification number** 

45-3599268

| Filers of: |   | Section:  |
|------------|---|---|
| Form 990   | or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |
|            |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
|            |   | 527 political organization  |
| Form 990   | )-PF  | 501(c)(3) exempt private foundation   |
|            |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |
|            |   | 501(c)(3) taxable private foundation  |
|            |   | covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |
| General    | Rule  |   |
|            | -   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |
| Special I  | Rules   |   |
|            | sections 509(a)(1) a<br>any one contributor                       | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.   |
|            | year, total contribut   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.   |
|            | year, contributions<br>is checked, enter he<br>purpose. Do not co | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year |
| Caution.   | An organization th  | at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-FZ, or 990-PF).  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Name of organization
SENIOR ADVOCATES FOR GENERATIONAL EQUITY
SAGE

Employer identification number

45-3599268

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if ac | dditional space is needed.  |
|------------|---|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d) Total contributions Type of contribution  |
| 1          |   | \$ 50,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d) Total contributions Type of contribution  |
| 2          |   | Person X Payroll  Noncash (Complete Part II for noncash contributions.)                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d) Total contributions Type of contribution  |
| 3          |   | Person X Payroll Noncash (Complete Part II for noncash contributions.)                    |
| (a)        | (b)   | (c) (d)   |
| No. 4      | Name, address, and ZIP + 4  | Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d) Total contributions Type of contribution  |
| 5          |   | Person X Payroll Noncash (Complete Part II for noncash contributions.)                    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d) Total contributions Type of contribution  |
|            |   | Person Payroll Noncash (Complete Part II for noncash contributions.)                      |

Name of organization

SENIOR ADVOCATES FOR GENERATIONAL EQUITY

SAGE

Employer identification number

45-3599268

| Part II No                              | ncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed.    |                      |
|---|--|--|----------------------|
| (a)<br>No.<br>from<br>Part I            | (b)<br>Description of noncash property given                 | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| $-\begin{vmatrix} - \\ - \end{vmatrix}$ |  | \$                                       |                      |
| (a)<br>No.<br>om<br>art I               | (b)<br>Description of noncash property given                 | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |  | \$                                       |                      |
| (a)<br>No.<br>om<br>art I               | (b)  Description of noncash property given                   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |  | \$                                       |                      |
| a)<br>lo.<br>om<br>art l                | (b) Description of noncash property given                    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |  | \$                                       |                      |
| a)<br>lo.<br>om<br>art l                | (b)  Description of noncash property given                   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|   |  | \$                                       |                      |
| (a)<br>No.<br>om<br>art I               | (b)  Description of noncash property given                   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
| _   _                                   |  |  |                      |
|   |  | \$                                       |                      |

Name of organization Employer identification number SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE 45-3599268 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE 0**

(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. Inspection

OMB No. 1545-0047

Name of the organization

SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE

**Employer identification number** 45-3599268

| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INC  | COME:           |                          |
|--|-----------------|--------------------------|
| DESCRIPTION OF PROPERTY:   |                 | AMOUNT:                  |
| INTEREST INCOME  |                 | 12.                      |
|  |                 |                          |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  |                 |                          |
| DESCRIPTION OF OTHER EXPENSES:   |                 | AMOUNT:                  |
| DIRECT PROGRAM COSTS   |                 | 37,593.                  |
| ADVERTISING & PROMOTION  |                 | 139.                     |
| INSURANCE  |                 | 776.                     |
| OFFICE SUPPLIES & EXPENSES   |                 | 912.                     |
| BANK SERVICE CHARGES   |                 | 96.                      |
| COMPUTER & SOFTWARE EXPENSE  |                 | 714.                     |
| LICENSES & PERMITS   |                 | 95.                      |
| TRAVEL EXPENSE   |                 | 1,134.                   |
| DUES & SUBSCRIPTIONS   |                 | 125.                     |
| TOTAL TO FORM 990-EZ, LINE 16  |                 | 41,584.                  |
| FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:  | :               |                          |
| DESCRIPTION  | BEG. OF YEAR    | END OF YEAR              |
| PR TAX LIABILITIES   | 230.            | 2,931.                   |
| UNMATCHED GRANT FUNDS  | 0.              | 1,460.                   |
| TOTAL TO FORM 990-EZ, LINE 26  | 230.            | 4,391.                   |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE A  | ACCOMPLISHMENTS | :                        |
| WE HOSTED TWO VISITING SAGE SPEAKERS TO INSPIRE F  | PEOPLE TO       |                          |
| MAKE THE WORLD A BETTER PLACE. WITH OVER 750 GUES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | · ·             | rm 990 or 990-EZ) (2014) |

432211 08-27-14

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### 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
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
SENIOR ADVOCATES FOR GENERATIONAL EQUITY Employees
SAGE
45

Employer identification number 45-3599268

RIGHTS CHAMPION, NICHOLAS KRISTOF, SHOWED US HOW EVEN

SMALL GIFTS OF TIME AND MONEY ADD UP TO THE MILLIONS OF DROPS THAT FILL

BUCKETS AND CHANGE LIVES. NEARLY 500 GUESTS ALSO JOINED US TO HEAR ONE

OF THE MOST INFLUENTIAL TEACHERS IN THE WORLD - ROBERT PUTNAM. PUTNAM

SPOKE ABOUT HIS NEW BESTSELLER, OUR KIDS, WHICH LOOKS AT THE GROWING

BARRIERS TO UPWARD MOBILITY AND WAYS WE CAN WORK TO RESTORE THE PROMISE

OF THE AMERICAN DREAM.

GRANTS \$ 0. EXPENSES \$ 34,289.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

WE LAUNCHED OUR LEGACY FELLOWSHIP, A NINE-MONTH LEADERSHIP

PROGRAM TO INSPIRE, TRAIN AND SUPPORT INDIVIDUALS AND

TEAMS TO CARRY OUT COMMUNITY BENEFIT PROJECTS OF THEIR OWN

DESIGN. WITH THE SUPPORT OF OUR COACH AND EXPERT ADVISORS, EACH FELLOW

DEFINED A COMMUNITY CHALLENGE OR AREA OF NEED, AND LEVERAGED HIS OR HER

STRENGTHS TO IMPLEMENT A SOLUTION. PROJECTS RAN THE GAMUT FROM HELPING

HOMELESS YOUTH TO RAISING FUNDS FOR CONSERVATION TO PROMOTING SOLUTIONS

TO CLIMATE CHANGE. SAGE HONORED THE FIRST FOURTEEN GRADUATES OF THE

PROGRAM IN JUNE OF 2015, AND LAUNCHED THE SECOND COHORT OF THIRTEEN

FELLOWS IN OCTOBER OF 2015. TOGETHER, FELLOWS DEMONSTRATE HOW CITIZEN

INITIATIVES STRENGTHEN COMMUNITIES AND IMPROVE OUR WORLD.

GRANTS \$0. EXPENSES \$33,531.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

SAGE LEADS SMALL GROUP DISCUSSIONS, WORKSHOPS AND

PRESENTATIONS IN LIVING ROOMS, BUSINESSES AND OTHER

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

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

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

#### 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

2U14
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE

Employer identification number 45-3599268

LOCALES TO RAISE AWARENESS ABOUT CHALLENGES FACING THE FUTURE AND WAYS TO MAKE A DIFFERENCE. DURING FISCAL YEAR 2014-2015, WE LED SIXTEEN DISCUSSIONS AND PRESENTATIONS WITH OVER 250 PARTICIPANTS. AS PART OF THIS WORK, WE BEGAN TO OFFER FOCUS GROUPS TO SPOTLIGHT SOLUTIONS TO MAJOR ISSUES OF CONCERN LIKE BURGEONING STUDENT LOAN DEBT, THE RAPID EXTINCTION OF SPECIES, AND CLIMATE CHANGE. IN ADDITION TO WE DEVELOPED AND OFFERED TWO WORKSHOPS--GIVING THESE DISCUSSIONS, FORWARD AND NAVIGATING RETIREMENT--TO HIGHLIGHT STRATEGIES AND TOOLS TO GIVE AND ADVOCATE FOR THE GREATER GOOD. WE PROVIDED OPPORTUNITIES FOR LEARNING AND NETWORKING, AND RAISED AWARENESS ABOUT MEANINGFUL SERVICE AND ADVOCACY ROLES WITH SEVERAL NONPROFIT ORGANIZATIONS WORKING TO STRENGTHEN EDUCATION, RESTORE THE ENVIRONMENT, AND PROMOTE ECONOMIC SECURITY. GRANTS \$0. **EXPENSES \$ 25,563.** 

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

SAGE DEVELOPED AND LAUNCHED A MEMBERSHIP PROGRAM AT THE CLOSE OF THE

FISCAL YEAR. OUR GOAL IS TO INSPIRE PEOPLE TO MAKE A PERSONAL

COMMITMENT TO GIVE, SERVE, OR ADVOCATE FOR YOUNGER AND FUTURE

GENERATIONS. BY HIGHLIGHTING THE NUMBER OF VOLUNTEER HOURS THAT MEMBERS

CONTRIBUTE TO CAUSES THAT BENEFIT COMING GENERATIONS, AND THE IMPACT OF

THOSE HOURS, WE CAN TELL A BROADER STORY OF ONE GENERATION HELPING

ANOTHER. DURING THE YEAR, WE ALSO CONTINUED OUR EDUCATION-RELATED

SERVICES, INCLUDING PUBLISHING STORIES ABOUT OUR SAGES--EXEMPLARY

VOLUNTEERS WHO DEMONSTRATE THE MANY WAYS THAT OLDER ADULTS GIVE FORWARD

SUCH AS SERVING AS BOARD MEMBERS, TRAINING YOUNG ADULTS, AND FORMING

SUCH AS SERVING AS BOARD MEMBERS, TRAINING YOUNG ADULTS, AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule

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

432211 08-27-14

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection

OMB No. 1545-0047

Name of the organization

SENIOR ADVOCATES FOR GENERATIONAL EQUITY SAGE

**Employer identification number** 45-3599268

| GIVING CIRCLES. WE ALSO INVESTED TIME TO RESEARCH AND PROMOTE VOLUNTEER |
|---|
| OPPORTUNITIES WITH NONPROFIT ORGANIZATIONS AND TO RECRUIT VOLUNTEERS.   |
| GRANTS \$ 0. EXPENSES \$ 17,739.  |
|   |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.          |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.                          |
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#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

 $\blacktriangleright$  Information about Form 8868 and its instructions is at  $_{WWW.irs.gov/form8868}$  .

OMB No. 1545-1709

| If you a   |  |  |   |  |   |                    |
|--|--|--|---|--|---|--------------------|
|  | re filing for an Automatic 3-Month Extension, complet  | e only Pa  | rt I and check this box   |  |   | ightharpoons X     |
| •  | re filing for an Additional (Not Automatic) 3-Month Ext  | -  |   | •  |   |                    |
|  | mplete Part II unless you have already been granted a  |  |   |  |   |                    |
| Electronic   | <b>c filing</b> (e-file) . You can electronically file Form 8868 if y  | ou need a  | 3-month automatic extension of tin  | ne to file (6  | months for a co                               | rporation          |
| equired to   | o file Form 990-T), or an additional (not automatic) 3-mor   | nth extensi  | ion of time. You can electronically fi  | le Form 88   | 68 to request an                              | extension          |
| of time to   | file any of the forms listed in Part I or Part II with the exc   | eption of  | Form 8870, Information Return for 1   | ransfers A   | ssociated With (                              | Certain            |
| ersonal F  | Benefit Contracts, which must be sent to the IRS in paper  | er format (  | see instructions). For more details o   | n the elect  | ronic filing of thi                           | s form,            |
|  | irs.gov/efile and click on e-file for Charities & Nonprofits   |  |   |  |   |                    |
| Part I   | Automatic 3-Month Extension of Time  | . Only s   | submit original (no copies ne   | eded).   |   |                    |
| \ corpora  | tion required to file Form 990-T and requesting an auton   | natic 6-mo   | nth extension - check this box and o  | complete   |   |                    |
| Part I only  | <i>!</i>   |  |   |  |   |                    |
|  | corporations (including 1120-C filers), partnerships, REMI   | Cs, and tru  | usts must use Form 7004 to request  | an extensi   | on of time                                    |                    |
| o file inco  | ome tax returns.   |  |   | Enter file   | r's identifying r                             | umber              |
| · · ·  |  |  | Employer  | Employer identification number (EIN) or              |   |                    |
| orint  | SENIOR ADVOCATES FOR GENERA  | AMOIT.   | L EQUITY  |  |   |                    |
| ila bu tha   | SAGE   |  |   |  | 45-3599                                       | 268                |
| le by the due date for   | Number, street, and room or suite no. If a P.O. box, so  |  | ions.   | Social se  | Social security number (SSN)                  |                    |
| iling your<br>eturn. See   | 1515 SW FIFTH AVENUE, NO. 6  | 00   |   |  |   |                    |
| nstructions.   | City, town or post office, state, and ZIP code. For a fo   | reign addr   | ress, see instructions.   |  |   |                    |
|  | PORTLAND, OR 97201   |  |   |  |   |                    |
|  |  |  |   |  |   |                    |
| Inter the  | Return code for the return that this application is for (file  | a separat  | e application for each return)  |  |   | 0 1                |
|  |  |  |   |  |   |                    |
| Application  | on   | Return   | Application   |  |   | Return             |
| s For  |  | Code   | Is For  |  |   | Code               |
| orm 990  | or Form 990-EZ   | 01   | Form 990-T (corporation)  |  |   | 07                 |
| orm 990-   | -BL  | 02   | Form 1041-A   |  |   | 08                 |
| orm 472  | 0 (individual)   | 03   | Form 4720 (other than individual)   |  |   | 09                 |
| orm 990-   | -PF  | 04   | Form 5227   |  |   | 10                 |
| orm 990  | -T (sec. 401(a) or 408(a) trust)   | 05   | Form 6069   |  |   | 11                 |
| orm 990  | -T (trust other than above)  | 06   | Form 8870   |  |   | 12                 |
|  | STEVE HIGGS  |  |   |  |   |                    |
|  | ooks are in the care of $\blacktriangleright$ 1515 SW FIFTH $A$  | VENUE  | E, NO. $600 - PORTLA$   |  | D 07201                                       |                    |
| • The bo   | boks are in the care of $ ightharpoonup$   |  |   | MD, C  | K 3/201                                       |                    |
|  |  |  | Fax No. ▶   | MD, C  | K 9/201                                       |                    |
| Teleph   | one No. ► 971-717-6570   |  | Fax No. 🕨   |  |   | <b>▶</b> □         |
| Teleph   |  | in the Uni   | Fax No. ▶   |  |   | ▶ □  o, check this |
| Telephole If the o   | one No. $\triangleright$ $971-717-6570$ organization does not have an office or place of business s for a Group Return, enter the organization's four digit (  | in the Uni<br>Group Exe  | Fax No.  ted States, check this box mption Number (GEN)   | If this is fo  | the whole grou                                |                    |
| Telephole If the o If this is Dox  | one No. ► $971-717-6570$ organization does not have an office or place of business s for a Group Return, enter the organization's four digit 0  If it is for part of the group, check this box ►   | in the Uni<br>Group Exe  | Fax No. ►ted States, check this box mption Number (GEN) ch a list with the names and EINs o   | If this is for                                       | the whole grou                                |                    |
| Telepholic If the open If this is the poor I I record I I I I I I I I I I I I I I I I I I I  | one No.   971-717-6570  organization does not have an office or place of business s for a Group Return, enter the organization's four digit of the group, check this box  quest an automatic 3-month (6 months for a corporation)  | in the Uni<br>Group Exe<br>and atta<br>required to   | Fax No.  ted States, check this box mption Number (GEN) ch a list with the names and EINs of the form 990-T) extension of time  | If this is for<br>f all member                       | the whole grouers the extension               |                    |
| Telepho<br>If the o<br>If this is<br>box ► [<br>1 I rec  | one No. ► $971-717-6570$ organization does not have an office or place of business s for a Group Return, enter the organization's four digit 0  If it is for part of the group, check this box ►   | in the Uni<br>Group Exe<br>and atta<br>required to   | Fax No.  ted States, check this box mption Number (GEN) ch a list with the names and EINs of the form 990-T) extension of time  | If this is for<br>f all member                       | the whole grouers the extension               |                    |
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LHA  $_{\mbox{\scriptsize 423841}\atop\mbox{\scriptsize 05-01-14}}$  For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)