

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 t optor coolal scourity numbers on this form as it may be made public **Open to Public**

OMB No. 1545-0047

2014

Dep Inte	partment of rnal Reven	f the Treasury ue Service	 Information about Form 990 and its instructions is at www.irs.g 		1 2	Inspect	tion
Ā	For the	2014 caler	dar year, or tax year beginning July 1 , 2014, and ending	June	a attack a	,20 15	
в			C Name of organization The Pink Fund, Inc.		Employ	er identification n	umber
	Address		Doing business as			45-0544575	
	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number	
	Initial rete	urn	P O Box 603	_		877-234-7465	
	Final retur	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
\checkmark	Amendeo		Bloomfield Hills, Michigan 48303		Gross re	eceipts \$	796,744
	Applicati	on pending	Name and address of principal officer:	H(a) Is this a gro	up return for	subordinates? 🔲 Yes	No No
			Molly MacDonald, President address same as C above			s included? 🗌 Yes	
ī	Tax-exen	npt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No	," attach a	a list. (see instructio	ns)
J	Website:	► TheF	inkFund.org	H(c) Group e	xemption	number 🕨	
ĸ	Form of o	organization:	Corporation Trust Association Other L Year of formation	2006	M State	of legal domicile:	MI
P	art I	Summa	iry				
	1	Briefly des	cribe the organization's mission or most significant activities:				
ce		The missio	n of The Pink Fund is to provide short-term financial aid to breast cancer pa	tients in act	ive treat	tment, who are u	unable
Activities & Governance		to work wh	ile in treatment.				
veri	2	Check this	s box \blacktriangleright \Box if the organization discontinued its operations or disposed of	more than 2	25% of	its net assets.	
Ğ	3	Number o	f voting members of the governing body (Part VI, line 1a)		3		3
ø	4	Number o	f independent voting members of the governing body (Part VI, line 1b)		4		2
ties	5	Total num	ber of individuals employed in calendar year 2014 (Part V, line 2a) .		5		2
tivi	6	Total num	ber of volunteers (estimate if necessary)		6		16
Ac	7a 1	Total unre	ated business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unrela	ted business taxable income from Form 990-T, line 34		7b		0
				Prior Yea	r	Current Ye	er
۵	8	Contributi	ons and grants (Part VIII, line 1h)		500,213		726,657
ň	9	Program s	ervice revenue (Part VIII, line 2g)		0		0
Revenue			t income (Part VIII, column (A), lines 3, 4, and 7d)		190		247
œ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,909		-8,730
			ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	54,312		718,174
	13 (Grants and	similar amounts paid (Part IX, column (A), lines 1–3)	3	06,961		401,630
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)		0		0
ŝ	15 3	Salaries, of	her compensation, employee benefits (Part IX, column (A), lines 5–10)	1	02,585		137,305
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0		5,000
çpe	<u>ь</u>	Total fund	aising expenses (Part IX, column (D), line 25) 🕨 118,299				
ĥ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	02,004		138,644
	18 -	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	5	11,550		682,579
	19 F	Revenue le	ess expenses. Subtract line 18 from line 12		42,762		35,595
or			Beg	inning of Curr	ent Year	End of Yea	ar
Net Assets (Fund Balanc	20 1	Total asse	s (Part X, line 16)	1	78,445		202,854
t As	21 1	Total liabili	ties (Part X, line 26)		75,237		18,081
			or fund balances. Subtract line 21 from line 20	1	03,208		184,773
Pa	irt II	Signatu	re Block				
			I declare that I have examined this return, including accompanying schedules and statement			ny knowledge and	belief, it is
true	e, correct,	and complet	Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowled	ge.	210	alt
_		A	1015 Alle Denale	-	ine	21,0	016
Sig			ire of officer	Date		· · · · · ·	
Her	re		ly MacDonald, President				
			r print name and title				
Pai	d	Print/Type	preparer's name Preparer's signature Date		Check] if PTIN	
	parer				self-emp	loyed	
	e Only		ie 🕨	Firm's	EIN 🕨		
		Firm's add		Phone	no.		
May	the IRS	S discuss t	his return with the preparer shown above? (see instructions)	x x x		🗌 Yes	No No

For Paperwork Reduction Act Notice, see the separate instructions.

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Part			_
1	Check if Schedule O contains a response or note to any line in this Part III	· · ·	• [_
•	The Pink Fund provides financial assistance to breast cancer patients who have lost income during the period of their	treatmen	t
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		Yes	∕ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 490,768 including grants of \$ 401,630) (Revenue \$	0	,
	The Pink Fund paid a portion of the necessary living expenses of 363 breast cancer patients in 42 states by paying their		rs
	directly for: Housing - \$123,461, Utilities - \$132,940, Transportation - \$107,757, Medical Insurance - \$35,825, Other - \$1	1,647	•••••
		*******	••••••
			•••••
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 > 490,768		

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Part	V Checklist of Required Schedules		r	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
0		1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 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	2	V	1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		1
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	1	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		1
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		1
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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		1
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		1
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		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		7
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2014)

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Part	V 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		res	NO
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	1	
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>	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disgualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		1
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>	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		~
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</i> ,			
38	Part VI	37 38	1	V

Form 990 (2014)

Check If Schedule O contains a response or note to any line in this Part V Two 1 Check If Schedule O contains a response or note to any line in this Part V Two 1 Enter the number of Porms W-20 included in line 1a. Enter -0- if not applicable 1a 1a 0 Enter the number of Porms W-20 included in line 1a. Enter -0- if not applicable 1a 1a 2 Enter the number of Porms W-20 included in line 1a. Enter -0- if not applicable 1a 1a 2 Enter the number of Porms W-20 included in line 1a. Enter -0- if not applicable 1a 1a 3 Enter the number of emproximation line 2a, did the organization have and provider that xerture? Note. If the sum of lines 2a, did the organization have and provider that xerture? Note. If the sum of lines 2a, did the organization have an entirest in, or a signature or other authority of the sum of the foreign country (such as bank account, as cuther financial Accounts generation a party to a prohibit at a scheller transaction at any time during the talent than scheller transaction at any time during the talent during the aparty to a prohibit at a scheller transaction at any time during the talent than scheller transaction? 5a ✓ 5 West the organization have annual gross receipts that are normally greater than \$10,0000, and did the organization have any receive deductible contributions and party as a contribution and party for goods and aparty for a parts at a scheller transaction? 5a ✓	Form 9	90 (2014)			Page 5
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1s 1s 1s b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1c // c Did the organization comply with badking, whithing fues for reportable payments for organization for the calendar year online 2a, did the organization factor on line 2a, did the organization factor on line 2a, did the organization factor and reported by this return ? 2a // 3a Did the organization contine 2a, did the organization factor and second, second and second. 2a // 3a Did the organization factor and factor factor a	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter the number of Forms V-20 included in line ta. Enter -0- if not applicable 18 10		Check if Schedule O contains a response or note to any line in this Part V	8 8		
b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1b 1c 1c c Did the organization comply with backup withholding uses for propriotable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2 2a Enter the number of entropyces reported on Form W-3. Transmittal of Wage and Tax 2a 2b 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax relums? 2b 2 b If the set is and 2a is greater than 2b0, you may be required to endit sets introtions) 3a 2b 3B Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a 2b 11 "Yes," their the name of the foreign country: b 3a 3b 3b 5a bid the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b 2b 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the transaction? 5b 2b 5a Does the organization receive that are normally greater than \$100,000, and did the organization receive a paymett in wears statement that such contributions or gifts were not tax deductible? 5b 2b 7b The 'Yes," did the o				Yes	No
c Dic the organization comply with backup withholding rules for reportable payments for vertices and the payme	-		1.5	1.2	1.00
a Enter the number of employees reported on Form W-3. Transmital of Wage and Tax z t <t< td=""><td></td><td></td><td></td><td>si i</td><td></td></t<>				si i	
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 Statements, filed for the calendar year ending with or within the year covered by this returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . 3b 2b 2 The decimation file all is equired to e-file (see instructions) . 3b 3a 3a 2 A transit me during the calendar year, dift the organization have an interset in, or a signature or other authors or the restructions or the financial account? . 3e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account Fean (the organization have annual gross receipts that are normally greater than \$100,000, and dift b drive transaction a party to a prohibited tax sheller transaction? diff "Yes" indicate on reganization induce wherey solicitation an express statement that such contributions or grantization state may are cale gross receipts that are normally greater than \$100,000, and dift diff "Yes" indicate on reganization induce wherey solicitation an express statement that such contributions or grantization statement preserve to tax deductible contributions and party to groots and services provided to the payor? diff we organization neduce wherey solicitation an express statement that such contributions or grantization statement preserve to tax deductible contributions apply as a contribution and party for groots and services provided to the payor? diff we organization neduce where were solis 375 made party, as a co	С		1.	1	
Statements, filed for the calendar year ending with or within the year covered by this return Image: The statement of the calendar biol ending defender endpowent tax returns? Zet If "Yet and the organization nea	22			*	121.000
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b ✓ 3a Did the organization have unclated business gross income of \$1,000 or more during the year? 3a ✓ 3b At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account in a foreign country. 5a ✓ b If "Yes," enter the name of the foreign country. F See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a ✓ 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a ✓ 5a Vas the organization nature annual gross receipts that are normally greater than \$100,000, and did the organization fille or Me86-T? 5a ✓ 5a V If "Yes," did the organization nature were solicitation an express statement that such contributions? 5a ✓ 6a V If "Yes," did the organization nature were solicitation an express statement that such contributions? 5a ✓ 6b If "Yes," idit the organization nature sets of \$75 made partly as a contribution and partly for wold? 5a ✓ 7 Organization state may receive eductible contributions under section 70(c). <td>20</td> <td></td> <td>63</td> <td>3-24</td> <td>1.4 (2)</td>	20		63	3-24	1.4 (2)
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). 3a 3a a 3b Dict the organization have wuneflade buildings gross income of \$1,000 or more during the year? 3a a 4 At any time during the calendar year, did the organization have an interest in, or a signature or other maintain yover, a financial account in a foreign country: 3a b 5 Was the organization have an interest in, or a signature or other maintain the authority over, a financial account in a foreign country: b 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a c 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible accounts of 55 made party as a contribution short any receive a payment in excess of 55 made party, as a contribution short and year? 6b c 7 Organization selicit any organization indig the donor of the value of the goods or services provided? 7b c 7 Organization selice approximatine excess of 55 made party, as a contribution short. 7a c 6 Did the organization notify the donor of the value of the goods or services provided? 7c 7d 7 Or	b		2b	1	121000000
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ b ff "Yes," has it filed a Form 990-T for this year? (ff "Ar" to line 30, provide an explanation in Schedule 0. 3b 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ▶ 3a ✓ 5a instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 3a ✓ 5a was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 5a bid any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5a ✓ 5b V bid any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a ✓ 5b V bid any taxable party notify the organization file form 886-17 C 5a ✓ 6 Does the organization necelve any aparty to a prohibited tax shelter transaction? C 5b ✓ 7 Organization necelve a payment in excess of \$75 made partly as a contributions on this towas required to the payor? To To To To			11	di i	112
b If "Yes," has it filed a Form 990-T for this year," If "No" to line 3b, provide an explanation in Schedule 0. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts of FIBAP). 5a 5a If "Yes," either the name of the foreign country: Image account is a proven the securities account, or other financial Accounts (FBAP). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b J If "Yes," either the organization file form 8866-T? 5a 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nachde with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization shat may receive deductible contributions under section 170(c). a) b) the organization necleve a payment in excess of \$75 made party as a contribution and partly for goods and sequencial necess on strate accountact? 7b c 7 Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b c 7 Did the organization necelve any funds, directly or	3a		3a		1
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account is account)? 4a ✓ b If "yes," enter the name of the foreign country: >	b		3b		
account?) 4a ✓ b if "Yes," enter the name of the foreign country: ► 4a ✓ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a ✓ SW uss the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b ✓ off T Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b ✓ b If "Yes," if dith e organization neave enues gross receipts that are normally greater than \$100,000, and did the organization neave with every solicitation an express statement that such contributions? 6b ✓ 7 Organizations that may receive adputchible contributions under section 170(c). 7a ✓ 8 If "Yes," id the organization neelve apyrent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b ✓ 9 If "Yes," indicate the number of Forms £22 filed during the year 7d ✓ 9 If "Yes," indicate the number of Forms £22 filed during the year? 7d ✓ 9 Did the organization, any funds, directly or in	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
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). 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax yeer? 5a 50 Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a 50 Dot dany taxable party notify the organization file Form 8866-17. 5a 6a Does the organization and uwas or is a party to a prohibited tax shelter transaction? 5a 6a Does the organization solid any contributions that were not tax deductible as charitable contributions? 6b 7 Organization solid any contributions that were not tax deductible as charitable contribution and party for goods and services provided to the payor? 6b 7 Organization receive a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 7b 7c 7 Tridicate the number of Forms \$282 file during the year 7d 7c 7c 7 Tridicate the number of Forms \$282 file during the year? 7d 7c 7d 7 Tridicate the number of Forms \$282 file during the year? 7d 7d 7d 7 Tri					
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			14a		1
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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			turned
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Vinis	
	If there are material differences in voting rights among members of the governing body, or	. A []	100	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 2			151).
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	1	
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	-	1
7a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		Sec. 1	201
	the year by the following:	143	destroy	1183
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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? <i>If "Yes," provide the names and addresses in Schedule O</i> .	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	<u> </u>
0001			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	1	-
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			-
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			Sec.
-	The organization's CEO, Executive Director, or top management official	15a	1	1961341
a b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		111	1474
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			S-FGI
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ard.	лП.	1.5
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	104	16.05	100
Sooti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed see Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ Own website ☐ Another's website ✓ 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 int	erest	policy	, and
00	financial statements available to the public during the tax year.	ممدطء		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	oords:		

	Linda Yezzi	, P O Box 603	, Bloomfield Hills, Michiga	1 48303	877-234-746
--	-------------	---------------	-----------------------------	---------	-------------

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

Form 990 (2014)

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.

9			general de la compañía	1011012	0.000	Contract Contract		2012-02-02-02-02-02-02-02-02-02-02-02-02-02		
					C)					
(A)	(B)	-			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
Name and The	hours per					is both or/trus		compensation	compensation from	amount of
	week (list any		1		1	1	1	from	related	other
	hours for	and	nsti	Officer	Key employee	high	Former	the	organizations	compensation
	related organizations	rec	tuti	ě	em	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor	ona		pło	e cor		(11-2/1033-10100)		and related
	line)	Individual trustee or director	5		yee	npe				organizations
		66	Institutional trustee			Highest compensated employee		1		
			ø			ted				
(1) Mailly Man Develation and Diseases										
(1) Molly MacDonald, President and Director	60 0	1		1		1		64,166	0	
(2) Matthew Rizik. former Treasurer	1									
	0			1			1	0	0	
(3) Karen Milner, former Treasurer & Director	6									
	0	1		1	\vdash		1	0	0	(
(4) Shannon Crone. Treasurer	1			1				0	0	
(5) Thomas Pettit, Secretary										
	0			1				0	0	
(6) Gary Kadlec, Director	1									
	0	1						0	0	
(7) Judith Vindici, Director	11	,								1.
(8)	0	1					-	0	0	0
(9)		d.								
(10)										
(11)				_						
(12)							_			
(13)				_						
(14)				_	-					
				. I						

Page 7

-	90 (2014)												Page 8
Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee			lighe	st C	ompensated E	mployees (con	tinued)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe d a d	rson lirect	e than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation fror related		(F) stimate mount o other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) f org an	npensat rom the ganizati nd relate anizatio	e on ed
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)											1		
(23)								_					
(24)					_	_							
(25)													
	Sub-total								64,166				_
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section			•				64,166				
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		ore than \$100,0	00 of		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	ficer, direct							loyee, or high	est compensa	ted 3	Yes	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole d	com	per	nsatio	n ai	nd other comp		the	ľ	,
5	Did any person listed on line 1a receive o for services rendered to the organization?									ation or individ	ual	16 IE371	,
Sectio	on B. Independent Contractors	n res, co	ompie	ele .	Sch	euu	ne J n	or s	uch person .	18. 18. 180 (190) (190) (190)	5		↓
1	Complete this table for your five highest c compensation from the organization. Rep year.												tax
	(A) Name and business add	ress							(B) Description of se	rvices	(C Comper		
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo 0	ve) who			

Form 990 (2014)

Par	t VIII	Statement of Revenue	-		onu line in this	Dert VIII		
		Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a			oll-Shaak		State Gust h
iran	b	Membership dues	1b		a second			
S, G	C	Fundraising events	1c	179,032				
Gift lar	d	Related organizations	1d					INCOME NUCLESS
ini,	е	Government grants (contributions)	1e					的过去时将我们不能
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	547,625				
a nt	9	Noncash contributions included in lines 1a-				WARDSHARE		A Stand State WE
	h	Total. Add lines 1a-1f	<u>N_6</u>	Business Code	726,657			
Program Service Revenue	0.			Dusiliess Odde				
Seve	2a b							
е Н	1125570							
Š	c d							
ی د	0.000		*****					
jran	e f	All other program service revenu	0					
õ	g	Total. Add lines 2a-2f		🕨		Constant and a state	Letter Lands of	AULT - N L. MILON
_	3	Investment income (including						1
	1	and other similar amounts)			247	247		
	4	Income from investment of tax-exen			2.0	2.17		
	5	Royalties	10. The second second					
		(i) Real	10	(ii) Personal	U.S. BOLDON	Miller Costa		
	6a	Gross rents			South States			
	b	Less: rental expenses			The second second			
	c	Rental income or (loss)						See You and She
	d	Net centel income or (loca)	8 R.	►				
	7a	Gross amount from sales of (i) Securiti		(ii) Other	The subscription of the	7 1 20 This	= 11 Bit sector	- 1 CT 12 C 1 C 1
	100064	assets other than inventory				and the second		
	b	Less: cost or other basis and sales expenses .						
	c	Gain or (loss)				Constant N		
	d	Net gain or (loss)	87 398 S	🕨				
Other Revenue	8a	Gross income from fundraising events (not including \$ 179,03 of contributions reported on line 10 See Part IV, line 18	;).	69,840				
th	b	Less: direct expenses	b	78,570	5. 1. 51/1-12	Net to taking		8. 48 SUN
0		Net income or (loss) from fundrai			-8,730			
		Gross income from gaming activit See Part IV, line 19	ies.				派马联	
	b	Less: direct expenses	b		Number of the State			on
	С	Net income or (loss) from gaming	acti	vities 🕨				
	10a	Gross sales of inventory, le returns and allowances					1. and 1	
	b	Less: cost of goods sold	b		8 NF 144 St			· 首先出版 (44)
	C	Net income or (loss) from sales o		entory 🕨				
1		Miscellaneous Revenue		Business Code	B SEPTOR			S G Shirt New Y
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		🕨				
	12	Total revenue. See instructions.			718 174	247		

Form 990 (2014) Part IX Statement of Functional Expenses

Dong	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,	se or note to any lin (A) Total expenses	(B) Program service	(C) Management and	(D)
3b, 9l	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	401,630	401,630		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	127,178	57,657	8,955	60,50
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	10,127	4,591	713	4,82
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	5,000	1		5,0
f g	Investment management fees				
12	Advertising and promotion	37,531	10,075	5,486	21,93
13	Office expenses	5,744	2,809	1,140	1,79
14	Information technology				
15	Royalties				
16	Occupancy	13		13	
17	Travel	26,317	2,738	3,898	19,6
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21 22	Payments to affiliates	327		327	
23		1,159		1,065	
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.)	1,100		,,	
а	Bank charges	2,394	1,189	818	38
b	Professional fees; dues & licenses	59,272	7,590	50,883	79
c d	Postage; telephone/internet	5,887	2,489	214	3,18
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	682,579	490,768	73,512	118,29
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
1.5		Beginning of year	-	End of year
1	Cash—non-interest-bearing	2,290		4,27
2	Pledges and grants receivable, net	131,305	3	139,56
4	Accounts receivable, net		4	52,86
5	Loans and other receivables from current and former officers, directors,			Contraction of the second second
	trustees, key employees, and highest compensated employees.		2.5	
	Complete Part II of Schedule L		5	The second se
6	Loans and other receivables from other disgualified persons (as defined under section		21	The Construction of the
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1 Set 1	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		1.00	
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	44,033	9	5,661
10a	, 5, 11	N 2 1 3 10 10		
	other basis. Complete Part VI of Schedule D 10a 1,634		- 60 5	
b	Less: accumulated depreciation 10b 1,144	817	10c	490
11	Investments-publicly traded securities		11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	178,445		202,854
17	Accounts payable and accrued expenses	32,037		17,081
18	Grants payable	totes recently	18	31.2527
19		43,200	19	1,000
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	Constant and the second second
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	No. Contract (C	2.27	
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		~ 1	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	75,237	26	18,081
	Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and			
	complete lines 27 through 29, and lines 33 and 34.		814	
07	Unrestricted net assets	74,931	27	152,964
27	Temporarily restricted net assets	28,277	28	31,809
27			29	
27 28 29	Permanently restricted net assets			
28	Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔲 and	125 m 1 1 2 1 2 2 1		
28		Add Arth		
27 28 29 30	Organizations that do not follow SFAS 117 (ASC 958), check here ► 🔲 and		30	
27 28 29 30 31	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. □ Capital stock or trust principal, or current funds . . Paid-in or capital surplus, or land, building, or equipment fund . . .		30 31	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. □ Capital stock or trust principal, or current funds . . Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 		30 31 32	
28 29 30 31	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. □ Capital stock or trust principal, or current funds . . Paid-in or capital surplus, or land, building, or equipment fund . . .	103,208	30 31 32 33	<u>184,773</u> 202,854

Form 990 (2014)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		Se (200 200		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	18,174
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	82,579
3				;	35,595
4			103,2		03,208
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			45,970
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	30		045	
Dor	33, column (B))	10		18	34,773
Par	Check if Schedule O contains a response or note to any line in this Part XII				
	Check in Schedule O contains a response of hote to any line in this Part XII	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash 🔽 Accrual 🗌 Other			100	110
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in		ι ET es	
	Schedule O.		11.11	120	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp			1.500	
	reviewed on a separate basis, consolidated basis, or both:		10.5		
	Separate basis Consolidated basis Both consolidated and separate basis		1000	1.1	
b	Were the organization's financial statements audited by an independent accountant?		2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	1123		
	separate basis, consolidated basis, or both:				-17.
	🗹 Separate basis 🛛 Consolidated basis 🗌 Both consolidated and separate basis			-	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•			
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			2017
	Schedule O.		211	2.071	1212
-3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f				2
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits.	30		

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.

▶ Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.	Open to Pub
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Inspection

OMB No. 1545-0047

2014

Internal Revenue Service Name of the organization

Employer identification number

The Pink Fund, Inc.

Department of the Treasury

45-0544575 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- 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.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 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
- An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.
 - 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.
 - **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.
 - Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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.

f	Enter the number of supported	organizations .					
g			ported 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		经济通知		1995			

							0
Pari		ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, pl	ease comple	ete Part III.)	
Sect	ion 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.")	71,500	122,814	365,541	500,213	717,927	1,777,995
2	Tax revenues levied for the				n record		
	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			1			
4	Total. Add lines 1 through 3.	71,500	122,814	365,541	500,213	717,927	1,777,995
5	The portion of total contributions by		in the web in the		Strange Lines	ille anna faire	
5	each person (other than a		NIL!			R12.145.44	
	governmental unit or publicly	2.3 4 4 4 5 1					
	supported organization) included on		151 H. 18				
	line 1 that exceeds 2% of the amount			的自己自己的意义。			
	shown on line 11, column (f)				相応の筆品		354,162
6	Public support. Subtract line 5 from line 4.			1. A. M			1,423,833
Sect	ion 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	71,500	122,814	365,541	500,213	717,927	1,777,995
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	10	10	119	190	247	576
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.)		16,427	35,831	84,429	45,970	182,657
11	Total support. Add lines 7 through 10	and the second			Territoria - Santa	States and	1,961,228
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First five years. If the Form 990 is for th	e organization'	s first, second	l, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re		• • • • • •			<u> </u>
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	72.60 %
15	Public support percentage from 2013 Sch					15	55.87 %
16a	331/3% support test-2014. If the organiz						· -
	box and stop here. The organization qual			-			
b	331/3% support test-2013. If the organ						
	check this box and stop here. The organi	•	, ,				
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization						. 🕨 🗌
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizati						
	Explain in Part VI how the organization me						
	supported organization						
18	Private foundation. If the organization did						
	instructions	<u>a</u> a car na a	x x x x x		ar an ar an ar	9 90 A A	× 🕨

Schedule A (Form 990 or 990-EZ) 2014

Part	Support Schedule for Organiza						
	(Complete only if you checked the						ler Part II.
	If the organization fails to qualify	under the te	ests listed be	low, please c	omplete Part	II.)	
	ion A. Public Support						
Cale	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.")						
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						
, ru	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	1	1. C. M. C.		LANGE AND		
	line 6.)		1.			日間に会習	
Sect	ion B. Total Support						
Caler	ndar 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						
		l					
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						
10	Other income. Do not include gain or						
12	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	e organization	i's first. secon	d. third. fourth	, or fifth tax ve	ar as a section	n 501(c)(3)
	organization, check this box and stop her	-					date and so that the
Secti	on C. Computation of Public Support						
15	Public support percentage for 2014 (line 8	, column (f) di	vided by line 1	3, column (f))	* at 26 K K	15	%
16	Public support percentage from 2013 Sch	edule A, Part I	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc	ome Percer	ntage				
17	Investment income percentage for 2014 (li		.,	-		17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organiz						
	17 is not more than 331/3%, check this box a		-				
b	331/3% support tests-2013. If the organiza						
	line 18 is not more than 331/3%, check this b	-	-				
20	Private foundation. If the organization did	i not check a l	box on line 14	, 19a, or 19b, c	neck this box	and see instruc	tions 🕨 🗋

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- **1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in* **Part VI** *what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **C** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- C Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2014

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	104		dir.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on 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			

- regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 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?
 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

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):
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 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.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* **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.
- 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

1

2

1

2

3

Yes

No

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

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	- Participation of the	
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	A Burg Web Set	
5 Income tax imposed in prior year	5		- X
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-inte	grated Type III support	ing organization (se

instructions).

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 509(a)(tion D - Distributions	er en proteining er gann		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex-	and the second s	rted	
-	organizations, in excess of income from activity	cript purposes of suppe		
3	Administrative expenses paid to accomplish exempt pur			
4	Amounts paid to acquire exempt-use assets	posed of supported orga	The deliver of the de	
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 whice (provide details in Part VI). See instructions.	ch the organization is res	ponsive	
0	Distributable amount for 2014 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount	1 1	(::)	(:::)
S	ection 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)	A KINA TAN		
3	Excess distributions carryover, if any, to 2014:			hetra (litt wear we
а				Bring Har, Simon
b	and the second	1. 1. 2 Survey and the		
с				a later and have a set
d			-1. "Setting -10	·
e	From 2013			
f	Total of lines 3a through e			an Brein Contra
g	Applied to underdistributions of prior years	S MARKAN SHARE		
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)		AND REPORT OF	
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		28 - California (California)	
4	Distributions for 2014 from Section D, line 7: \$			· presenter
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount	Terra di Statu di Statu		
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:			
а				
b	and the second of the second			
с				
d	Excess from 2013			
е	Excess from 2014	latik "de Chienten fan fer	dischales Service	AND SADE DRUGG

Schedule A (Form 990 or 990-EZ) 2014

Page 7

Schedule A ((Form 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions.)	17b; and
Part II, line	e 10 - Other Income \$182,657	
Othe	er income is from fundraising events shown net of expenses.	

		•••••••••••••••••••••••••••••••••••••••

SCHEDULE D (Form 990)

Supplemental Final	icial Statements
--------------------	------------------

Complete if the organization answered "Yes" to Form 990

			10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1			
Donart	ment of the Treasury		Attach to Form 990.	20.		Open to Public
	Revenue Service		orm 990) and its instructions is at www.	irs.gov/f	orm990.	Inspection
Name	of the organization			Employ	er identific	cation number
The D	ink Fund, Inc.				4	5-0544575
-		zations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds or		
1.0			"Yes" to Form 990, Part IV, line 6.			
	Compi	to il the biganization allehered	(a) Donor advised funds	1	(b) Funds	s and other accounts
1	Total number a	at end of year		-		
		le of contributions to (during year)		-		
2		ie of grants from (during year)			_	
3				_		
4 5		le at end of year	advisors in writing that the assets h		lonor ad	visod
5	funds are the c	organization's property, subject to th	e organization's exclusive legal contr	ol?		· · 🗌 Yes 🗌 No
6	only for charita	able purposes and not for the bene	and donor advisors in writing that gra fit of the donor or donor advisor, or f	for any	other pu	rpose
Par		vation Easements.				
	Comple	ete if the organization answered '	"Yes" to Form 990, Part IV, line 7.			
1	Purpose(s) of c	conservation easements held by the	organization (check all that apply).			
	Preservatio	n of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	of a histo	rically in	portant land area
	Protection	of natural habitat	Preservation o	f a certi	fied histo	oric structure
	Preservatio	n of open space				
2	Complete lines	2a through 2d if the organization he	eld a qualified conservation contribution	on in the	e form of	a conservation
	easement on th	ne last day of the tax year.		ſ	Hele	d at the End of the Tax Year
а	Total number c	f conservation easements	ма так (лис) из на на на си мих из на на	[2a	
b			S	~~ F	2b	
с	Number of conservation easements on a certified historic structure included in (a)					
d			(c) acquired after 8/17/06, and not			
					2d	
3	Number of con		sferred, released, extinguished, or terr		by the o	rganization during the
	tax year ►					
4		es where property subject to conser				,
5			garding the periodic monitoring, ins			
			sements it holds?			
6	Staff and volun	teer hours devoted to monitoring, in	specting, and enforcing conservation	easeme	ents duri	ng the year
	•	2222				
7		enses incurred in monitoring, inspec	ting, and enforcing conservation ease	ements	during th	e year
	►\$					
8		servation easement reported on line 0(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section	170(h)(4	
•			conservation easements in its revenue	••••		· Yes No
9			f the footnote to the organization's fin			
		accounting for conservation easeme		ianciai s	latemen	is that describes the
Devi				Othor	Cimilar	Assats
Part			s of Art, Historical Treasures, or	Uner	Similar	Assels.
			Yes" to Form 990, Part IV, line 8.			
1a			AS 116 (ASC 958), not to report in its			
			assets held for public exhibition, ec			
			potnote to its financial statements that			
b			FAS 116 (ASC 958), to report in its			
			assets held for public exhibition, ec	lucation	, or rese	arch in furtherance of
		provide the following amounts relation				
	(i) Revenue inc	luded in Form 990, Part VIII, line 1	* * * * * * * * * * * * * *		8 🕨 🗄	\$

	(ii) Assets included in Form 990, Part X
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Bevenue included in Form 990. Part VIII, line 1

a	Nevenue included in Form 330, Fart VIII, inte F	•	•	•		•	 •	•	•	•	•		•	Ψ
b	Assets included in Form 990. Part X												.	\$

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



SUIRAN	le D (Form 990) 2014							Page
Part	Organizations Maintaining	Collections o	f Art, His	storical 7	Freasures	, or O	ther Similar As	sets (continued
3	Using the organization's acquisition, collection items (check all that apply)		other reco	ords, chec	k any of th	ne follo	wing that are a s	significant use of i
а	Public exhibition		d	🗌 Loan	or exchang	ge prog	Irams	
b	Scholarly research		е					
с	Preservation for future generation	s						
4	Provide a description of the organiza XIII.	tion's collections	and exp	ain how t	hey further	the or	ganization's exer	npt purpose in Pa
5	During the year, did the organization assets to be sold to raise funds rathe							ar
Part	IV Escrow and Custodial Arr	angements.						
	Complete if the organization 990, Part X, line 21.	n answered "Ye	s" to For	m 990, F	'art IV, line	e 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot 🗌 Yes 🗌 N
b	If "Yes," explain the arrangement in F	art XIII and comp	lete the f	ollowing ta	able:			
				Ū			A	mount
С	Beginning balance					10		
d	Additions during the year					10	ł	
е	Distributions during the year					10		
f	Ending balance					1		
2a	Did the organization include an amou							? 🗌 Yes 🗌 N
b	If "Yes," explain the arrangement in F							
Parl				Apra late		provide		
1 en	Complete if the organization	answered "Ye	s" to For	m 990 P	Part IV line	10		
	Complete il the organization	(a) Current year		ior year	(c) Two year		(d) Three years back	(e) Four years back
	Designing of year balance	(a) content year	(5) 11	ion your	(0) 1110 (00	o baon	(4) 11000 Joure bare	
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
ď	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 year e	nd baland	ce (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowme	nt 🕨	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in th	e possession of t	he organi	zation that	at are held	and ad	ministered for th	e
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izations listed as	required o	on Schedi	ule R? 💡			3b
4	Describe in Part XIII the intended uses	s of the organizati	on's endo	owment fu	unds.			
Part								
	Complete if the organization		s" to Fori	m 990, P	art IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or o (investr	ther basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book value
1a	Land							
d	Buildings	•						
h		•						
	-	e						
с	Leasehold improvements							
c d	-	•	1,634				1,144	49

Schedule D (Form 990) 2014

Investments-Other Securities. Part VII Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (b) Book value (a) Description of security or category Cost or end-of-year market value (including name of security) (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. (c) Method of valuation: (a) Description of investment (b) Book value 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.) Other Assets. Part IX 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.) 100 10 2.2 14.5 Other Liabilities. Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)

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

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

e D (Form 990) 2014		Page 4
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.		
Total revenue, gains, and other support per audited financial statements	1	764,144
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Jack Comments	
Net unrealized gains (losses) on investments	15 G. P	
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII.)		
Add lines 2a through 2d	2e	45,970
Subtract line 2e from line 1	3	718,174
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII.)		
Add lines 4a and 4b	4c	
		718,174
	er Return.	
	17 - 27 - 1	
	1	682,579
	15.	
•		
	3	682,579
	5	682,579
the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	; Part V, line formation.	e 4; Part X, line
	Total revenue, gains, and other support per audited financial statements	Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains (losses) on investments 2b Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Corber (Describe in Part XIII.) Add lines 4a and 4b Complete if the organization answered "Yes" to Form 990, Part I, line 12.) Sobrad services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d YIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Add lines 3 and 4c. (

SCHEDULE G

(Form	990	or	990-EZ)
	330		000-LL/

Internal Revenue Service	У
Name of the organizatio	n

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2

ternal Revenue Service	Information a	bout Schedule G (For	rm 990 or 99	0-EZ) and its	instructions is at www		Inspection
ame of the organization						Employer identific	ation number
e Pink Fund, Inc							0544575
					vered "Yes" to F	orm 990, Part IV, I	ine 17.
Form 99		not required to a					
		on raised funds th				heck all that apply.	
a 🗹 Mail solicita			-		on of non-govern		
	d email solicitatio	ons	f		on of government fundraising events		
c □ Phone solid d ☑ In-person s			g 🗠		unuraising events	5	
		tten or oral agree	ement with	anv individ	dual (including off	icers, directors, trus	tees
						fundraising services?	
						ents under which th	
compensated	at least \$5,000 b	y the organizatior	ı.				
(i) Name and addres or entity (fun		(ii) Activity	custody c	draiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	outions?		col. (i)	organization
1					1		
់ _JR Turnbull Comm	unications	Event Planning		✓	248,872	12,000	236,872
2 4219 Woodward Av		1210001100013					
Michigan 48201							
3							
4				21			
5							
6							
7							
8							
9							
0							
tal 3 List all states i		· · · · · ·	orod on li-			s or has been notifie	d it is exampt from
registration or I		inization is registe				s of has been notifie	
0						MA, MD, MI, MN, MO,	MS. MT. NF. NC.
H, NJ, NM, NV, NY, OF				<u>, , , , , , , , , , , , , , , , , , , </u>	$\frac{10}{10}$ $\frac{10}{10}$ $\frac{10}{10}$ $\frac{10}{10}$ $\frac{10}{10}$		
	<u>, ett ett ett in</u>						6

Pa	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater thar	g event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	and 6b. List events with
-		groot receipto groutor tria	(a) Event #1 Dancing (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	248,872	Concile (199)	(000.000)	248,872
Å	2	Less: Contributions	179,032			179,032
	3	Gross income (line 1 minus line 2)	69,840			69,840
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	5,827			
Direc	8	Entertainment	13,298			
	9	Other direct expenses .	59,445			
	10 11	Direct expense summary. Add Net income summary. Subtrac	ct line 10 from line 3, c	olumn (d)	🕨 🛛	78,570 -8,730
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99			o, Part IV, line 19, or l	
Revenue		-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Bev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs .				
	5	Other direct expenses .	Ves %	Ves %	Ves %	
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Add	l lines 2 through 5 in co	blumn (d)		
	8	Net gaming income summary.	Subtract line 7 from li	ne 1, column (d)		
	a Ist	ter the state(s) in which the org the organization licensed to cor 'No," explain:	nduct gaming activities	in each of these states		🗌 Yes 🗌 No
10a		ere any of the organization's ga 'Yes," explain:	-		ted during the tax year?	

Schedu	ile G (Form 990 or 990-EZ) 2014 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Yes No 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?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility 13a % 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 ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
ь	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
	Name 🕨
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation
	Description of services provided
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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 s
Part I	Supplemental Information. Provide the explanations 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).
JR Tur	nbull Communications was paid a total of \$13,964 for fundraising and event planning (\$12,000) and expense reimbursement (\$1,964).
Their s	oliciting and event-planning activities were entirely limited to Michigan.

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)			l Other Assis s. and Individ		ganizations, Jnited States			OMB No.	1545-0047
					Part IV, line 21 or 2			20	14
Department of the Treasury			Attach to					Open t	o Public
Internal Revenue Service	► Info	mation about Sche	edule I (Form 990) ar	nd its instructions i	is at www.irs.gov/fo	rm990.		Insp	ection
Name of the organization							Employe	er identification nu	mber
The Pink Fund, Inc.								45-0544575	
Part I General Information									
 Does the organization maintain the selection criteria used to a 	n records to sub ward the grants	stantiate the amo	unt of the grants or	rassistance, the g	grantees' eligibility	for the grants or a	ssistance	, and	
2 Describe in Part IV the organiz	zation's procedu	res for monitoring	the use of grant fu	nds in the United	States			Yes	🗌 No
Part II Grants and Other As Part IV, line 21, for any	sistance to Do	mestic Organiz	zations and Don	nestic Governm	nents. Complete	if the organization space is needed	on answe	ered "Yes" to	Form 990,
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) Descriptior non-cash assist	nof	(h) Purpose or assista	
(1)									
(2)									
(3)									
(4)							10		
(5)									
(6)						1			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									;
2 Enter total number of section3 Enter total number of other or								. Þ	

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

(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 Direct Payment of Ordinary Living Expenses	363	401,630	0		
2 for breast cancer patients, while in treatment					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provid	e the information re	equired in Part I, line	e 2, Part III, columr	n (b), and <mark>any</mark> other additi	onal information.
recipients must pre-qualify before direct bill payment before direct bill payment before direct bill payment be					
complete and are provided with a list of supporting of					
ss. Complete applications that meet gualification gu	delines are reviewed	at a monthly committee	e meeting for final dete	ermination of whether direct l	oill payments will be made (for a 90
riod) on behalf of the applicant and for how much. T	ne amount is based or	n an overall approved r	nonthly budget for pro	ogram grants to recipients. Th	ne Qualified Recipient Committee is
		Direct bill payment me	eans that money is ser	nt to the successful applicant	's creditors: no money is sent direc
mposed of nurses, educators, professionals, and bro	east cancer survivors.	Direct bill payment ind			
	ast cancer survivors.	Direct Dir Dayment int			<u></u>
	ast cancer survivors.	Direct Din payment int			<u> </u>
omposed of nurses, educators, professionals, and bro	ast cancer survivors.	-orect bill payment int			

Page 2

SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Nattach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		For certain Officers, Dire Co ► Complete if the organizati	ectors, Trustees, Key Employees, and Hi Impensated Employees Ion answered "Yes" on Form 990, Part IV ► Attach to Form 990.	ghest /, line 23. O	^{мв №.} 20 pen to	14 Put	olic
			Inspe	ctio	n		
Name o	of the organization			Employer identification n			
	nk Fund, Inc.			45-0544	575		
Part	Questions	s Regarding Compensation				Yes	No
1a			ovided any of the following to or for a		Ĩ	100	
			provide any relevant information regarding			1.51	199
		or charter travel	Housing allowance or residence		20		10.0
	Travel for c	-	Payments for business use of pe			1.71	
		ification and gross-up payments	Health or social club dues or initi				
	Discretiona	ry spending account	Personal services (e.g., maid, cha	autteur, cher)	. <u>4</u> .		1.37
b	or reimbursen	nent or provision of all of the ex	he organization follow a written polic penses described above? If "No,"	cy regarding payment complete Part III to			
	explain				1b		
2	Did the organ directors, trus	nization require substantiation pric tees, and officers, including the CE	or to reimbursing or allowing expe O/Executive Director, regarding the i	nses incurred by all tems checked in line			
	1a?				2		
					0.3	10.0	head,
3	organization's related organiz	CEO/Executive Director. Check all the action to establish compensation of t	anization used to establish the compen- hat apply. Do not check any boxes for the CEO/Executive Director, but expla	r methods used by a			
	Compensat		Written employment contract				1
	•	t compensation consultant	Compensation survey or study		- 41-		1.1
	[√] Form 990 o	f other organizations	Approval by the board or comper	isation committee			
4		r, did any person listed in Form 990, r a related organization:	Part VII, Section A, line 1a, with respo	ect to the filing			
а	Receive a seve	erance payment or change-of-contro	l payment?	* * * * * * *	4a		1
b	Participate in,	or receive payment from, a supplem	ental nonqualified retirement plan?	• 0 0 00 E K K	4b		1
С		or receive payment from, an equity-t		• 34 34 360 360 46 46	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					2.1	1
						20	
5	For persons lis		rganizations must complete lines 5 line 1a, did the organization pay or ac				
а		-			5a		1
					5b		1
5		5a or 5b, describe in Part III.				1.5	
6	For persons lis		line 1a, did the organization pay or a	ccrue any			
а	-				6a		1
					6b		1
2		6a or 6b, describe in Part III.		· ·		113	
7	For persons lipayments not of	sted in Form 990, Part VII, Section described in lines 5 and 6? If "Yes,"	n A, line 1a, did the organization p describe in Part III	rovide any non-fixed	7		1
8			paid or accrued pursuant to a contrac				
~	to the initial	contract exception described in I	Regulations section 53.4958-4(a)(3)	? If "Yes," describe	8	0.011	1
9			ow the rebuttable presumption pro		9		

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

Schedule J (Form 990) 2014

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	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)	0	0	0	0	0	0	0
1 Matthew Rizik. former Treasurer	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
2 Karen Milner, former Treasurer	(ii)	0	0	0	0	0	0	0
	(i)							
3 and Director	(ii)							
	(i)							
4	(ii)							
_	(i) (ii)							
5	(i)							
6	(ii)		*******					
	(i)							
7	(ii)							
	(i)							
8	(ii)				******	*****	*****	
	(i)							
9	(ii)			••••••••••••••••••••••••••••••				
	(i)							
10	(ii)							*****
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)			1				
	(i) (ii)							
14	(i)							
15	(ii)	****						
15	(i)							
16	(ii)							
16	69				·			

Schedule J (Form 990) 2014

Schedule J (Form §	990) 2	2014
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Part III Supplemental Information

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 L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2 Public

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

nspection Employer identification number

The Pink F	und, Inc	4 <u>5-0544575</u>		
Part I	Excess Benefit Trans Complete if the organ	sactions (section 501(c)(3), section 501(c)(4), an ization answered "Yes" on Form 990, Part IV, li	nd 501(c)(29) organizations only). ne 25a or 25b, or Form 990-EZ, Part V, lii	1e 40b.
		(b) Relationship between disgualified person and		(d) Corrected?

3	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		urred by the organization managers or disqua			
3	Enter the amount of tax, if any	, on line 2, above, reimbursed by the organizat	ion		

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3

Loans to and/or From Interested Persons. Part II

Part III

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization		(c) Purpose of Ioan	from	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) in c	iefault?	(h) App by bo comm	pard or	(i) Wi agreer	
			To	From			Yes	No	Yes	No	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)								_					
(8)													
(9)													
10)													

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Cat. No. 50056A

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

Schedule L (Form 990 or 990-EZ) 2014

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever Yes	zatio
(1) Thomas Pettit, owner Tamale Group	Secretary of Board	\$3.656	sales of graphic products, at cost	100	
2)	Secretary of Board	\$3,030	sales of graphic products, at cost		<u> </u>
				i i	
·					
))					
Provide additional information					
mas Pettit, Secretary of the Board of Dire		nuie oroup, me, a gi	upines production and instantation of		
			The transmission and the		
ch supplies graphic services to The Pink	Fund. These services are invo	iced at the actual co	ist to Tamale Group, which cost doe	s not	
			Dist. Fried adversaries dest theory	200000000	
lude markup, profit or staff labor. The pure	chase process is overseen by	the treasurer of the			
			PINK Fund who ensures that these	servic	es
provided at an equal or lower cost than w					
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
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	ould otherwise be available to	the charity.			
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	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			
	ould otherwise be available to	the charity.			

Schedule L (Form 990 or 990-EZ) 2014

Page 2

SCHEDULE O							
(Form	990	or	990-EZ)				

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	v.irs.gov/form990.	nspection
Name of the organization		Employer identification	n number
The Pink Fund, Inc.		45-05	44575
Form 990, Part VI, Sec	tion A, Line 2 - Related Party Information Among Officers		
Molly MacDonal	d, President, and Thomas Pettit, Secretary, are married.		
Form 990, Part VI, Sec	tion B, Line 11b - Organization's Process to Review Form 990.		
			d - China - Cale -
A copy of the co	mpleted Form 990 and related schedules are provided to all officers and director	's for review prior to	the filing of the
return. The docu	uments are sent via email with a read receipt requirement.		
Form 000 Part VI Soci	tion B, Line 12c - Enforcement of Conflicts of Interest Policy		
F01111 330, Falt VI, Sec			
The conflict of in	terest policy is given on an annual basis to officers and directors for review, dis	closure and signatu	re. The document
-1 2 - 22 (2)	ಲ್ಲಿ ಮೂಲ ಸಂಗ್ರಹ ಸಂಗ್ರಹ ಸಂಗ್ರಹ ಸಂಗ್ರಹ		
is also provided	to new officers and directors for review, disclosure and signature.		
Form 990, Part VI, Sect	tion B, Line 15a - Compensation Process for Top Official		
Comparable com	pensation data for similar organizations directly benefiting breast cancer patien	ts in addition to loca	al 501(c)3
	J		
organizations of	similar size are reviewed by independent directors as support for decisions made	le regarding the Pre	sident's
company ation of	n an annual basis.		
compensation of	r an annual basis.		
Form 000 Port VII Con	ion C, Line 15b - Compensation Process for other Officers or Key Employees		
Form 990, Part VI, Sect	torr C, Line Tab - Compensation Process for other oncers of key Employees		
Comparable com	pensation data for similar organizations directly benefiting breast cancer patien	ts in addition to loca	al 501(c)3
		,	
organizations of	similar size are reviewed by independent directors as support for decisions mac	le regarding the con	pensation for
other officers and	d key employees on an annual basis.		
		1999, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 19	
Form 990, Part VI Line	15b - States with which a copy of form 990 is required to be filed		
AK, AL, CA, CO,	CT, FL, HI, IL, KS, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK, SC, TN, VA,	WI, WV	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
The Pink Fund, Inc.	45-0544575
Reasons for amending return:	
Form 990, Part IV, line 29 "Did the organization receive more than \$25,000 in non-cash contributions?" This had been answered "yes" because we mistakenly included contributions of services and use of	facilities.
The amended return shows this answer as "no".	
Form 990, Part VI, line 1a "(explain any) material differences in voting rights among members of the govern	ning body"
This had not been explained in the original filing. The Board is composed of Officers and Directors.	Only Directors have a vote. Those
Board members who are both an Officer and a Director have a vote by virtue of being a Director.	
Form 990, Part XII, line 2a "Were the organization's financial statements compiled or reviewed by an indep	
This question was mistakenly left un-answered. The financial statements were not compiled or review but were audited by an in independent accountant.	wed by an independent accountant
Schedule J (Form 990), Part II, lines 1 (i) and 2 (i) "Officers, Directors, Key Employees and Highest Comper For the two persons listed, line (i) was not filled out. The amended return lists all these values as "0"	
Schedule G (Form 990), Part IV "Supplemental Information"	
The explanation "Their soliciting and event-planning activities were entirely limited to Michigan" was	added to the amended return.
(a ²	