

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2014, or fiscal year beginning 01/01, 2014, and ending 12/31, 2014

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2014

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Name and title of officer

LOREN FINNELL, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>8,571,300.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MAIER MARKEY & JUSTIC LLP to enter my PIN

6	3	9	2	1
---	---	---	---	---

 as my signature
ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 07/10/2015

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1	3	5	5	1	3	6	3	9	2	1
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶ 7/15/15

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE RESOURCE FOUNDATION, INC.		D Employer identification number 13-3421446	
	Doing business as		E Telephone number (212) 675-6170	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 237 WEST 35TH STREET 1203			
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		G Gross receipts \$ 8,571,300.	
F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.RESOURCEFND.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987		M State of legal domicile: NY


Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE RESOURCE FOUNDATION IS A LEADER IN PHILANTHROPIC GIVING TO THE AMERICAS & THE CARIBBEAN TO INCREASE OPPORTUNITIES & IMPROVE LIVING STANDARDS FOR THE REGIONS DISADVANTAGED				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14.	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	10.	
	6 Total number of volunteers (estimate if necessary)	6	20.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	9,673,606.	8,568,992.
9 Program service revenue (Part VIII, line 2g)		0	0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,983.	2,308.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,623.	0	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,657,966.	8,571,300.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,944,516.	6,153,475.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	746,566.	856,882.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	90,675.	89,530.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 351,681.		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	333,667.	292,570.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,115,424.	7,392,457.	
19 Revenue less expenses. Subtract line 18 from line 12	542,542.	1,178,843.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,063,982.	4,709,912.	
	21 Total liabilities (Part X, line 26)	1,571,871.	1,026,384.	
	22 Net assets or fund balances. Subtract line 21 from line 20.	2,492,111.	3,683,528.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ 
 Signature of officer Date
 ▶ Marcela Lopez-Macedonio, Executive Director 7-14-2015
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name BHARTI GUPTA	Preparer's signature 	Date 7/14/15	Check <input type="checkbox"/> if self-employed	PTIN P00943421
	Firm's name ▶ MAIER MARKEY & JUSTIC LLP			Firm's EIN ▶ 13-3539062	
	Firm's address ▶ 222 BLOOMINGDALE ROAD, STE 400 WHITE PLAINS, NY 10605			Phone no. 914-644-9200	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,153,475. including grants of \$ 6,153,475.) (Revenue \$ 8,117,954.)

PROVIDE REPRESENTATION, NETWORKING, TRAINING, TECHNICAL ASSISTANCE AND FUNDRAISING TO NON PROFIT DEVELOPMENT ORGANIZATIONS ACROSS THE AMERICAS & CARIBBEAN THAT IMPLEMENT SELF-HELP PROJECTS IN THE AREAS OF AFFORDABLE HOUSING, AGRICULTURE, CAPACITY BUILDING, CULTURAL PROGRAMS, DISASTER RELIEF, EDUCATION AND JOB SKILLS, ENVIORMENT, FNANCIAL INCLUSION, HEALTHCARE & HIV/AIDS, POTABLE WATER, SANITATION & WOMEN'S EMPOWERMENT.

4b (Code:) (Expenses \$ 92,255. including grants of \$) (Revenue \$ 64,830.)

PROMOTES AND IMPLEMENTS DEVELOPMENT EDUCATION PROGRAMS IN THE U.S. IN ORDER TO INCREASE THE AWARENESS OF THE AMERICAN PUBLIC ABOUT CONDITIONS IN LATIN AMERICA AND IN THE CARIBBEAN.

4c (Code:) (Expenses \$ 369,020. including grants of \$) (Revenue \$ 386,208.)

RAISES FUNDS FROM THE GENERAL PUBLIC, FOUNDATIONS, AND CORPORATIONS IN ORDER TO CHANNEL FUNDS TO SELECTED SOCIOECONOMIC DEVELOPMENT PROJECTS OF THE ORGANIZATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,614,750.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 702.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

THE RESOURCE FOUNDATION, 237 WEST 35TH ST. STE1203 NEW YORK, NY 10001 212-675-6170

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE M. DE LASA DIRECTOR, CHAIRMAN	1.50	X		X			0	0	0	
(2) LOREN FINNELL DIRECTOR, PRESIDENT	60.00 0	X		X			159,783.	0	14,476.	
(3) RAFAEL GUARDANS CAMBO DIRECTOR	1.50	X					0	0	0	
(4) COLLEEN MAY DIRECTOR	1.50	X					0	0	0	
(5) JOVITA CASTILLO DIRECTOR	1.50	X					0	0	0	
(6) KENNETH RICCI DIRECTOR	1.50	X					0	0	0	
(7) JOHN WELCH DIRECTOR	1.50	X					0	0	0	
(8) RUDOLF LAAGER DIRECTOR	1.50	X					0	0	0	
(9) MICHAEL ARCHER DIRECTOR	1.50	X					0	0	0	
(10) CRISTINA PEREZ TREASURER	1.50	X					0	0	0	
(11) ALISON M RENDE DIRECTOR	1.50	X					0	0	0	
(12) MANOCHERE ALAMGIR DIRECTOR	1.50	X					0	0	0	
(13) MARCELA LOPEZ-MACEDONIO EXECUTIVE DIRECTOR	60.00 0	X		X			145,000.	0	0	
(14) DAVID A PENTLOW DIRECTOR	1.50	X					0	0	0	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	64,830.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions),	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,504,162.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶		8,568,992.				
Program Service Revenue	2a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 ▶		2,308.			2,308.	
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss) ▶		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss) ▶		0		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a	b	Less: direct expenses b				
			c	Net income or (loss) from fundraising events. ▶		0		
			9a	Gross income from gaming activities. See Part IV, line 19 a	b	Less: direct expenses b		
	c	Net income or (loss) from gaming activities. ▶				0		
10a	Gross sales of inventory, less returns and allowances a	b			Less: cost of goods sold b			
		c	Net income or (loss) from sales of inventory. ▶		0			
		Miscellaneous Revenue		Business Code				
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		0					
12	Total revenue. See instructions ▶		8,571,300.			2,308.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,500.	49,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,103,975.	6,103,975.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	298,433.	119,373.	89,530.	89,530.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	532,063.	212,825.	159,619.	159,619.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	55,560.	22,224.	16,668.	16,668.
10 Payroll taxes	60,356.	24,142.	18,107.	18,107.
11 Fees for services (non-employees):				
a Management	0			
b Legal	10,818.	800.	9,418.	600.
c Accounting	50,775.	3,754.	44,205.	2,816.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,968.	1,033.	12,160.	775.
12 Advertising and promotion	5,718.			5,718.
13 Office expenses	46,229.	16,407.	17,514.	12,308.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	85,221.	34,087.	25,567.	25,567.
17 Travel	2,853.	1,141.	856.	856.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,146.	459.	344.	343.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	49,203.	19,681.	14,761.	14,761.
23 Insurance	13,264.		13,264.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES & OTHER GENERAL EXPENSE	13,375.	5,349.	4,013.	4,013.
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	7,392,457.	6,614,750.	426,026.	351,681.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	3,644,746.	2	3,715,305.
	3 Pledges and grants receivable, net	74,990.	3	649,765.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,681.	9	5,241.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 331,152.		
	b Less: accumulated depreciation	10b 131,152.	215,989.	10c 200,000.
	11 Investments - publicly traded securities	ATCH 5 108,985.	11	123,010.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	16,591.	15	16,591.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,063,982.	16	4,709,912.	
Liabilities	17 Accounts payable and accrued expenses	23,805.	17	29,060.
	18 Grants payable	1,445,187.	18	919,594.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	94,693.	24	67,985.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,186.	25	9,745.
	26 Total liabilities. Add lines 17 through 25	1,571,871.	26	1,026,384.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	274,327.	27	252,108.
	28 Temporarily restricted net assets	2,217,784.	28	3,431,420.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,492,111.	33	3,683,528.	
34 Total liabilities and net assets/fund balances	4,063,982.	34	4,709,912.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,571,300.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,392,457.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,178,843.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,492,111.
5	Net unrealized gains (losses) on investments	5	12,574.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,683,528.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization THE RESOURCE FOUNDATION, INC.	Employer identification number 13-3421446
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 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)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 9 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)**.
- 11 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.
 - a **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.**
 - 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.**
 - 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (40.36%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (52.96%); 16a 33 1/3% support test - 2014; 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise 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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

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

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section 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? <i>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.</i>	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? <i>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.</i>	2	

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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).

Schedule of Contributors

2014

▶ **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.

Name of the organization THE RESOURCE FOUNDATION, INC.	Employer identification number 13-3421446
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 THE RESOURCE FOUNDATION, INC.

Employer identification number
13-3421446**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALEXANDRE BEHRING C/O 3G CAPITAL, 600 THIRD AVENUE NEW YORK, NY 10016	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANSARA FAMILY FUND 75 ARLINGTON STREET BOSTON, MA 02116	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BERNARDO PINTO PAIVA 123 DOUBLING ROAD GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BEVERLY FOUNDATION 1660 HIGHWAY 100 SOUTH, SUITE 230 MINNEAPOLIS, MN 55416	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	C & J UNANUE FOUNDATION C/O AUA CAPITAL MANAGEMENT, 1100 BENT CR MECHANISBURG, PA 17030	\$ 42,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CARLOS ALVES DE BRITO 2 DEER PARK MEADOW GREENWICH, CT 06830	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CATEPILLAR FOUNDATION 100 N.E. ADAMS STREET PEORIA, IL 61629	\$ 1,110,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CATHERINE VAN MILDERS 37 PALMER TERRACE SAG HARBOR, NY 11963	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CHURCH OF ST. AUGUSTINE 18 CHERRY AVENUE LARCHMONT, NY 10538	\$ 9,015.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CITI FOUNDATION 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CREDIT SUISSE FOUNDATION 11 MADISON AVENUE NEW YORK, NY 10010	\$ 69,524.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DEUTSCHE BANK 60 WALL STREET, NYC60-2312 NEW YORK, NY 10005	\$ 648,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DISNEY WORLDWIDE 500 S. BUENA VISTA STREET BURBANK, CA 91521	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DOW CHEMICAL FOUNDATION 20300 DOW CENTER MIDLAND, MI 48674	\$ 950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	EMWIGA FOUNDATION 32 PECKSLAND ROAD GREENWICH, CT 06831	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GERARDO CHAPA 1330 POST OAK BLVD., SUITE 2100 HOUSTON, TX 77056	\$ 5,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GLOBAL GIVING FOUNDATION 1110 VERMONT AVENUE NW, SUITE 550 WASHINGTON, DC 20005	\$ 15,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	HARLEY-DAVIDSON 3700 WEST JUEAU AVENUE MILWAUKEE, WI 53201	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HERSHEY FOUNDATION 100 CRYSTAL A DRIVE HERSHEY, PA 17033	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	INGALLS & SNYDER LLC 1325 AVENUE OF THE AMERICAS, 18TH FLOOR NEW YORK, NY 10019	\$ 40,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	INTERVINE 1700 SECOND AVENUE, SUITE 200 NAPA, CA 94559	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ISLAND FOUNDATION 589 MILL STREET, P.O. BOX 1605 MARION, MA 02738	\$ 10,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JEAN BOYD 2701 PICKETT ROAD, NO. 3007 DURHAM, NC 27705	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	\$ 2,053,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JP MORGAN CHASE 712 MAIN STREET CAUSEWAY HOUSTON, TX 77002	\$ 8,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	KATHERINE CROSS P.O. BOX 296 WHITEFISH, MT 59937	\$ 24,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	KELLOGG ONE KELLOGG SQUARE, P.O. BOX 3599 BATTLE CREEK, MI 49016	\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	KEN RICCI 8 IDEN AVENUE LARCHMONT, NY 10538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	KOENIG FOUNDATION 6277 W. STRADA FRAGANTE RANCHO SANTA FE, CA 92091	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	LAAGER CHARITABLE LEAD TRUST C/O HIGHMOUNT FIDUCIARY LLC, ONE BEACON BOSTON, MA 02108	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	LEGEND 10 LLC 4130 SW 152ND PLACE MIAMI, FL 33185	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MAY FOUNDATION TRUST 5310 WILD HORSE VALLEY ROAD NAPA, CA 94558	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	METLIFE FOUNDATION 1095 AVENUE OF THE AMERICAS, 39TH FLOOR NEW YORK, NY 10036	\$ 47,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MILLION CHILDREN FUND 331 BEECHWOOD DRIVE KEY BISCAYNE, FL 33149	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	MJS FOUNDATION 160 FIFTH AVENUE, 7H FLOOR NEW YORK, NY 10010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	NEELS FAMILY FOUNDATION, INC. 264 RED OAK LANE CARMEL, IN 46033	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number
13-3421446**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	NETWORK FOR GOOD 1140 CONNECTICUT AVE NW, STE 700 WASHINGTON, DC 20036	\$ 8,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	NEW HAMPSHIRE CHARITABLE FUND 37 PLEASANT STREET CONCORD, NH 03301	\$ 426,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	THE NORTHERN TRUST COMPANY 40 WEST 57TH STREET, 21ST FLOOR NEW YORK, NY 10019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	OSWALDO SANDOVAL TRUST 1 MARITIME PLAZA SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	PLAYA FOUNDATION 137 N. LARCHMONT BLVD., # 487 LOS ANGELES, CA 90004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	REXAM 8770 W. BRYN MAWR AVENUE, SUITE 175 CHICAGO, IL 60631	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ROBERTO THOMPSON MOTTA 781 FIFTH AVENUE, APT. 1501 NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	RUDOLF LAAGER 34 MAGNOLIA AVENUE LARCHMONT, NY 10538	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	SENIOR FAMILY FOUNDATION 151 CRANDON BLVD., APT. # 604 KEY BISCAWAYNE, FL 33149	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	STARBUCKS FOUNDATION P.O. BOX 3824 SEATTLE, WA 98124	\$ 296,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	STONE FAMILY FOUNDATION 1101 SKOKIE BLVD., SUITE 300 NORTHBROOK, IL 60062	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	SULLIVAN FAMILY FOUNDATION P.O. BOX 812 SUDBURY, MA 01776	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.	Employer identification number 13-3421446
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	TANAE FERRO ----- 845 UNITED NATIONS PLAZA, # 88B ----- NEW YORK, NY 10017 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	THREADS OF HOPE ----- 7400 GURNEY DRIVE ----- PLANO, TX 75024 -----	\$ 24,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	THE TIFFANY AND CO. FOUNDATION ----- 200 FIFTH AVENUE ----- NEW YORK, NY 10010 -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	TOLEDO COMMUNITY FOUNDATION ----- 300 MADISON AVENUE, SUITE 1300 ----- TOLEDO, OH 43604 -----	\$ 64,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	UNITED JEWISH ENDOWMENT FUND ----- 6101 MONTROSE ROAD ----- ROCKVILLE, MD 20852 -----	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	VANGUARD TOTAL ----- 455 DEVON PARK DRIVE ----- WAYNE, PA 19087 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number
13-3421446

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	WHITEFISH COMMUNITY FUND P.O. BOX 1060 WHITEFISH, MT 59937	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	WILSON MEMORIAL FUND 1300 GRANT AVENUE, SUITE 202 NOVATO, CA 94945	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	OROXA FOUNDATION BARENGASSE 16 8098 POSTFACH SWITZERLAND	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization THE RESOURCE FOUNDATION, INC.

Employer identification number
13-3421446

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

THE RESOURCE FOUNDATION, INC.

13-3421446

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Includes sub-rows 3a(i), 3a(ii), 3b and Yes/No columns.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) STRAIGHT LINE RENT	9,521.	
(3) OTHER PAYABLE	224.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,745.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,583,874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	12,574.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	12,574.	
3	Subtract line 2e from line 1	3	8,571,300.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,571,300.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,392,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	7,392,457.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,392,457.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD CODIFICATION TOPIC 740, ACCOUNTING FOR INCOME TAXES, ENTITIES ARE REQUIRED TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION. FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY IN THEIR TAX POSITION, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX EXEMPT STATUS. THE ORGANIZATION'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE ORGANIZATION HAS NOT RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS IN 2011 AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF FINANCIAL POSITION DATE.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE RESOURCE FOUNDATION, INC.

13-3421446

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2014

JSA
4E1274 1.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	EDUCATION	12,775.	WIRE TRANSFE			
(2)			NORTH AMERICA	ARTS & CULTU	23,750.	WIRE TRANSFE			
(3)			SOUTH AMERICA	EDUCATION	10,320.	WIRE TRANSFE			
(4)			CENTRAL AMERICA & THE CA	ARTS & CULTU	42,000.	WIRE TRANSFE			
(5)			SOUTH AMERICA	ENVIRONMENT	30,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	85,000.	WIRE TRANSFE			
(7)			SOUTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			
(8)			CENTRAL AMERICA & THE CA	EDUCATION	9,000.	WIRE TRANSFE			
(9)			NORTH AMERICA	HOUSING	10,497.	WIRE TRANSFE			
(10)			SOUTH AMERICA	HOUSING	9,015.	WIRE TRANSFE			
(11)			CENTRAL AMERICA & THE CA	ENVIRONMENT	40,504.	WIRE TRANSFE			
(12)			NORTH AMERICA	NUTRITION	32,280.	WIRE TRANSFE			
(13)			NORTH AMERICA	HEALTH	80,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	HEALTH	35,000.	WIRE TRANSFE			
(15)			CENTRAL AMERICA & THE CA	NUTRITION	15,000.	WIRE TRANSFE			
(16)			CENTRAL AMERICA & THE CA	EDUCATION	25,000.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	HEALTH	10,000.	WIRE TRANSFE			
(2)			SOUTH AMERICA	OTHER	19,624.	WIRE TRANSFE			
(3)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(4)			CENTRAL AMERICA & THE CA	EDUCATION	40,000.	WIRE TRANSFE			
(5)			CENTRAL AMERICA & THE CA	EDUCATION	40,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(7)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(9)			NORTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(11)			SOUTH AMERICA	ENVIRONMENT	50,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	EDUCATION	37,650.	WIRE TRANSFE			
(13)			CENTRAL AMERICA & THE CA	EDUCATION	10,250.	WIRE TRANSFE			
(14)			CENTRAL AMERICA & THE CA	EDUCATION	40,000.	WIRE TRANSFE			
(15)			NORTH AMERICA	HEALTH	80,000.	WIRE TRANSFE			
(16)			NORTH AMERICA	ARTS & CULTU	100,000.	WIRE TRANSFE			

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3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	DEVELOPMENT	17,500.	WIRE TRANSFE			
(2)			NORTH AMERICA	EDUCATION	50,000.	WIRE TRANSFE			
(3)			NORTH AMERICA	EDUCATION	11,111.	WIRE TRANSFE			
(4)			NORTH AMERICA	EDUCATION	26,205.	WIRE TRANSFE			
(5)			NORTH AMERICA	EDUCATION	36,630.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	15,000.	WIRE TRANSFE			
(7)			CENTRAL AMERICA & THE CA	EDUCATION	6,250.	WIRE TRANSFE			
(8)			NORTH AMERICA	EDUCATION	48,800.	WIRE TRANSFE			
(9)			CENTRAL AMERICA & THE CA	EDUCATION	27,078.	WIRE TRANSFE			
(10)			CENTRAL AMERICA & THE CA	EDUCATION	5,500.	WIRE TRANSFE			
(11)			SOUTH AMERICA	NUTRITION	15,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	EDUCATION	15,000.	WIRE TRANSFE			
(13)			SOUTH AMERICA	HEALTH	12,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	EDUCATION	11,000.	WIRE TRANSFE			
(15)			NORTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	NUTRITION	13,000.	WIRE TRANSFE			

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3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(2)			NORTH AMERICA	ARTS & CULTU	20,000.	WIRE TRANSFE			
(3)			NORTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			
(4)			NORTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			
(5)			NORTH AMERICA	EDUCATION	55,000.	WIRE TRANSFE			
(6)			CENTRAL AMERICA & THE CA	ENVIRONMENT	29,560.	WIRE TRANSFE			
(7)			CENTRAL AMERICA & THE CA	NUTRITION	28,500.	WIRE TRANSFE			
(8)			CENTRAL AMERICA & THE CA	ENVIRONMENT	18,271.	WIRE TRANSFE			
(9)			CENTRAL AMERICA & THE CA	EDUCATION	30,000.	WIRE TRANSFE			
(10)			CENTRAL AMERICA & THE CA	NUTRITION	26,070.	WIRE TRANSFE			
(11)			NORTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	NUTRITION	15,000.	WIRE TRANSFE			
(13)			NORTH AMERICA	NUTRITION	25,000.	WIRE TRANSFE			
(14)			NORTH AMERICA	NUTRITION	40,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	EDUCATION	20,260.	WIRE TRANSFE			
(16)			SOUTH AMERICA	HEALTH	8,000.	WIRE TRANSFE			

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(1)			SOUTH AMERICA	NUTRITION	14,000.	WIRE TRANSFE			
(2)			SOUTH AMERICA	NUTRITION	40,000.	WIRE TRANSFE			
(3)			SOUTH AMERICA	NUTRITION	16,000.	WIRE TRANSFE			
(4)			SOUTH AMERICA	NUTRITION	10,000.	WIRE TRANSFE			
(5)			SOUTH AMERICA	NUTRITION	10,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	16,500.	WIRE TRANSFE			
(7)			SOUTH AMERICA	HEALTH	12,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	HEALTH	12,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	EDUCATION	50,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(11)			SOUTH AMERICA	NUTRITION	13,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	NUTRITION	13,000.	WIRE TRANSFE			
(13)			NORTH AMERICA	EDUCATION	8,000.	WIRE TRANSFE			
(14)			NORTH AMERICA	EDUCATION	6,480.	WIRE TRANSFE			
(15)			CENTRAL AMERICA & THE CA	EDUCATION	44,290.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	7,711.	WIRE TRANSFE			

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(2)			SOUTH AMERICA	EDUCATION	60,000.	WIRE TRANSFE			
(3)			SOUTH AMERICA	NUTRITION	25,000.	WIRE TRANSFE			
(4)			NORTH AMERICA	ENVIRONMENT	100,000.	WIRE TRANSFE			
(5)			SOUTH AMERICA	EDUCATION	12,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	25,000.	WIRE TRANSFE			
(7)			NORTH AMERICA	EDUCATION	38,760.	WIRE TRANSFE			
(8)			SOUTH AMERICA	EDUCATION	8,000.	WIRE TRANSFE			
(9)			CENTRAL AMERICA & THE CA	TRAINING	25,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	EDUCATION	15,000.	WIRE TRANSFE			
(11)			SOUTH AMERICA	EDUCATION	12,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	HEALTH	10,000.	WIRE TRANSFE			
(13)			SOUTH AMERICA	EDUCATION	8,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	EDUCATION	25,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	HEALTH	40,000.	WIRE TRANSFE			

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3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	NUTRITION	30,000.	WIRE TRANSFE			
(2)			SOUTH AMERICA	NUTRITION	25,000.	WIRE TRANSFE			
(3)			NORTH AMERICA	NUTRITION	30,000.	WIRE TRANSFE			
(4)			NORTH AMERICA	HEALTH	30,000.	WIRE TRANSFE			
(5)			NORTH AMERICA	NUTRITION	30,000.	WIRE TRANSFE			
(6)			NORTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(7)			NORTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	ENVIRONMENT	10,000.	WIRE TRANSFE			
(9)			NORTH AMERICA	HEALTH	30,000.	WIRE TRANSFE			
(10)			NORTH AMERICA	EDUCATION	24,977.	WIRE TRANSFE			
(11)			SOUTH AMERICA	EDUCATION	22,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	EDUCATION	53,348.	WIRE TRANSFE			
(13)			SOUTH AMERICA	EDUCATION	13,718.	WIRE TRANSFE			
(14)			NORTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	80,930.	WIRE TRANSFE			

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3 Enter total number of other organizations or entities. ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	EDUCATION	15,000.	WIRE TRANSFE			
(2)			CENTRAL AMERICA & THE CA	EDUCATION	8,000.	WIRE TRANSFE			
(3)			NORTH AMERICA	HEALTH	40,000.	WIRE TRANSFE			
(4)			NORTH AMERICA	HEALTH	30,000.	WIRE TRANSFE			
(5)			NORTH AMERICA	HEALTH	15,000.	WIRE TRANSFE			
(6)			NORTH AMERICA	HEALTH	35,000.	WIRE TRANSFE			
(7)			SOUTH AMERICA	EDUCATION	50,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	EDUCATION	43,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	EDUCATION	138,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	EDUCATION	44,035.	WIRE TRANSFE			
(11)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(12)			CENTRAL AMERICA & THE CA	EDUCATION	37,140.	WIRE TRANSFE			
(13)			CENTRAL AMERICA & THE CA	EDUCATION	40,600.	WIRE TRANSFE			
(14)			SOUTH AMERICA	EDUCATION	40,212.	WIRE TRANSFE			
(15)			SOUTH AMERICA	EDUCATION	40,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	40,800.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	EDUCATION	43,000.	WIRE TRANSFE			
(2)			CENTRAL AMERICA & THE CA	EDUCATION	6,250.	WIRE TRANSFE			
(3)			SOUTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(4)			NORTH AMERICA	EDUCATION	6,480.	WIRE TRANSFE			
(5)			SOUTH AMERICA	NUTRITION	40,000.	WIRE TRANSFE			
(6)			CENTRAL AMERICA & THE CA	HEALTH	15,000.	WIRE TRANSFE			
(7)			SOUTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	NUTRITION	10,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(11)			NORTH AMERICA	NUTRITION	15,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	HEALTH	16,000.	WIRE TRANSFE			
(13)			SOUTH AMERICA	HEALTH	15,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	HEALTH	40,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	HEALTH	16,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	27,900.	WIRE TRANSFE			

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3 Enter total number of other organizations or entities. ▶

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	EDUCATION	38,064.	WIRE TRANSFE			
(2)			SOUTH AMERICA	EDUCATION	44,535.	WIRE TRANSFE			
(3)			SOUTH AMERICA	EDUCATION	50,000.	WIRE TRANSFE			
(4)			SOUTH AMERICA	EDUCATION	83,763.	WIRE TRANSFE			
(5)			SOUTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	54,032.	WIRE TRANSFE			
(7)			SOUTH AMERICA	EDUCATION	25,733.	WIRE TRANSFE			
(8)			SOUTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	EDUCATION	10,068.	WIRE TRANSFE			
(10)			NORTH AMERICA	ENVIRONMENT	88,635.	WIRE TRANSFE			
(11)			NORTH AMERICA	ENVIRONMENT	70,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	ENVIRONMENT	35,953.	WIRE TRANSFE			
(13)			NORTH AMERICA	EDUCATION	49,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	EDUCATION	25,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	DEVELOPMENT	11,500.	WIRE TRANSFE			
(2)			SOUTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(3)			SOUTH AMERICA	ARTS & CULTU	50,000.	WIRE TRANSFE			
(4)			SOUTH AMERICA	EDUCATION	31,200.	WIRE TRANSFE			
(5)			NORTH AMERICA	HEALTH	30,000.	WIRE TRANSFE			
(6)			NORTH AMERICA	NUTRITION	30,000.	WIRE TRANSFE			
(7)			CENTRAL AMERICA & THE CA	HEALTH	25,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	HEALTH	22,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(10)			CENTRAL AMERICA & THE CA	HEALTH	20,000.	WIRE TRANSFE			
(11)			CENTRAL AMERICA & THE CA	EDUCATION	15,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	EDUCATION	14,300.	WIRE TRANSFE			
(13)			SOUTH AMERICA	EDUCATION	16,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	EDUCATION	25,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	HEALTH	30,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	14,000.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA & THE CA	HEALTH	15,000.	WIRE TRANSFE			
(2)				TRAINING			6,903.		
(3)				RECLASS	43,469.				
(4)			SOUTH AMERICA	DISASTER REL	15,000.	WIRE TRANSFE			
(5)			SOUTH AMERICA	TRAINING	20,000.	WIRE TRANSFE			
(6)			CENTRAL AMERICA & THE CA	NUTRITION	40,000.	WIRE TRANSFE			
(7)			SOUTH AMERICA	HEALTH	10,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	HEALTH	80,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	HEALTH	40,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	EDUCATION	30,852.	WIRE TRANSFE			
(11)			SOUTH AMERICA	NUTRITION	10,000.	WIRE TRANSFE			
(12)			SOUTH AMERICA	NUTRITION	30,000.	WIRE TRANSFE			
(13)			SOUTH AMERICA	HEALTH	10,000.	WIRE TRANSFE			
(14)			SOUTH AMERICA	HEALTH	16,000.	WIRE TRANSFE			
(15)			SOUTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(16)			CENTRAL AMERICA & THE CA	NUTRITION	15,000.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	NUTRITION	30,000.	WIRE TRANSFE			
(2)			CENTRAL AMERICA & THE CA	ENVIRONMENT	29,835.	WIRE TRANSFE			
(3)			CENTRAL AMERICA & THE CA	EDUCATION	17,400.	WIRE TRANSFE			
(4)			SOUTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(5)			SOUTH AMERICA	HEALTH	16,000.	WIRE TRANSFE			
(6)			NORTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(7)			NORTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(8)			SOUTH AMERICA	NUTRITION	15,000.	WIRE TRANSFE			
(9)			SOUTH AMERICA	NUTRITION	20,000.	WIRE TRANSFE			
(10)			SOUTH AMERICA	EDUCATION	10,000.	WIRE TRANSFE			
(11)			CENTRAL AMERICA & THE CA	NUTRITION	30,000.	WIRE TRANSFE			
(12)			NORTH AMERICA	EDUCATION	43,621.	WIRE TRANSFE			
(13)			CENTRAL AMERICA & THE CA	HEALTH	20,184.	WIRE TRANSFE			
(14)			CENTRAL AMERICA & THE CA	HEALTH	53,962.	WIRE TRANSFE			
(15)			SOUTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			
(16)			SOUTH AMERICA	EDUCATION	20,000.	WIRE TRANSFE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶

3 Enter total number of other organizations or entities. ▶

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA & THE CA	HEALTH	10,000.	WIRE TRANSFE			
(2)			CENT. AMERICA/CARIBBEAN	NUTRITION	20,000.	WIRE TRANSFE			
(3)			CENT. AMERICA/CARIBBEAN	EDUCATION	6,250.	WIRE TRANSFE			
(4)			SOUTH AMERICA	HEALTH	25,000.	WIRE TRANSFE			
(5)			SOUTH AMERICA	EDUCATION	30,000.	WIRE TRANSFE			
(6)			SOUTH AMERICA	EDUCATION	40,500.	WIRE TRANSFE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **236.**

3 Enter total number of other organizations or entities. **236.**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITORING PROCEDURE FOR THE USE OF GRANT FUNDS

IN ORDER TO CONDUCT THE NECESSARY DUE DILIGENCE, THE RESOURCE FOUNDATION
REQUIRES THE FOLLOWING INFORMATION TO ENSURE COMPLIANCE WITH APPLICABLE
US RULES AND REGULATIONS SUCH AS

1. NOTARIZED COPY OF AN ORGANIZATION'S ARTICLES OF INCORPORATION
(PROOF OF NON-PROFIT STATUS)
2. NOTARIZED COPY OF AN ORGANIZATION'S GOVERNING DOCUMENTS
3. NAMES AND AFFILIATIONS OF MEMBERS OF BOARD OF DIRECTORS
4. NAMES AND POSITIONS OF THE PRINCIPAL EMPLOYEES IN AN ORGANIZATION
5. PROFILE OF AN ORGANIZATION (DISCRIPTION OF MISSION AND ACTIVITIES)
6. LATEST AUDITED FINANCIAL STATEMENTS
7. PROFILE OF THE PROJECTS THAT AN ORGANIZATION IS CURRENTLY WORKING
8. LIST OF TOP FIVE FUNDERS
9. COPY OF THE ORGANIZATION'S CURRENT YEAR'S OPERATING BUDGET
10. PROFILE OF THE PROJECT TO BE IMPLEMENTED
11. ITEMIZED PROJECT BUDGET

AFTER REVIEWING PROVIDED COMPLIANCES, THE GRANT IS APPROVED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GRANT# 1230 WITH BHGH (DB) 12120 BRIDGETON SQUARE DRIVE	51-0182614		14,500.				EDUCATION
(2) GRANT# 1272 WITH WORLD LEARNING (DOW) 1015 15TH STREET WASHINGTON, DC 20005	03-0179592		15,000.				EDUCATION
(3) GRANT# 1328 WITH SECOND HARVEST (KELLOG) REPARTO INDUSTRIAL CORUJO BAYAMÓN, PR 00960	66-044482		20,000.				NUTRITION
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

JSA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MONITORING PROCEDURE FOR THE USE OF GRANT FUNDS

IN ORDER TO CONDUCT THE NECESSARY DUE DILIGENCE, THE RESOURCE FOUNDATION
REQUIRES THE FOLLOWING INFORMATION TO ENSURE COMPLIANCE WITH APPLICABLE
US RULES AND REGULATIONS SUCH AS

1. NOTARIZED COPY OF AN ORGANIZATION'S ARTICLES OF INCORPORATION
(PROOF OF NON-PROFIT STATUS)
2. NOTARIZED COPY OF AN ORGANIZATION'S GOVERNING DOCUMENTS
3. NAMES AND AFFILIATIONS OF MEMBERS OF BOARD OF DIRECTORS
4. NAMES AND POSITIONS OF THE PRINCIPAL EMPLOYEES IN AN ORGANIZATION
5. PROFILE OF AN ORGANIZATION (DESCRIPTION OF MISSION AND ACTIVITIES)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

- 6. LATEST AUDITED FINANCIAL STATEMENTS
- 7. PROFILE OF THE PROJECTS THAT AN ORGANIZATION IS CURRENTLY WORKING
- 8. LIST OF TOP FIVE FUNDERS
- 9. COPY OF THE ORGANIZATION'S CURRENT YEAR'S OPERATING BUDGET
- 10. PROFILE OF THE PROJECT TO BE IMPLEMENTED
- 11. ITEMIZED PROJECT BUDGET

AFTER REVIEWING PROVIDED COMPLIANCES, THE GRANT IS APPROVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE RESOURCE FOUNDATION, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

13-3421446

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LOREN FINNELL 1 DIRECTOR, PRESIDENT	(i)	159,783.	0	0	0	0	159,783.	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

THE RESOURCE FOUNDATION, INC.

Employer identification number

13-3421446

PART VI SECTION B Q# 11A

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR (THE PRESIDENT) AND THE
TREASURE.

PART VI SECTION B Q# 15A & 15B

COMPENSATION OF KEY EMPLOYEE AND A OFFICER IS REVEIWD AND APPROVED BY
THE EXECUTIVE COMMITTEE WHICH INCLUDES INDEPENDENT BOARD MEMBERS.

PART VI SECTION B Q# 19

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND
CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC ON THE WEB SITE AND UPON
REQUEST.

FORM 990, PART IX, LINE 5

RECONCILIATION OF OTHER CHANGE IN NET ASSETS DUE TO THE UNREALIZED LOSS

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE RESOURCE FOUNDATION IS A LEADER IN PHILANTHROPIC GIVING TO THE
AMERICAS & THE CARIBBEAN. IT PARTNERS WITH CORPORATE, FOUNDATION AND
INDIVIDUAL DONORS AND EXPERIENCED NON-GOVERNMENTAL ORGANIZATIONS IN
25 COUNTRIES TO INCREASE OPPORTUNITIES AND IMPROVE LIVING STANDARDS
FOR THE REGION'S DISADVANTAGED.

Name of the organization THE RESOURCE FOUNDATION, INC.	Employer identification number 13-3421446
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ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	758.			758.
DIVIDEND	1,507.			1,507.
REALIZED GAIN ON INVESTMENT	43.			43.
TOTALS	<u>2,308.</u>			<u>2,308.</u>

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	5,241.
TOTALS	<u>5,241.</u>

ATTACHMENT 5

Name of the organization

Employer identification number

THE RESOURCE FOUNDATION, INC.

13-3421446

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
OTHER INVESTMENTS	123,010.
TOTALS	<u>123,010.</u>