	00	20	1	B /		– –		-			ļ	OMB No. 1545-0047
Form	99	90		Return	of Organizat	ion Exempt	From Incon	ne la	X			2014
			Under sec	ction 501(c)	, 527, or 4947(a)(1) of	the Internal Reve	nue Code (except	private	foundati	ions)	,	2014
				.,	er social security nu		• •	-		,		Open to Public
•		the Treasury ue Service			on about Form 990 a		-	•				Inspection
			ar year, or tax				, 2014, and er					. 20
_		applicable:	C Name of organ		-		, 201 i, and of	lang		-		oyer identification no.
	ddress c		Doing business		NITE SPOT							96492
	ame cha	•			x if mail is not delivered to st	reet address)		Room/s	uite			hone number
	nitial retu	-		WY 193 SU				10011/0	anto			334-8623
		rn/terminated			country, and ZIP or foreign	nostal code					(010)	752,209
	mended		Layton,		country, and 211 of foreign						G Gross	receipts\$
		on pending	F Name and add		officor						G G1055	
	phicalio	in pending	r Name and add		oncer.			H(a)	Is this a gr	oup re	turn for	X Yes 🗌 No
			501(c)(3)	504(-) (07	-	Are all sub			
				501(c) () < (insert no.)	1947(a)(1) or 5	27	H(b)	lf "No	." atta	ch a list. (s	ee instructions)
	/ebsite:		.MPK.ORG	_				H(c)		•		
				Trust 🗌 Asso	ciation Dther		Year of formation: 2	001	M State	of leg	al domicile	UT
Par	T	Summary										
	1	Briefly describ	be the organizat	tion's missior	n or most significant act	ivities: PROVI	IDE TRAINING A	ND CI	RCLES F	OR M	IEN TO	LEARN
ġ		TO LIVE L	IVES OF ACC	OUNTABILI	TY AND INTEGRITY	7, TO LEARN TO	BE IN TOUCH W	ITH TI	HEIR FE	ELIN	IGS	
anc		AND TO ID	ENTIFY AND	LIVE THEI	R "MISSION OF SE	ERVICE" IN THE	IR LIVES.					
ŝrnŝ												
Activities & Governance	2	Check this bo	ox 🕨 🗌 if the c	organization	discontinued its operati	ons or disposed of n	nore than 25% of its	s net ass	sets.			
ڻ م	3	Number of vo	ting members o	of the govern	ing body (Part VI, line 1	a)				3		140
ŝ	4	Number of ind	dependent votin	g members	of the governing body (Part VI, line 1b)				4		132
/itie	5	Total number	of individuals e	mployed in c	alendar year 2014 (Pa	rt V, line 2a)				5		1
cti	6	Total number	of volunteers (e	estimate if ne	cessary)					6		1,553
∢	7a	Total unrelate	ed business reve	enue from Pa	art VIII, column (C), line	12				7a		0
					om Form 990-T, line 34					7b		0
					,			F	Prior Year			Current Year
	8	Contributions	and grants (Pa	rt VIII line 1k	n)					1,16		739,094
P	9		vice revenue (Pa						1,097	-	-	0
Revenue	10	-			lines 3, 4, and 7d)		•••••		1,007	8		36
Sev	11			().	s 5, 6d, 8c, 9c, 10c, and	· · · · · · · · · · · · · · · · · · ·			64	5,50	-	
	12					,	· · · · · · · · · -			-		13,079 752,209
				. .	ust equal Part VIII, colu	(A), lifter (Z)	••••		1,498	5,30	2	
	13				column (A), lines 1-3)	• • • • • • •	· · · · · · · ·					0
	14	•			column (A), line 4)		•••••				_	0
es	15	-	•		penefits (Part IX, colum		••••			1,32	-	48,511
sue			0		umn (A), line 11e)	••••				3,96	8	0
Expenses			sing expenses (I				6,689					
ш	17	•			s 11a-11d, 11f-24e)		· · · · · · · · _		1,436			854,502
	18	•		,	qual Part IX, column (A	.), line 25)	· · · · · · · · _		1,494			903,013
	19	Revenue less	s expenses. Su	btract line 18	from line 12				3	3,94	9	(150,804)
s or							_	Beginnin	g of Current			End of Year
Net Assets or Fund Balances	20		Part X, line 16)						833	3,72	3	498,345
at As	21		s (Part X, line 26	,					47	7,72	4	56,103
	22			Subtract line	e 21 from line 20 .				785	5,99	9	442,242
Par	't II	Signatu	re Block									
					n, including accompanying se er) is based on all information			knowledge	and belief,	it is		
							any momougo.					
. .		SCOTI	RYDER									
Sigr	וו	Signatur	e of officer							Dat	е	
Here	e	SCOTI	RYDER, CFO	C								
		Type or	print name and title							-		
	1	Print/Type pre	parer's name		Preparer's signature		Date		Check X	if	PTIN	
Paic	1	Ryan Ste					09-25-2015		self-employe			797030
	arer		•	DASHBOARD	TAX ADVISORS LL			Firm's E	<u> </u>			
-	Only		•		TSPLEX DRIVE STE			Phone n				
2.30	,				UT 84037)1-6	78-026	3
Mav t	he IRS	discuss this re			n above? (see instructi	ions)						Yes 🛛 No
					arate instructions.	••••	· · · · · · · · · ·				•••	Form 990 (2014)
EEA												

Form	1990 (2014) MANKIND PROJECT 76	5-0796492	Page 2
Par	rt 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:		
	PROVIDE TRAINING AND CIRCLES FOR MEN TO LEARN TO LIVE LIVES OF ACCOUNTABILITY AND INTEGRIT	Υ,	
	TO LEARN TO BE IN TOUCH WITH THEIR FEELINGS AND TO IDENTIFY AND LIVE THEIR "MISSION OF		
	SERVICE" IN THEIR LIVES.		
2	Did the arganization undertake any eignificant program convices during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.	🖂 163	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	x 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		54	8,263)
	WE INITIATED OVER 1700 MEN THROUGH OUR PRIMARY WEEKEND TRAINING, INTRODUCING THEM TO		
	TECHNIQUES THEY CAN USE TO LIVE LIVES OF INTEGRITY, ACCOUNTABILITY AND PROVIDE THEM WITH A	N	
	INITIAL CUT OF "THEIR MISSION OF SERVICE" TO FULFILL THE POTENTIAL IN THEIR LIVES. THESE	_	
	TRAININGS ALSO PROVIDE AN OPPORTUNITY FOR OVER 2500+ MEN TO REEXPERIENCE THESE TRAININGS A	S	
	VOLUNTEER STAFF, OVER 8250 MEN PARTICIPATE IN "INTEGRATION GROUPS" WHICH ARE WEEKLY OF BIWEEKLY CIRCLES TO ASSIST MEN IN LIVING THE PRINCIPLES THEY LEARNED ON THE INITIAL TRAINI	NC	
	SOME OF THESE GROUPS HAVE BEEN IN EXISTENCE FOR OVER TWENTY YEARS. THERE IS NO FEE FOR	NG.	
	PARTICIPATING IN ONE OF THESE GROUPS. OVER 450 MEN PARTICIPATED IN LEADER TRAINING EVENTS		
	WHICH PROVIDE ADVANCED TRAINING FOR INDIVIDUAL MEN ON HOW THEY CAN ACHIEVE THEIR LEADERSHI	P	
	POTENTIAL WITH INTEGRITY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 789,191		
FFA		For	m 990 (2014)

	1990 (2014) MANKIND PROJECT 76-079649	2	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
15	If "Yes," complete Schedule G, Part III	19		х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20а ь		20a 20b		- 22
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

Form	990 (2014) MANKIND PROJECT 76-079649	2	Р	age 4
Pa	T 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? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
N N	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		x
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	0.01		v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			77
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
EEA		Form	9 90 (2	2014)

Form 990 (2014)

Form	990 (2014) MANKIND PROJECT 76-07964	92	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	. <u></u>	•••	
			Yes	No
1a		4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	v	
20	reportable gaming (gambling) winnings to prize winners?	. 1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	-		
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1 . 2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			25
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
ти	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		x
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?			
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2014) MANKIND PROJECT 76-079649	2	P	age 6		
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			. 🛛		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 140					
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X		
6 7-	Did the organization have members or stockholders?	6				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x		
h	one or more members of the governing body?	7a				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x		
8	stockholders, or persons other than the governing body?	7b				
0	the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	L		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	ļ		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c	X	┝───		
13	Did the organization have a written whistleblower policy?	13	Х	37		
14	Did the organization have a written document retention and destruction policy?	14		X		
15	Did the process for determining compensation of the following persons include a review and approval by					
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	27	x		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
Iu	with a taxable entity during the year?	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tea				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
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.					
	Own website Another's website I Upon request Other (explain in Schedule O)					
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:					
	SCOTT RYDER (818)334-8623, 1086 E HWY 193 SUITE 203, Layton, UT 84040					

Form 990 (2014) MANKIND PROJECT	76-0796492	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and
	Independent Contractors		_
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
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	the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ess of amount of	
List all of	the organization's current key employees if any. See instructions for definition of "key employee "		

- 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)

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List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

(A) (B) (C) Position (do not check more than one book, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC) .	on from amount of d other tions compensation
(A) (B) Average hours per week (list any hours for related organizations below dotted line) (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization organization (W-2/1099-A) (1) MIKE SUSINKI - <td>ble Estimated amount of d other compensation from the organization and related organizations</td>	ble Estimated amount of d other compensation from the organization and related organizations
Name and Title Average hours per week (if an one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization provide the organization of the organization provide the organization of the organization of the organization organization of the organization of the organization organization of the organization	ble Estimated amount of d other compensation from the organization and related organizations
hours per week (list any hours or related organizations below dotted line) officer and a director/trustee) compensation from the organization (W-2/1099-MISC) compensation (W-2/1099-MISC) (1) MIKE SUSINKI	d other tions compensation MISC) from the organization and related organizations 0 0
hours for related organizations below dotted line)norm related organizations below dotted line)norm related organization related organization related organization related line)norm related organization related organization related organization related organization related organization related organization related organization related organization related organization related organization related organization related organization related 	tions compensation MISC) from the organization and related organizations
. related organizations below dotted line) or drivid at rule is flight on a rule organization (W-2/1099-MISC) (W-2/1099-MISC) (1) MIKE SUSINKI	VISC) from the organization and related organizations
below dotted Image: Constraint of the second se	0
(1) MIKE SUSINKI 1.00 X X 0 (1) MIKE SUSINKI 1.00 X X 0 (2) DENNIS SHACKLEY 0.25 0 0 (3) DEE SPLITER 5.00 X 0 FINANCE COMMITTEE X 0 0 (4) ANDY LEVITT 2.00 X 0	0
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(1) MIKE SUSINKI 1.00 X X 0 (1) MIKE SUSINKI 1.00 X X 0 (2) DENNIS SHACKLEY 0.25 0 0 (3) DEE SPLITER 5.00 X 0 FINANCE COMMITTEE X 0 0 (4) ANDY LEVITT 2.00 X 0	0
(1) MIKE SUSINKI 1.00 X X 0 TREASURER X X 0 (2) DENNIS SHACKLEY 0.25 0 0 EXECUTIVE DIRECTOR X 0 0 (3) DEE SPLITER 5.00 0 0 FINANCE COMMITTEE X 0 0 (4) ANDY LEVITT 2.00 X 0 AREA STEWARD X X 0	0
TREASURER X X X 0 (2) DENNIS SHACKLEY 0.25 0.25 0 EXECUTIVE DIRECTOR X 0 0 (3) DEE SPLITER 5.00 0 0 FINANCE COMMITTEE X 0 0 (4) ANDY LEVITT 2.00 X 0 AREA STEWARD X X 0	0
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(2) DENNIS SHACKLEY 0.25 X 0 EXECUTIVE DIRECTOR X 0 0 (3) DEE SPLITER 5.00 X 0 FINANCE COMMITTEE 2.00 X 0 (4) ANDY LEVITT 2.00 X 0 AREA STEWARD X X 0	0
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(4) ANDY LEVITT 2.00 X X 0	0
AREA STEWARD X X 0	
	0
(5) KERRY BELL 0.25	
I GROUP COORDINATOR X X 0	0
(6) SHON DERIFIELD 2.00	
CENTER ADMINISTRATOR X 0	0
(7) DOUG BROVEAK	
LODGEKEEPER X 0	0
(8) BOB_BERGER5.00	
ELDERS X 0	0
(9) JAMES HOUY 5.00	
CHAIRMAN X 0	0
(10) DAN_BULF 5.00	
BOARD MEMBER X 0	0
(11) DAN GOLDBERG 5.00	
BOARD MEMBER X 0	0
(12) DAVID LINDGREN 5.00	
BOARD MEMBER X 0	0
(13) PAUL BURKE 2.00	
BOARD MEMBER X 0	0
(14) PHILLIP BERNAL 2.00	
BOARD MEMBER X 0	0
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	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
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	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	mpensated Employe	es, and
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Form 990 (2014) MANKIND PROJECT	76-0796492	Page 7
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			iouto	a ui	., 00					
					(C)					
(A)	(B)	(B) Position					(D)	(E)	(F)	
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
Nume and The	hours per					or/trustee		compensation	compensation from	amount of
	week (list any						,	from	related	other
	hours for related	승 코	5	Q	2	막 프	F	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2/1000 11100)	organization
·	below dotted	ual t	iona		nplo	st co yee	-			and related
	line)	rust	tru		yee	mpe				organizations
		ee	stee			ensa				
						ted				
(1) DAN GOKEY	0.25									
COMMUNITY REP		Х						0	o o	0
(2) ANDREW KALVIN	0.50									
BOARD MEMBER		Х						c	0	0
(3) PHIL CURRAN	4.00									
STAFF COORDINATOR		Х						c	0	0
(4) STEPHEN RAMM	0.25									
ENROLLMENT OUTREACH COORDINATOR		Х						c	0	0
(5) MICHAEL HILL										
AREA FINANCIAL COORDINATOR		Х						c	o o	0
(6) JAMIE WELLIK	0.50									
LEADER BODY		Х						c	0	0
(7) CRAIG MANSFIELD										
WEB EMAIL COORDINATOR		X						c	0	0
(8) GOERGE MILLER									, <u> </u>	
BOARD MEMBER		x						c	0	0
(9) STEPHEN PROVOST		- 23							0	v
		x							0	0
AREA STEWARD								C	0	0
(10) SAM COHN		X								
AREA FINANCIAL COORDINATOR				<u> </u>				C	0	0
(11) JIM LANDT		~						-	_	_
AREA ENROLLMENT COORDINATOR		X						C	0	0
(12) MATTHEW ALLEN	10.00	37								
PRESIDENT		X						C	0	0
(13) DANIEL WIRTH	12.00_			<u>-</u> -						
VICE PRESIDENT		X		X				1,800	0	0
(14) ANDREW BIRKHEAD	4.00									
SECRETARY		Х		X				C	0	0

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					(C)					
(A) Name and Title	(B) Average	Position (do not check more than one box, unless person is both an				than one		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for	offic	cer an	dad	irecto	or/trustee	:)	compensation from the	compensation from related organizations	amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TANNER PAUL SERAMUR I GROUP CHAIR	0.50_	х						0	0	0
(2) GREG BURK IDAHO STATE REP	0.50_	Х						0	0	0
(3) SEAN BENSON TREASURER	2.00_	x		x				1,050		0
(4) SPENCER EUBANKS CENTER DIRECTOR	5.00_	х		x				0		0
(5) DAN CRONIN AREA FINANCIAL COORDINATOR	2.00	Х						0	0	0
(6) CHRIS CALLAHAN CCP COORDINATOR	0.25_	Х						0	0	0
(7) BOYSEN HODGSON COMMUNITY RELATIONS COORDINATOR		Х						0	0	0
(8) BILL BAUE E LIST ADMINISTRATOR		Х						0	0	0
(9) PHILIPPE BERTHIAUME HOMECOMING COORDINATOR		Х						0	0	0
(10) ROBERT ZELLER I GROUP COORDINATOR		Х						0	0	0
(11) TOM REILLY LEAD ELDER		Х						0	0	0
(12) JIM_HAMMOND LKS_REP		Х						0	0	0
(13) STEPHEN SIMMER MISSION COORDINATOR		Х						0	0	0
(14) FRANKTINUS STUITJE PARALLEL TRAINING COORDINATOR		Х						0	0	0

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	the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ess of amount of	
	the experimetion's current low employees if any Casingtructions for definition of "low employees"		

• 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.

	rorganization o	ompon	Jouro	uui	y 00		11100			
					(C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
Name and The	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation from	amount of
	week (list any						,	from	related	other
	hours for related	9 코	ਙ	0	Ā	ец	Ţ	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional	Officer	Key employee	ghe:	Former	(W-2/1099-MISC)	(W-2/1099-1013C)	organization
·	below dotted	ctor	tiona		nplo	st co yee	-			and related
	line)	trust	al tru		yee	mpe				organizations
		ee	l trustee			Highest compensated employee				
						ted				
(1) ROB ZELLER										
NWTA REGISTRAR		X						c	o	0
(2) MATT KELLY	5.00									
PRESIDENT		Х						C	o	0
(3) MARK WHITEHEAD	0.50									
SECRETARY		Х						c	0	0
(4) ROSS WIESER	1.00									
TREASURER		Х		X				C	0	0
(5) DONAVAN RAE	10.00									
CENTER DIRECTOR AREA STEWARD		Х		X				6,000	0	0
(6) BARRY FRIEDMAN	2.00									
COUNCIL CHAIR		Х						C	0	0
(7) RAY ARATA	2.00									
COUNCIL CHAIR		Х						C	0	0
(8) BILL DAVIES	2.00									
COMMUNITY EVENT COORDINATOR		Х						C	0	0
(9) DAVID KLAUS	0.25									
SECRETARY		Х						C	0	0
(10)NITIN NATASEN	0.50									
MULTICULTURAL CHAIR		X		X				a	0	0
(11) HUGH PARKER	0.50									
ELDER CO CHAIR		X						C	0	0
(12) MARK BARRAD	0.50									
ELDER CO CHAIR		Х						C	0	0
(13) PAUL DEMERRIT										
ELDER CO CHAIR		Х						C	0	0
(14) KEN SHULTS	0.25									
I GROUP CHAIR		Х						a	0	0
										Earm 000 (2014)

Form 990 (2014) MANKIND PROJECT	76-0796492	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, 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 to organization's ta	his table for all persons required to be listed. Report compensation for the calendar year ending with or x year.	within the	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	

• 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.

					(C)			,,	-		
(A) Name and Title	(B) Average hours per week (list any	box	, unle	Po: eck n ss pe	sition nore t rson	than one is both a pr/trustee	n	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SCOTT MCCABE I GROUP CIRRICULUM AND TRAINING	1.00_	Х						C	0	0	
(2) MARK SHEFFER LKS CO CHAIR	0.50_	X						C	0	0	
(3) TERRY DITRI LKS LKS CO CHAIR	0.50_	х						C	0	0	
(4) JOHN HUNTER LEADERBODY CHAIR	1.00	X		x				C	0	0	
(5) BOB HONEA LKS CO CHAIR		х						C	0	0	
(6) PAT MCCOYD CENTER DIRECTOR		Х						C	0	0	
(7) DOUG SMITH TRAINING BODY		Х						C	0	0	
(8) SAUL BENAMY I GROUP		Х						C	0	0	
(9) FRAN OLIVERI I GROUP		Х						C	0	0	
(10) GERALD SKOBINSKY ENROLLMENT COORDINATOR		Х						C	0	0	
(11) PAT_GALLAGHER LKS		Х						C	0	0	
(12)NICK LOPEZ LKS CHAIR	0.50	Х						C	0	0	
(13) STEVE MORRIS LEADER BODY CHAIR	0.50	X						C	0	0	
(14) HARRY ASHER IGROUP COORDINATOR	0.25	x						c	0	0	
	1				I				· ·	Farma 000 (001.4)	

(A) (B) (C) Position (D) (E) Average hours per week (list any hours for related organizations below dotted line) Initial traities Initial traities </th <th></th> <th>_</th> <th></th>		_	
(A) (b) (do not check more than one (c) (c) Name and title Average box, unless person is both an Reportable Reportable hours per officer and a director/trustee) compensation from related			
Name and title Average (do not check more than one box, unless person is both an hours per Reportable Reportable week (list any officer and a director/trustee) compensation from related		(F)	
hours per officer and a director/trustee) compensation from related		Estimated	
week (list any the direction date) from related		amount of	
hours for 걸림 공 옷을 알 들는 것 아마 가지 않는 것 109-MISC		other	
related ∄ ≳ ट ⋈ o ठ ळ ⊇ organization (W-2/1099-MISC		mpensatio	วท
		from the	
organizations 한 프 와 당 용 중 (W-2/1099-MISC) below dotted 한 프 모 당 표		organizatio and related	
		rganizatior	
15) RANDALL SCHILLING0.25			
ENROLLMENT COORDINATOR	0		(
16) PHIL VIVIRITO 0.50			
LEADER BODY CHAIR X	0		c
17) THOMAS R MUENKS 0.50			
LEAD ELDER X 0	0		(
18) WAYNE WINKELER			
MULTI CULTURAL COORDINATOR X 0	0		(
19) RICH_SPOONER	0		c
20) STEVE FINE 7.00	-		
BD PRES X 0	0		(
21) TIM DANGELO 0.50			
VP X 0	0		(
22) GREG_OHEARN 0.50			
COMMUNITY REP X 0	0		(
23) REED_HARDY			
	0		(
ACCOUNTANT X 900			
	0		(
1b Sub-total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0		(
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 	•		_
reportable compensation from the organization	0		
	-	Yes	N
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
employee on line 1a? If "Yes," complete Schedule J for such individual	. 3		Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	. 4		Х
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 	. –		1
	-		J
for services rendered to the organization? If "Yes," complete Schedule J for such person	. 5		Σ
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax			
year. (A) (B)		(C)	
Name and business address Description of services	Con	npensatior	n
	0011		
		·	
			_

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

Form 99	0 (20 ⁻	14) MANKIND P	ROJECT					76-079649	2 Page 9
Part V	VIII	Statement of Revenu	ie						
		Check if Schedule O contains	s a response	or not	e 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
ts ts	1a	Federated campaigns		1a					
nn	b	Membership dues		1b	190,831				
Ū	c	Fundraising events		1c					
ar∤	d	Related organizations		1d					
mil G	e	Government grants (contributio	ns)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gra	ints,						
the		and similar amounts not include	ed above	1f	548,263				
dol	g	Noncash contributions included	l in lines 1a-1	:\$					
ang	h	Total. Add lines 1a-1f				739,094			
					Business Code				
Program Service Revenue	2a	TRAININGS			812900				
Reve	b								
vice	c								
Serv	d								
ram	е								
rog	f	All other program service revenue	ie						
	g	Total. Add lines 2a-2f							
	3	Investment income (including div	vidends, intere	est,					
		and other similar amounts) .				36			36
	4	Income from investment of tax-e							
	5	Royalties	<u></u>		<u> •</u>				
			(i) Real		(ii) Personal	-			
		Gross rents		2,717	7	-			
	1	Less: rental expenses				-			
	1	Rental income or (loss)		2,717					
	d	Net rental income or (loss) .	(12,717	12,717		
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	S	(ii) Other	-			
	b	Less: cost or other basis and sales expenses							
		Gain or (loss)							
	d	Net gain or (loss)			<u> </u>				
Other Revenue	8a	Gross income from fundraising							
evel				_					
r Re		of contributions reported on line							
the		See Part IV, line 18			362	2			
0		Less: direct expenses			L				
	1	Net income or (loss) from fundra	-	•		362			362
	9a	Gross income from gaming activ							
		See Part IV, line 19				-			
		Less: direct expenses			L				
		Net income or (loss) from gamin	g activities	• •	· · · · · · · ▶				
	10a	Gross sales of inventory, less returns and allowances		. а					
	b	Less: cost of goods sold				1			
	1	Net income or (loss) from sales of							
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d .							
	12	Total revenue. See instruction	IS			752,209	12,717	0	398

4) MANKIND PROJECT Statement of Functional Expenses

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

Page	10

ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
		expenses	general expenses	expenses
5				
-				
· · · · · ·				
C C				
· · · · · ·				
•				
-	48,511	48,511		
-				
(i j ,				
-	20,954	20,954		
	7,359	7,359		
Accounting	33,077	33,077		
Lobbying				
Professional fundraising services. See Part IV, line 17 .				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	1,884		1,884	
Advertising and promotion	9,960	9,960		
Office expenses	71,558	71,558		
Information technology	5,985	5,985		
Royalties				
Occupancy	214,435	204,240	10,195	
Travel	44,733	39,017	5,716	
Payments of travel or entertainment expenses				
-	245,877	149,850	89,338	6,689
· · · · ·				
	108.223	108.223		
-				
		2,,		
, , , , , , , , , , , , , , , , , , ,				
	E7 (00	E7 (00		
	6,974	6,974		
·				
	903,013	789,191	107,133	6,689
fundraising solicitation. Check here				
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employeer contributions) Other employee benefits Payroll taxes Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion Office expenses Information technology Nocupancy <td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on thircluded above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 48,511 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Professional fundraising services. See Part IV, line 17 Investment management fees Office expenses Information technology Newsthing and promotion <</td> <td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign organizations, foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, firectors, trustees, and key employees Compensation or included above, to disgualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 405(k) employer contributions) Other salaries and under section 4958(r)(3)(B) Payrolit taxes Payrolit taxes Payrolit taxes Professional fundraising services. See Part IV, line 17 Investment management fees Legal</td> <td>Grants and other assistance to domestic opvenments. See Part IV, line 21 </td>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on thircluded above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 48,511 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Professional fundraising services. See Part IV, line 17 Investment management fees Office expenses Information technology Newsthing and promotion <	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign organizations, foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, firectors, trustees, and key employees Compensation or included above, to disgualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 405(k) employer contributions) Other salaries and under section 4958(r)(3)(B) Payrolit taxes Payrolit taxes Payrolit taxes Professional fundraising services. See Part IV, line 17 Investment management fees Legal	Grants and other assistance to domestic opvenments. See Part IV, line 21

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221,667

71,062

101,963

42

9,335

94,276

1,116

54,987

56,103

415,624

26,618

498,345

(B)

Form 990 (2014) MANKIND PROJECT 76-0796492 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 324,228 2 Savings and temporary cash investments 242,371 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 91,866 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified 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 6 7 Notes and loans receivable, net 7 Assets 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 271 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20,154 b Less: accumulated depreciation 10b 7,408 10c 10,819 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 167,579 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 833,723 16 17 Accounts payable and accrued expenses 17 1,096 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 46,628 25 26 47,724 26 Organizations that follow SFAS 117 (ASC 958), check here **•** X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 742,570 27 28 Temporarily restricted net assets 43,429 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 785,999 33

Total liabilities and net assets/fund balances

498,345 Form 990 (2014)

833,723

34

442,242

EEA

34

Form	990 (2014) MANKIND PROJECT 7	6-0796492		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)	1		752,	209
2	Total expenses (must equal Part IX, column (A), line 25)	2		903,	013
3	Revenue less expenses. Subtract line 2 from line 1	3	(150,	804)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		785,	999
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(192,	953)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		442,	242
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 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?		2a		X
	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?		2b		Х
	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				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 76-0796492 MANKIND PROJECT Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) \square 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a

(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?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

OMB No. 1545-0047

2014

Sched		IND PROJECT				76-0796492	Page 2
Pa	rt II Support Schedule for Org	ganizations De	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box on	line 5, 7, or 8 c	of Part I or if the	e organization	failed to qualify	under
	Part III. If the organization	fails to qualify ι	under the tests	listed below, pl	ease complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar 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.")	246,450	194,170	293,878	334,164	739,094	1,807,756
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	246,450	194,170	293 , 878	334,164	739,094	1,807,756
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,807,756
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	246,450	194,170	293,878	334,164	739,094	1,807,756
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,921	731	1,315	85	36	5,088
	Sources	2,921	/31	1,313	65		5,000
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,883			2,883
11	Total support. Add lines 7 through 10			27003			1,815,727
12	Gross receipts from related activities, etc. (se	e instructions)				12	1,015,727
		,	accord third four	the artifith tax year	• • • • • • • • • • • •		
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						•••••
14	Public support percentage for 2014 (line 6, cc					14	99.56 %
15	Public support percentage from 2013 Schedu	()				15	94.00 %
16a	33 1/3% support test - 2014. If the organiz					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	box and stop here. The organization qualit						▶⊠
b	33 1/3% support test - 2013. If the organization						••••
	check this box and stop here. The organiz					••••	
17a	10%-facts-and-circumstances test - 2014			•			••••
17u	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "facts						
	organization		-				
b	10%-facts-and-circumstances test - 201						· · · · · ·
5	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization meets				-		
				•			
18	Private foundation. If the organization did						••••
10	instructions						
EEA			<u></u>	••••••			990 or 990-EZ) 2014
`							

Schee		ND PROJECT				76-0796492	Page 3
Pa	rt III Support Schedule for Org	anizations D	escribed in S	ection 509(a)(2	2)		
	(Complete only if you check	ked the box on	line 9 of Part	I or if the orgar	nization failed to	o qualify under F	Part II.
	If the organization fails to qu	ualify under th	e tests listed b	elow, please c	omplete Part II.)	
Sec	tion A. Public Support				-	,	
Cale	endar 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 bus. under sec 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						
~							
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 Add lines 7a and 7b						
ر د	ľ						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9		(4) 2010	(0) = 0	(0) =0 1 =	(4) 2010	(0) 2011	(1) 1 0101
-							
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						
с							
				1			
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
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,						
10	and 12.)						
14	First five years. If the Form 990 is for the or	anization's first.	second, third, fou	th, or fifth tax year	as a section 501(:)(3)	
	organization, check this box and stop here						🕨 🗌
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8, colu	ımn (f) divided by l	ine 13, column (f))			15	%
16	Public support percentage from 2013 Schedule					16	%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2014 (line					17	%
18	Investment income percentage from 2013 Se	chedule A, Part III	, line 17			18	%
19a	33 1/3% support tests - 2014. If the organiz						. –
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization q	ualifies as a public	ly supported organi	zation	🕨 📋
b	33 1/3% support tests - 2013. If the organiz						L
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	🕨 📋

Schedule of	⁻ Contributors
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OMB No. 1545-0047

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.

2014

Name of the	organization
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Organization	type	(check	one)
Organization	Lype !	(ULIECK	UTIE)

Employer	identification	numbe

7	6-	-0	7	9	6	4	9	2

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 for 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).

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

Schedule B (Form 990, 9	990-EZ, or 990-PF) ((2014)
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Page 2

Employer identification number	
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Name of organization MANKIND PROJECT

76-0796492

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MICHAEL FARRELL 20 MEADOWOOD LN Winnetka, IL 60093	\$5,250	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAMES HOUY 6746 N LEOTI AVE Chicago, IL 60646	\$6,500	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KOREK FAMILY 501 SILVERSIDE RD Wilmington, DE 19809	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MICHAEL KAEHR 9503 LA JOLLA FARMS RD La Jolla, CA 92037	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RAFAEL NAVARRO 5902 GERMAIN LN La Jolla, CA 92037	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEI	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2014

OMB No. 1545-0047

Omen	40	Dublic
Open	το	Public

	Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.	gov/form990	Inspection
	f the organization	Employer identifie	
	IKIND PROJECT	76-079	
Par			
1 41	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	Journs.	
	(a) Donor advised funds	(b) Funds and c	thor accounts
1	Total number at end of year	(b) Tullus allu c	
2	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
- 5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		
5			🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used		
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
			🗌 Yes 🗌 No
Par			
ιa	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
•	Preservation of land for public use (e.g., recreation or education)	cally important land area	
	Protection of natural habitat Protection of natural habitat Protection of natural habitat		l
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cor	nservation	
2	easement on the last day of the tax year.		he End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	<u>2</u> a	
c	Number of conservation easements on a certified historic structure included in (a)	25	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a		
u	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ		
5	tax year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
5	violations, and enforcement of the conservation easements it holds?		🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during th		
U	Stan and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during th	e year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	or	
'		ai	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)	
U	and section 170(h)(4)(B)(ii)?		🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater		
Ŭ	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements tha		
	organization's accounting for conservation easements.		
Par		Other Similar As	sets
1 41	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet	
.a	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these iter		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b		
~	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu		
	public service, provide the following amounts relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1	۵ ا	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	• • • • • • • •	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
2	Revenue included in Form 990, Part VIII, line 1	▶ \$	
a h	Assets included in Form 990. Part X	••••••••••••••••••••••••••••••••••••••	

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

Sched	ule D (Form 990) 2014 MANKIND PROJECT							76-079	6492	Page 2
Pa	rt III Organizations Maintaining C	Collect	tions of A	rt, Histo	rical Tr	easures, c	or Othe	er Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession, ar	nd other	records, cheo	ck any of th	e following	that are a sig	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition		d 🗌 Loa	n or exchar	ige progra	ms				
b	Scholarly research		e 🗌 Oth	er						
с	Preservation for future generations									
4	Provide a description of the organization's collection	ons and	explain how t	they further	the organi	zation's exem	pt purpo	se in Part		
	XIII.		•	,	0					
5	During the year, did the organization solicit or rece	eive don	ations of art. I	nistorical tre	asures. or	other similar				
•	assets to be sold to raise funds rather than to be r								П	Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrang			and organize					••• 🗆	
	Complete if the organization an			Form 99	0 Part	IV line 9	or repo	orted an amo	unt on Fo	rm
	990, Part X, line 21.				, i ait	10, 110 0,	orrope			
1a	Is the organization an agent, trustee, custodian or	other in	termediany fo	r contributic	ne or othe	r accete not				
Ia			-							Yes 🗌 No
h	-				• • • • •	• • • • • •			•••	
b	If "Yes," explain the arrangement in Part XIII and o	complete	e the following	j table:						
									Amount	
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form S						ty?			Yes 📙 No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here	if the explana	tion has be	en provide	d in Part XIII				
Pa	rt V Endowment Funds.									
	Complete if the organization an	nswere	ed "Yes" to	Form 99	90, Part	<u>IV, line 10</u>				
		(a) (Current year	(b) Prio	or year	(c) Two year	s back	(d) Three years bad	ck (e) Fo	ur years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
d	Grants or scholarships									
е	Other expenditures for facilities and									
•	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current y	<u> </u>	halance (line	1 column	(a)) held (
	Board designated or quasi-endowment	ear enu	%	rg, column						
a h	5 I		/0							
b			0/							
С	Temporarily restricted endowment		_ %							
	The percentages in lines 2a, 2b, and 2c should ec	•								
3a	Are there endowment funds not in the possession	n of the c	organization tr	hat are held	and admir	histered for the	е			
	organization by:									Yes No
	(i) unrelated organizations		• • • • • •				• • • •		<u>3a(i</u>	
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organizations liste		•		••		• • • •		3b	
_4	Describe in Part XIII the intended uses of the orga		n's endowmen	t funds.						
Pa	rt VI Land, Buildings, and Equipm	ient.								
	Complete if the organization an	nswere	ed "Yes" to	Form 99	90, Part	IV, line 11	<u>a. See</u>	Form 990, P	art X, line	e 10.
	Description of property		(a) Cost or oth	er basis	(b) Cost o	or other basis	(c)	Accumulated	(d) Bo	ok value
_			(investm	ent)	((other)	d	epreciation		
1a	Land									
b	Buildings	[
С	Leasehold improvements	t								
d		ŀ				20,154		10,819		9,335
e	Other									
	I. Add lines 1a through 1e. (Column (d) must eq	ual For	m 990. Part 3	K. column (B), line 10)c.)				9,335
		1.2.2.1.01	, i uit /	.,	_,, 10 10	••••			I	-,

	-	
Schedule D (Form	990) 2014	
Schedule D (Form	990) 2014	

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Schedule D (For		CT	76-07964	.92 Page 3
Part VII	Investments - Other Securities. Complete if the organization answe	ared "Ves" to Form 000 Part	t IV line 11h See Form 990 P	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)	(b) DOOR Value	Cost or end-of-year market va	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) must a must Farm 200. Dast V, and (D) line 40.)			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answ	ered "Yes" to Form 990, Parl	t IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
		(2) 2000 1000	Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answe	ered "Yes" to Form 990, Part	t IV, line 11d. See Form 990, P	art X, line 15.
		(a) Description		(b) Book value
	RS ASSETS			94,276
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colum	ma (h) must squal Form 000. Port X, sol. (P) lin	o 15 \	►	04 076
Part X	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	e 15.)	· · · · · · · · · · · · · · · · · · ·	94,276
ιαιτ	Complete if the organization answ	ared "Ves" to Form 990 Part	t IV line 11e or 11f See Form	000 Part X
	line 25.			330, i alt X,
1.	(a) Description of liability	(b) Book value		
-	income taxes		-	
	R LIABILITIES	54,987	-	
(3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.)	54,987		
	r uncertain tax positions. In Part XIII, provide the to		s financial statements that reports the	
-	s liability for uncertain tax positions under FIN 48 (

Scheo	dule D (Form 990) 2014 MANKIND PROJECT 7	6-0796492	Page 4
Pa	rt 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	
Pa	rt 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; Also complete this part to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

14

Open to Public

Inspection

Employer identification number

76-0796492

Name of the organization MANKIND PROJECT

Department of the Treasury

Internal Revenue Service

01. Governing body meeting documentation (Part VI, line 8a)

NOTES ARE TAKEN AT EVERY MEETING WITH THE GOVERNING BODY AND ARE THEN STORED

ELECTRONICALLY. ALL MINUTES ARE REVIEWED AT SUBSEQUENT MEETINGS.

02. Committee meeting documentation (Part VI, line 8b)

NOTES ARE TAKEN AT EVERY MEETING WITH COMMITTEES AND ARE THEN STORED ELECTRONICALLY. ALL

MINUTES ARE REVIEWED AT SUBSEQUENT MEETINGS. ACTIONS AND MEETINGS ARE DOCUMENTED.

03. Local chapters, branches, affiliates (Part VI, line 10a)

THE COMPANY HAS A LARGE NUMBER OF AFFILIATES AND PROPERLY REPORTS ALL AFFILIATES ON THIS

990 FORM. THE AFFILIATES ARE ALL LISTED ON LINE H(a) of the 990 filing.

04. Form 990 governing body review (Part VI, line 11)

THE FORM 990 WILL BE ELECTRONICALLY DISSEMINTAED TO ALL MEMBERS BEFORE FILING WITH THE

GOVERNMENT.

05. Conflict of interest policy compliance (Part VI, line 12c)

THE OFFICERS AND DIRECTORS ARE GIVEN COPIES OF THE CONFLICT OF INTEREST POLICY AND ARE

REQUIRED ANNUALLY TO DISCLOSE ANY DISCOUNTS.

06. CEO, executive director, top management comp (Part VI, line 15a)

EACH CENTER HAS A COUNCIL THAT REVIEWS ANY COMPENSATION PLANS AND THEY COMPARE TO OTHER

CENTERS FOR REASONABLENESS.

07. Governing documents, etc, available to public (Part VI, line 19)

THE MANKIND PROJECT MAKES ITS FORM 990 AND GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Schedule O (Form 990 or 990-EZ) (2014)	Page 2	2
Name of the organization	Employer identification number	
MANKIND PROJECT	76-0796492	-

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. INFORMATION IS MADE

AVAILABLE TO THE PUBLIC THROUGH MANKIND USA'S WEBSITE. INFORMATION THAT IS MADE AVAILABLE

TO THE PUBLIC ARE LINKED TO THE WEBSITE.

08. Explanation of other changes in net assets or fund balances (Part XI, line

SOME OF THE SUBORDINATE ENTITIES TRANSFERRED THEIR ASSETS TO THE MANKIND PROJECT USA, EIN

36-3712913, IN 2014, AND LIQUIDATED THEIR RESPECTIVE ENTITY. ALL OF THE SCHEDULE NS

detailing the transfers are attached to the return.