990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Νo

Department of the Treasury Internal Revenue Service

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

For the 2014 calendar year, or tax year beginning and ending Check if applicable C Name of organization Brandworkers International, Inc D Employer identification number Address change Doing business as Number and street (or P.O box if mail is not delivered to street address) Room/suite 26-0798625 Name change 2nd Floor 502 23rd Street E Telephone number Initial return City or town State ZIP code 646) 568-5870 ong Island City NY 11101 inal retum/terminated Foreign province/state/county Foreign postal code Foreign country name G Gross receipts \$ 390.006 Amended retum F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c)) < (insert no) Website: ► www.brandworkers org H(c) Group exemption number ▶ L Year of formation. 2009 K Form of organization. Corporation Trust Association M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities: Brandworkers is a non-profit organization Activities & Governance of local food-making workers coming together for good jobs and a sustainable food system Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (PartiVI, line 1b) 6 4 Total number of individuals employed in calendar year 2014 (Part Valine 2a) . 2 5 Total number of volunteers (estimate if necessary). . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12. 7a OGDE Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). . . 328,260 295,045 SCANNED JUN 2 2 2015 Program service revenue (Part VIII, line 2g). Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,908 69,356 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 334,168 364.401 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 242,189 216,219 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,264 108,250 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 331,453 324,469 Revenue less expenses. Subtract line 18 from line 12 2.715 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 58.140 21 Total liabilities (Part X, line 26). 7,850 Net assets or fund balances. Subtract line 21 from line 20 50,290 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here xecutive Director Type or print name and title Print/Type preparer's name PTIN Check X if Paid 5/5/15 **PAUL SOOBRYAN** self-employed P01297444 Preparer PAUL SOOBRYAN, CPA Firm's name Firm's EIN **Use Only** P.O. BOX 389, NEW YORK, NY 10116 646-522-6071 Firm's address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions).

	90 (2014 <u>)</u>	Brandworkers International, Inc	26-0798625	Page 2						
Pa	rt III	Statement of Program Service Accomplishments								
		Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly	describe the organization's mission								
	Brandw good jo	orkers is a non-profit organization of local food-making workers coming together for bs and a sustainable food system.								
		••••••								
2	Did the	organization undertake any significant program services during the year which were not listed on								
_	the prio	r Form 990 or 990-EZ?	. Yes	X No						
3		organization cease conducting, or make significant changes in how it conducts, any program								
	service		Yes	X No						
	If "Yes,	describe these changes on Schedule O.								
4	expens	te the organization's program service accomplishments for each of its three largest program service sees. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a lexpenses, and revenue, if any, for each program service reported.								
4a	(Code) (Expenses \$ 281,615 including grants of \$) (Revenue)						
	•	ood produced close to market is soaring in popularity But the mostly low-income immigrant								
	workers	employed in local food production factories are being left behind. They work long hours								
	hand-cı	afting food but wages are too low to live on with dignity. Many workers contend with								
	իլցիլչ ւ	insafe working conditions, resulting in serious and even fatal injuries. Workers of color,								
	ımmigra	ant workers, and women workers face particularly egregious discrimination and abuse on the								
	lop Br	ob Brandworkers empowers low-income workers to develop as leaders and partner with community								
		campaign for dignified jobs within a just food system In 2014, Brandworkers helped								
	hundre	ds of workers learn their rights, enhance thier leadership voice, and achieve substantial								
		ı job quality.								
4b	(Code) (Expenses \$ including grants of \$) (Revenue	 e \$							
			- -							
			• • • • • • • • • • • • • • • • • • • •							
		•••••••••••••••••••••••••••••••••••••••								
		•								
				·						
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)						
			·							
				·						
		•	·	·						

4d	Other p	orogram services (Describe in Schedule O.)								
	(Expen		0)							
40	Total n	rogram service expenses 281 615								

ĊIJ	Checklist of Required Schedules			
4	In the organization described in postum 504/5/(0) as 40.47/5/(4) (all settless assessed for the 20.47/5/(4)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		$\overline{}$	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	10.5 da	X
• •	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	C1.38	<u> </u>	کند . حائد
	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
ч	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			.,
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-74		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	_		,,
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		_X_
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├		_^_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
04-	· · ·	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	^ .		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1.	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^-
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	 	 ^
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
33	If "Yes," complete Schedule N, Part II	32	-	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	-		<u> </u>
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2014)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer in deficable of contains a response of flote to any line in this Part V	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	:
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		l .	!
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		ĺ .	ł
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	, ,	*	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ħ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ļ	†
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	,		
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶	·	,	1
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	ا ، " ، "ا		,,,
	(FBAR)		, '	l à
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			\Box
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ĺ	
7	Organizations that may receive deductible contributions under section 170(c).	` `	-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ŝ	- A	1.
	and services provided to the payor?	7a	Χ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	***		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, ',	<u> .</u>	
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	14	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		41	
11	Section 501(c)(12) organizations. Enter		, .	4 %
a	Gross income from members or shareholders		1. 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		,	
40	against amounts due or received from them.)	3	<u> </u>	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	. 280	> >
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	, ,		*
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>, ; ; </u>	<u> </u>	 `
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
1.	Note. See the instructions for additional information the organization must report on Schedule O		·-, * .	
b	Enter the amount of reserves the organization is required to maintain by the states in which	**	l` ".	1
-	the organization is licensed to issue qualified health plans	1 /2	j	
C	Enter the amount of reserves on hand		 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	in res, mas a med a roth report mese payments: in two, provide an explanation in schedule U.	14b		1

Part VI

Sect	ion A. Governing Body and Management								
		 I		Yes	No				
1a	the state of the s	1a (<u> </u>						
	If there are material differences in voting rights among members of the governing body, or				~				
	if the governing body delegated broad authority to an executive committee or sımılar			gans. Stillig	,				
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b (<u>}</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	£-2-		العاشية				
_	any other officer, director, trustee, or key employee?		2_		_X_				
3	Did the organization delegate control over management duties customarily performed by or unc		1						
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X				
4	grand and provide the provide								
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X				
6	Did the organization have members or stockholders?		6		_X_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	1_						
	one or more members of the governing body?		7a		_X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,	 						
_	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions underta	aken during		٠,					
_	the year by the following The governing body?								
a b	The governing body?		8a 8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		90	^					
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		Х				
Sect	ion B. Policies (This Section B requests information about policies not required by the I								
	The second of th		000.7	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ch 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 bef	ore filing the form?.	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				ì				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	_X_					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	' If "Yes,"							
	describe in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		X				
15	Did the process for determining compensation of the following persons include a review and ap	•	1 2						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberat		Position of						
a	The organization's CEO, Executive Director, or top management official		15a	X					
D	Other officers or key employees of the organization		15b	X	, es				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	ongoment			Arman's				
IVa	with a taxable entity during the year?	=	one Ken -		آريند ا V				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to every		16a	7 - 3	X				
J	participation in joint venture arrangements under applicable federal tax law, and take steps to s			\$ v					
	the organization's exempt status with respect to such arrangements?		16b	٤.					
Sect	ion C. Disclosure	* · · · · · · · · · · · · · · · · · · ·	1	L					
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501)	c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.		,	• /					
		xplain ın Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of interest	policy	, and	l				
	financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization								
	Brandworkers International, Inc 4502 23rd Street 2nd Floor Long Island City NY 11101	(646) 568-5870	<u> </u>						
	4502 23rd Street, 2nd Floor, Long Island City, NY 11101								

Brandworkers International, Inc									26-07986	25 Page 7
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		e to	anv	lin	a in	thie	Da	rt \/II		
				_					•	· · L.
									ag with or within	the
tax year.										
on. Enter -0- in columns (D), (E), and of the organization's current key empl organization's five current highest co	(F) if no compe oyees, if any S mpensated emp	nsatio ee ins oloyee	on v stru es (vas ctio othe	paid ns f er th	d or de nan ai	finit 1 of	ion of "key empl ficer, director, tr	loyee." ustee, or key en	nployee)
nd any related organizations								•		
portable compensation from the orga	nization and an	y rela	ted	org	aniz	zatior	S			
										e of the
		nstitu	tion	al tr	ust	ees; o	offic	ers, key employ	ees; highest	
• • •		izotio				20104	 .	. current officer	director or true	4
s box ii heither the organization nor ar	ly related organ	izalio	on C			sateo	any	current onicer,	director, or trus	iee.
(A) Name and Title		(B) (do not check more the box, unless person is officer and a director/t					an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Acquino r	1.00	Х								
ark	1.00	Х								
Cruz	1.00									
	1 00						_			
r		Х								
Merino r	1 00	Х								
Tuminaro r	1.00	1								
Gross	40 00									
		ļ	ļ	X				70,000		5,040
	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re Officers, Directors, Trustees, Key B his table for all persons required to be tax year. If the organization's current officers, on. Enter -0- in columns (D), (E), and if the organization's forment key emplorganization's five current highest co reportable compensation (Box 5 of Formation and related organizations if the organization's former officers, key ortable compensation from the organication from the organization's former directors in the following order individual trustee employees; and former such persons is box if neither the organization nor and (A) Name and Title Acquino Tuminaro Tuminaro	Compensation of Officers, Directors, Trustee Employees, and Independent Contractors Check if Schedule O contains a response or not Officers, Directors, Trustees, Key Employees, and his table for all persons required to be listed. Report of tax year. If the organization's current officers, directors, trustee on. Enter -0- in columns (D), (E), and (F) if no compensation (Box 5 of Form W-2 and/or indiany related organization's former officers, key employees, if the organization's former officers, key employees, indiany reportable compensation from the organization and an if the organization's former directors or trustees the more than \$10,000 of reportable compensation from the organization from the officers, in the following order individual trustees or directors, in employees; and former such persons. Is box if neither the organization nor any related organizations below dotted line) Acquino 1.00 In ark 1.00 Occuz 1.00 In Merino 1.00 In Merino 1.00 In Turninaro	Compensation of Officers, Directors, Trustees, K Employees, and Independent Contractors Check if Schedule O contains a response or note to officers, Directors, Trustees, Key Employees, and High his table for all persons required to be listed. Report compitation tax year. If the organization's current officers, directors, trustees (won. Enter -0- in columns (D), (E), and (F) if no compensation if the organization's current key employees, if any See insorganization's five current highest compensated employer exportable compensation (Box 5 of Form W-2 and/or Box 7 and any related organization's former officers, key employees, and highest compensation from the organization and any related organization's former directors or trustees that recompensation from the organization and any related organization in the following order individual trustees or directors, instituted employees; and former such persons. If the organization from the organization from the organization from the organization and any related organization from the organization from the organization from the organization and any related organization from the organizati	Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors Check if Schedule O contains a response or note to any Officers, Directors, Trustees, Key Employees, and Highes his table for all persons required to be listed. Report compens tax year. If the organization's current officers, directors, trustees (whether on. Enter -0- in columns (D), (E), and (F) if no compensation of the organization's current key employees, if any See instruction organization's five current highest compensated employees (reportable compensation (Box 5 of Form W-2 and/or Box 7 of and any related organizations of the organization's former officers, key employees, and high importable compensation from the organization and any related of the organization's former directors or trustees that receive more than \$10,000 of reportable compensation from the organization form the organization and former such persons. Is box if neither the organization nor any related organization or the following order individual trustees or directors, institution employees; and former such persons. Is box if neither the organization nor any related organization or any related organization orga	Compensation of Officers, Directors, Trustees, Key Em Employees, and Independent Contractors Check if Schedule O contains a response or note to any lim Officers, Directors, Trustees, Key Employees, and Highest Co his table for all persons required to be listed. Report compensatio tax year. If the organization's current officers, directors, trustees (whether is on. Enter -0- in columns (D), (E), and (F) if no compensation was if the organization's current key employees, if any See instruction organization's five current highest compensated employees (othe reportable compensation (Box 5 of Form W-2 and/or Box 7 of Forn and any related organizations if the organization's former officers, key employees, and highest of portable compensation from the organization and any related org if the organization's former directors or trustees that received, if nore than \$10,000 of reportable compensation from the organizat in the following order individual trustees or directors, institutional treemployees; and former such persons. Is box if neither the organization nor any related organization compensation from the organization compensation from the organization compensation from the organization compensation from the organization of the organization of the organization or dividual trustees or directors, institutional treemployees; and former such persons. In the following order individual trustees or directors, institutional treemployees; and former such persons. In the following order individual trustees or directors, institutional treemployees; and former such persons. In the following order individual trustees or directors, institutional treemployees; and former such persons. In the following order individual trustees or directors, institutional treemployees; and former such persons. In the following order individual trustees or directors, institutional trustees or directors, institutional trustees or directors, institutional trustees or directors, institutional trustees or directors or trustees that received, in th	Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in Officers, Directors, Trustees, Key Employees, and Highest Compilis table for all persons required to be listed. Report compensation for tax year. If the organization's current officers, directors, trustees (whether indicenter -0- in columns (D), (E), and (F) if no compensation was pair if the organization's current key employees, if any See instructions forganization's five current highest compensated employees (other the eportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1 and any related organizations if the organization's former officers, key employees, and highest comportable compensation from the organization and any related organization from the organization and any related organization from the organization from the organization from the organization in the following order individual trustees or directors, institutional trust employees; and former such persons. If the organization from the organization nor any related organization compensition for the organization compensition for the organization of the organization	Compensation of Officers, Directors, Trustees, Key Employees, Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Officers, Directors, Trustees, Key Employees, and Highest Compensation is table for all persons required to be listed. Report compensation for the tax year. If the organization's current officers, directors, trustees (whether individual on. Enter-0- in columns (D), (E), and (F) if no compensation was paid if the organization's current key employees, if any See instructions for deorganization's five current highest compensated employees (other than an exportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-hind any related organizations if the organization's former officers, key employees, and highest compension from the organization and any related organization's former directors or trustees that received, in the cap more than \$10,000 of reportable compensation from the organization and any related organization of the organization former such persons. In the following order individual trustees or directors, institutional trustees; or employees; and former such persons. In the following order individual trustees or directors, institutional trustees; or employees; and former such persons. In the following order individual trustees or directors, institutional trustees; or employees; and former such persons. In the following order individual trustees or directors, institutional trustees; or employees; and former such persons. In the following order individual trustees or directors, institutional trustees; or employees; and former such persons below dotted line) In the following order individual trustees or directors, institutional trustees; or employees; and former such persons below dotted line) In the following order individual trustees or directors, institutional trustees; or employees; and former such persons below dotted line) In the following order individual trustees or directors, institutional trustees; or employees; an	Compensation of Officers, Directors, Trustees, Key Employees, H Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Pa Officers, Directors, Trustees, Key Employees, and Highest Compensated this table for all persons required to be listed. Report compensation for the calculation of	Compensation of Officers, Directors, Trustees, Key Employees, Highest Competing Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees his table for all persons required to be listed. Report compensation for the calendar year endit tax year. If the organization's current officers, directors, trustees (whether individuals or organizations). In Enter -O- In columns (D), (E), and (F) if no compensation was paid if the organization's current key employees, if any See instructions for definition of "key employeanization's five current key employees, if any See instructions for definition of "key employeanization's former they employees, if any See instructions for definition of "key employees of the organization's former they employees, and highest compensated employees with portable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than any related organizations former officers, key employees, and highest compensated employees with the organization's former directors or trustees that received, in the capacity as a former dinore than \$10,000 of reportable compensation from the organization and any related organiza	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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees is table for all persons required to be listed. Report compensation for the calendar year ending with or within tax year. If the organization's current officers, directors, trustees (whether individuals or organizations), regardless of a one. Enter-0- in columns (D), (E), and (F) in o compensation was paid if the organization's current key employees, if any See instructions for definition of "key employee." organization's five current highest compensated employees (other than an officer, director, trustee, or key emportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from did any related organizations for the organizations formed the organizations form the organization and any related organizations formed individual trustees that received, in the capacity as a former director or trustee once than \$10,000 of reportable compensation from the organization and any related organizations. In the following order individual trustees or directors, institutional trustees; officers, key employees; highest employees; and former such persons. In the following order individual trustees or directors, institutional trustees; officers, key employees; highest employees; and former such persons. In the following order individual trustees or directors, institutional trustees; officers, key employees; highest employees; and former such persons. In the following order individual trustees or directors, institutional trustees; officers, key employees; highest employees; and former such persons. In the following order individual trustees or directors, institutional trustees; officers, key employees; highest employees; and former such persons. In the following order in the organization or the persons. In the follo

Р	art VII Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee			High	est	Compensated	Employee	s (co	ntınu	ed)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	erson Irrect	e than is bot or/trus	h an tee)	(D) Reportable compensation	(E) Reportab compensa			(F) stimate	
		week (list any hours for related organizations below dotted line)	individual trustee or director	$\overline{}$	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizatio (W-2/1099-N	ed ons	com fi org an	other opensa rom the janizati d relate anizatio	tion e ion ed
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)				_				_						
(23)				_										
(24)												<u> </u>		
(25)														
1b c	Sub-total Total from continuation sheets to Part VII,			•		• •		>	70,000		0		5	5,040
d	Total (add lines 1b and 1c).								70,000		0			5,040
2	Total number of individuals (including but not reportable compensation from the organizatio		listed	d ab	ove 0	e) wl	ho re	cei	ved more than \$	100,000 of				
													Yes	No
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche							nigh	est compensate	ed 		3		X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre											*		
	individual	· · · ·		.".		, .			· · ·			4		X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "									ndividual		27	4 :	.
Sec	etion B. Independent Contractors	es, complete	SCITE	uuie	; , , ,	01 5	ucii	Ders	SOII .	· ·	<u>·</u>	5	_	<u> </u>
1	Complete this table for your five highest comp compensation from the organization. Report covear											n's ta	×	
	(A) Name and business add	ress							(B) Description of ser	vices		(C Comper		
	N/A													
								<u> </u>						
								-	_					0
														<u>C</u>
2	Total number of independent contractors (include more than \$100,000 of compensation from the			to t	hos	e lis	sted a		ve) who received	d	160	* 3.		

Form **990** (2014)

ı alı	VIII	Check if Schedule O contains a response	еогг	note to any line	ın this	Part VIII			
			* 4	§ §		(A) I revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N N	1a		1a	0	*	4,2	-	43 ·w	i 🦸
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues [1b	0					*
ي ق	С	Fundraising events	1c	0	*				
ar A	d	Related organizations [1d	0	ì	. 🗥	,		
ii iš	е	Government grants (contributions)	1e	0		*			/ `
tion S	f	All other contributions, gifts, grants, and			y			,	_
혈		similar amounts not included above	1f	295,045	30				
a or	g	Noncash contributions included in lines 1a-1f:	\$	0			* .	,	
O E	h	Total. Add lines 1a-1f				295,045	, ,		
ě				Business Code		* > .			\$
ē	2a					0			
å	b					0			
<u>ş</u>	С					0			
Sen	d		. [0			
٤	е		. L			0			
Program Service Revenue	f	All other program service revenue	L			0			
<u>.</u>	g	Total. Add lines 2a-2f				0	*	` # '	
	3	Investment income (including dividends, inte						1	
		other similar amounts)				. 0			
	4	Income from investment of tax-exempt bond	•	eeds. 🕨		0			
	5	Royalties	<u> </u>	<u> ▶</u>		0			
		(ı) Real		(II) Personal	,	43	, , ,	ź.	*
	6a	Gross rents			٠, ٠				
	b	Less: rental expenses			4				, · · · · ·
	C	Rental income or (loss)	0	0	<u> </u>		-	*	*
	_d	Net rental income or (loss)	. 1		90 /	0			
	7a	Gross amount from sales of (i) Securities	-+	(II) Other		· · · · · · · · · · · · · · · · · · ·		6 4.3	
	_	assets other than inventory	<u> </u>	0	'	7	*		\$
	b	Less: cost or other basis		_		1.		3. 3.	
		and sales expenses	0	0	. di (d.	. 3	. 4.1		. ** * }
	C	Gain or (loss)	0	0	<u> </u>	<u>. </u>	<u>- </u>		
	a	Net gain or (loss)	. Ļ	· · · · •	*	0			ļ
ا به	0-		- 1		2		À.	,	
2	oa	Gross income from fundraising			*	, (4)	, ,		1
Š		events (not including \$ 0			-	4.53	(), ·		-
ď		of contributions reported on line 1c). See Part IV, line 18	_	91,143			ε.		*
Other Revenue	h	Less direct expenses		25,605	7	.ă	٠.		
ರ		Net income or (loss) from fundraising events		25,005		65,538		44	65.520
		Gross income from gaming activities	ľ		\	00,000	14		65,538
	U	See Part IV, line 19	a	ام	,				
	h	Less direct expenses	. F	<u> </u>	•	, ,	.		
1		Net income or (loss) from gaming activities	5 L	▶		 0			
		Gross sales of inventory, less	·Г			<u>~</u>	¥		T
		returns and allowances .	a	o		*	2	,	
	b	Less. cost of goods sold	ь	0	3. >				1
		Net income or (loss) from sales of inventory		•		0			<u> </u>
1		Miscellaneous Revenue	 	Business Code		_		 	
	11a	Sublease rental income	ļ	900099	<u> </u>	2,960	2,960		·
		Others		900099		858			1
	c		` f			0	· · · · · · · · · · · · · · · · · · ·		
ļ	d	All other revenue	` <u> </u>			0			
	е	Total. Add lines 11a–11d				3,818	* .	* %	3 .5
	12	Total revenue. See instructions		.		364 401			65 538

Form 990 (2014) Brandworkers International, Inc Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	l columns. All other	organizations mu	st complete column	(A)
	Check if Schedule O contains a response or note	to any line in this f	Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			* .	****
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic		· · · · · · · · · · · · · · · · · · ·	T T	
	individuals See Part IV, line 22	0			1
3	Grants and other assistance to foreign			` * .: *	· ***
	organizations, foreign governments, and foreign			4.	4 . 5 4
	individuals See Part IV, lines 15 and 16	ol			*
4	Benefits paid to or for members	0		*	
5	Compensation of current officers, directors,		······································		· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees	70,000	52,500	3,500	14,000
6	Compensation not included above, to disqualified			5,555	1,,000
	persons (as defined under section 4958(f)(1)) and	j			
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	110,539	110,539		
8	Pension plan accruals and contributions (include	110,000	110,000		
·	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	22,740	20,386	471	1,883
10	Payroll taxes	12,940	11,470		1,003
11	Fees for services (non-employees):	12,940	11,470	294	1,170
''a	A4	ol			
	Legal	0			
b		0			
ا	Accounting	0	···		,
d	Lobbying	0			
•		0	5 SMA 1/ #		
-	Investment management fees	- 0		-,	
g	Other (If line 11g amount exceeds 10% of line 25, column	40.444	4 700		
40	(A) amount, list line 11g expenses on Schedule O)	10,114	4,722	4,134	1,258
12	Advertising and promotion	0			
13	Office expenses	2,318	1,638	152	528
14	Information technology	0			
15	Royalties	0			
16	Occupancy	28,378	17,027	4,509	6,842
17	Travel	617	617		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,082	1,868		214
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,625	0	2,625	0
23	Insurance	0		\$30.00	
24	Other expenses Itemize expenses not covered			<i>3</i>	,
	above (List miscellaneous expenses in line 24e. If	*		*	
	line 24e amount exceeds 10% of line 25, column	<i>(</i> 2 ·		· * *	, as x5
	(A) amount, list line 24e expenses on Schedule O.)	<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		* 13
а	Program expense - LWC	57,682	57,682		
b	Printing and copying	1,829	1,829		
С	Dues, fees and subscription	1,082	104		978
d	Postage and shipping	726	436	145	145
е	All other expenses Program collateral	797	797		
25	Total functional expenses. Add lines 1 through 24e	324,469	281,615	15,830	27,024
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 I if				
	following SOP 98-2 (ASC 958-720)				

33

Total liabilities and net assets/fund balances . .

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 55.515 1 84.531 2 Savings and temporary cash investments. 2 3 Pledges and grants receivable, net. 0 3 10.429 4 Accounts receivable, net. . . . 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 0 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation . . . 10b 3,500 2,625 10c 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities See Part IV, line 11... 0 0 12 13 13 Investments—program-related. See Part IV, line 11 ol 0 14 0 Intangible assets 14 0 15 15 Other assets. See Part IV, line 11. . . o 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 58,140 16 94.960 17 Accounts payable and accrued expenses 7,850 17 4,738 18 Grants payable 18 19 Deferred revenue . . 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 Total liabilities. Add lines 17 through 25. . . 7,850 26 Organizations that follow SFAS 117 (ASC 958), check here ► | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 25,290 27 28 Temporarily restricted net assets 25,000 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

90.222

94.960

50,290

58,140

33

Form	990 (2014) Brandworkers International, Inc	26-0798	625	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		364,401
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	324,469
3	Revenue less expenses Subtract line 2 from line 1	3		39,932
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		50,290
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10		90,222
Pari	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	
		_	Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
-	Schedule O.	3		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a .	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ľ		
	reviewed on a separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	ľ	** **	\$
b	Were the organization's financial statements audited by an independent accountant?	[2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ij		ii i -
	separate basis, consolidated basis, or both:	Ì		
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of		
-	the audit, review, or compilation of its financial statements and selection of an independent accountant?	**	2c	iis iidadisk
	If the organization changed either its oversight process or selection process during the tax year, explain i)	* *	4 54
	Schedule O.	1	·	
3a			- 2-3% IIII.	-à Million -
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

	of the organization					Employer identification	on number		
	workers International, Inc	** ***					98625		
Part									
1	rganization is not a private foundated and a private foundated and a private fourced.								
2	A school described in section			u III 300ti	O.1 17 O(D)	('/\~/\'/·			
3	A hospital or a cooperative ho		· ·	ection 17	70(h)/1)/A	Viii			
4	A medical research organizati					• • •	Enter the		
٠. ١	hospital's name, city, and state						. Litter tric		
5 [An organization operated for t section 170(b)(1)(A)(iv). (Cor	he benefit of a colle nplete Part II)	ege or university owne	d or oper	ated by a	governmental unit o	lescribed in		
6	A federal, state, or local gover	nment or governme	ental unit described in	section	170(b)(1)((A)(v).			
7 [X An organization that normally described in section 170(b)(1	receives a substan)(A)(vi). (Complete	tial part of its support Part II)	from a go	vernment	al unit or from the g	eneral public		
8 [A community trust described in	n section 170(b)(1)(A)(vi). (Complete Pa	art II)					
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)								
10 [An organization organized and	d operated exclusiv	ely to test for public sa	afety. 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								
а	Type I. A supporting organithe supported organization organization. You must co	(s) the power to rec	ularly appoint or elect	d by its su a majorit	ipported or y of the di	organization(s), typic irectors or trustees	cally by giving of the supporting		
b	Type II. A supporting organ control or management of to organization(s) You must	he supporting orga	nization vested in the	ction with same per	its suppo sons that	rted organization(s) control or manage	, by having the supported		
С	Type III functionally integ	rated. A supporting	organization operate	d in conn	ection with	n, and functionally ir	ntegrated with,		
d	its supported organization(s								
u	Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organiza	ation generally must s	atisfv a di	stribution	requirement and ar			
е	Check this box if the organi	zation received a w	ritten determination fr	om the IF	RS that it is		Type III		
f	functionally integrated, or T Enter the number of supported		ially integrated suppoi	ting orga	nization				
g	Provide the following information		rted organization(s)			• • • • •	0		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)			-						
(0)						•			
(C)			***************************************						
(D)									
(E)									
Total						0	0		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				<u></u>		
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")	122,500	127,496	221,224	328,260	360,583	1,160,063
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	400.500	407.400	004 004	200 200	200 500	4 400 000
4	Total. Add lines 1 through 3	122,500	127,496	221,224	328,260	360,583	1,160,063
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2%						
	of the amount shown on line 11, column (f)						<u>45,397</u>
6	Public support. Subtract line 5 from line 4		THE PROPERTY OF	The Contract of the Contract o			1,114,666
	tion B. Total Support				· · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	122,500	127,496	221,224	328,260	360,583	1,160,063
8	Gross income from interest, dividends,			İ			
	payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				5,908	3,818	9,726
11	Total support. Add lines 7 through 10		3874 13 13	\$\$ \S\\$\$\.		\$ \$\$ 4	1,169,789
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first,		th, or fifth tax year a	as a section 501(c)	12 (3)	▶ []
	ction C. Computation of Public Su						07.000/
	Public support percentage for 2014 (line 6,	7.5	•	(†))		14	95 29%
	Public support percentage from 2013 Sched				4/00/	15	99.30%
	33 1/3% support test—2014. If the organiz and stop here. The organization qualifies a	s a publicly suppor	ted organization		·		► X
	o 33 1/3% support test—2013. If the organization qualification of the stop here. The organization qualification of the stop here.	es as a publicly su	pported organization	on			▶ 🗌
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meet Part VI how the organization meets the "fac organization	ets the "facts-and-c	ircumstances" test	t, check this box an	id stop here. Expla	ain in	▶ □
k	10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization of Part VI how the organization meets the "fac supported organization	neets the "facts-an	id-circumstances" (test, check this box	and stop here . E		▶ □
18	Private foundation. If the organization did instructions	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	ction A. Public Support	any ander the	icata fiated belo	W, picase com	piete i ait ii.)		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2011	(0) 2012	(u) 2013	(6) 2014	(i) Total
•	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	1					•
•	organization's tax-exempt purpose	<u> </u>					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's	ļ					
•							
	benefit and either paid to or expended on its behalf				<u> </u>		0
5	The value of services or facilities						0
,	furnished by a governmental unit to the						
	organization without charge	İ			i		0
6	Total. Add lines 1 through 5 .	0	0	0	0	0	<u>0</u> 0
	Amounts included on lines 1, 2, and 3		0			U	0
'a	received from disqualified persons						0
h	Amounts included on lines 2 and 3 received						0
ь		İ			1		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b			0	0	0	<u>0</u> 0
8	Public support (Subtract line 7c from	in farak XXX	- U	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- U		0
0	line 6)						0
Sec	ction B. Total Support	1	\$5 _2, C				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0		0			0
	Gross income from interest, dividends,		·			-	<u> </u>
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
h	Unrelated business taxable income (less	• • • • • • • • • • • • • • • • • • • •					
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business				0	 	
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets				-		
	(Explain in Part VI)	1					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	l o	0	اه	0
14	First five years. If the Form 990 is for the o			·		<u> </u>	
	organization, check this box and stop here	3		,	(0,		▶□
Sec	ction C. Computation of Public Su	pport Percent:	age				
15	Public support percentage for 2014 (line 8, o			 (f))		15	0.00%
16	Public support percentage from 2013 Scheo					16	0 00%
	ction D. Computation of Investmen				· · · · · ·	1 1 1	0 00/10
17	Investment income percentage for 2014 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2013 S		· ·			18	0 00%
	33 1/3% support tests—2014. If the organi			4, and line 15 is m	ore than 33 1/3%		0 00 70
	not more than 33 1/3%, check this box and					and mile if id	▶ [
b	33 1/3% support tests—2013. If the organi	_			-	33 1/3%. and	
-	line 18 is not more than 33 1/3%, check this						▶
20							▶ _

Van N

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
----------------	--------------------------

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

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1, 3, 3,		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	سيشنب	للفك	rabi
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 <u>c</u>	L	
Secu	on B. Type I Supporting Organizations		\ <u></u>	
1	Did the directors trustees or membership of one or more connected accounting to the control of t	(Sap. 12	Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		14	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	*		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	%	:-
2	Did the organization operate for the benefit of any supported organization other than the supported		7.54	7.8
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			` 🐉
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			,
	supervised, or controlled the supporting organization.	2	A 18-mi	*/*
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			E I
	or management of the supporting organization was vested in the same persons that controlled or managed	- 12 h	Lis	
04	the supported organization(s)	1	L	<u> </u>
Secti	on D. All Type III Supporting Organizations			
4	Did the organization provide to each of the companied associations but he last devent the 500 cm.	;	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	'		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		* 1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4	~ ^~~	🛣
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		, ,	<u> </u>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ب. سد ڈیو ا	- %. [†]
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7. 16.	*2	
	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			 83. ex
	supported organizations played in this regard	3		
Secti	on 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 in	struc	tions)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
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	1 2	Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	* ***	*
	those supported organizations and explain how these activities directly furthered their exempt purposes,	- 1	2	
	how the organization was responsive to those supported organizations, and how the organization determined		* * * * * * * * * * * * * * * * * * * *	
	that these activities constituted substantially all of its activities.	2a	b v 30000a	W.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u></u>		37 / 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		4.54	3
	reasons for the organization's position that its supported organization(s) would have engaged in these		2 S	
	activities but for the organization's involvement	2b	Sook 480	maraidi. A
3	Parent of Supported Organizations Answer (a) and (b) below.	* 1	is .	1-11
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 1	انتشاشا	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	. `* 2		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		Ì

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1 Check here if the organization satisfied the Integral Part Test as a qualify			e instructions. All	
other Type III non-functionally integrated supporting organizations must c				
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	0	0	
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	0	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see	W.			
instructions for short tax year or assets held for part of year):	1.0%			
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	0	0	
e Discount claimed for blockage or other	\$ · · ·			
factors (explain in detail in Part VI):	Š.			
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4	l	О	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		
6 Multiply line 5 by .035	6	0		
7 Recoveries of prior-year distributions	7	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0		
Section C - Distributable Amount	•		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0	
2 Enter 85% of line 1	2		0	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0	
4 Enter greater of line 2 or line 3	4		0	
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6		О	
7 Check here if the current year is the organization's first as a non-functional	ally-i	integrated Type III support		
Instructions)	•	_		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	on D - Distributions				Current Year
1_	Amounts paid to supported organ				
2	Amounts paid to perform activity	that directly furthers exer	mpt purposes of support	ted	
	organizations, in excess of incon	ne from activity			
3	Administrative expenses paid to	accomplish exempt purpo	oses of supported organ	nizations	
4	Amounts paid to acquire exempt				
5_	Qualified set-aside amounts (price	or IRS approval required)			
	Other distributions (describe in P				
7	Total annual distributions. Add	lines 1 through 6.			0
8	Distributions to attentive supporte	ed organizations to which	the organization is resp	oonsive	
_	(provide details in Part VI) See i	nstructions			
9	Distributable amount for 2014 fro	m Section C, line 6			0
10	Line 8 amount divided by Line 9	amount			0 000
Se	ction E - Distribution Allocation	s (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1	Distributable amount for 2014 fro		9 - 4		0
2	Underdistributions, if any, for year				
	(reasonable cause required-see		7 ()	·	
3	Excess distributions carryover, if	any, to 2014			
<u>a</u>	*		"		
<u>b</u>			```		
СС			<i>\$</i>	**	<u> </u>
d			<u>.</u>		<u> </u>
	From 2013	·	V		
	Total of lines 3a through e		0		
	Applied to underdistributions of p			0	
	Applied to 2014 distributable ame				0
i	Carryover from 2009 not applied			· · · · · · · · · · · · · · · · · · ·	
<u>j</u> _	Remainder Subtract lines 3g, 3h		0	A ,	** / * * * * * * * * * * * * * * * * *
4	Distributions for 2014 from Section	on		•	
	D, line 7.	\$0			
	Applied to underdistributions of p			<u> </u>	
	Applied to 2014 distributable amo		1	*	0
	Remainder. Subtract lines 4a and		0	* 19 27	
5	Remaining underdistributions for				
	any. Subtract lines 3g and 4a fro	•			
	greater than zero, see instruction			0	12 72 1 1
6	Remaining underdistributions for				
	and 4b from line 1 (if amount gre	ater than zero, see			_
7	instructions).	40 204E Add lines 2:	3 (%)		0
7	Excess distributions carryover	to 2015. Add lines 3)			**
	and 4c Breakdown of line 7:		0		
8	DIEGROOWH OF HITE 7:		Y 8 ₂		***************************************
<u> a </u> b			- 7		
	1	<u> </u>	*		
c d	Excess from 2013	0	`		
	Excess from 2014	<u>_</u>			· · · · · · · · · · · · · · · · · · ·
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization		Employer identification number
Bran	dworkers International, Inc		26-0798625
Par		or Advised Funds or Other Similar Fe	
		ered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	 	
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
·	used only for charitable purposes and not for		
	purpose conferring impermissible private be		
			· · · · lites into
Par			
		ered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e g , recr	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribut	tion in the form of a conservation
-	easement on the last day of the tax year	, , , , , , , , , , , , , , , , , , ,	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ea		. 2b
c	Number of conservation easements on a ce		
ď	Number of conservation easements include		
•	historic structure listed in the National Regis		2d
3	Number of conservation easements modifie		
	during the tax year	a, transferred, released, extinguished, or te	orminated by the organization
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		on handling of
•	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
	>	ming, meperang, and omeroning concertance	n addeniance during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ear	sements during the year
•	▶ \$	moposting, and smorting contentation cal	oomone damig the year
8	Does each conservation easement reported	l on line 2(d) above satisfy the requirement	s of section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization re		 —
•	balance sheet, and include, if applicable, the		
	the organization's accounting for conservati		mancial statements that describes
Par		ections of Art, Historical Treasures, o	or Other Similar Assets
		ered "Yes" to Form 990, Part IV, line 8.	
4.	If the organization elected, as permitted und		
ıa			
	works of art, historical treasures, or other su		
_	of public service, provide, in Part XIII, the te		
þ	If the organization elected, as permitted und		
	works of art, historical treasures, or other su		ation, or research in furtherance
	of public service, provide the following amou	unts relating to these items	. •
	(i) Revenue included in Form 990, Part VIII(ii) Assets included in Form 990, Part X	, iine i	
_	(II) Assets included in Form 990, Part X		· · · · · · · ► \$
2	If the organization received or held works of		<u> </u>
	following amounts required to be reported u		
a	Revenue included in Form 990, Part VIII, lin	ie i	> \$
b	Assets included in Form 990, Part X		. ▶ \$

	Brandworkers Internat						26-079		Page	<u> 2</u>
Pari									ıed)	
3	Using the organization's acquisition, acce		er records	, check a	ny of the follo	owing th	at are a signific	cant		
	use of its collection items (check all that a	apply)								
а	Public exhibition		d	Loan	or exchange	progran	ns			
b	Scholarly research		е 🗌	Other					••••	
С	Preservation for future generations									
4	Provide a description of the organization's Part XIII.		d explain	how they	further the o	rganıza	tion's exempt p	urpose in		
5	During the year, did the organization solid	cit or receive do	nations of	f art. histo	orical treasur	es oro	ther similar			
	assets to be sold to raise funds rather that							Ye	s N	0
Part	V Escrow and Custodial Arrang	ements.								_
	Complete if the organization and 990, Part X, line 21		to Form 9	990, Par	t IV, line 9, o	or repo	rted an amou	nt on For	rm	
1a	Is the organization an agent, trustee, cus					r other a	ssets not		_	
	included on Form 990, Part X?							Ye	s 🔲 N	0
b	If "Yes," explain the arrangement in Part 3	XIII and comple	te the follo	owing tab	ole:		T			
_	Paginning balance					-		Amount		
c d	Beginning balance					1c 1d				
e	Distributions during the year					1 <u>a</u>				
f	Ending balance				•	1f				0
2a	Did the organization include an amount o			 21 for a-	orow or over				s X N	
_									s 🔀 N	U
b	If "Yes," explain the arrangement in Part	Alli Check here	e ii trie exp	Dianation	nas been pro	oviaea i	n Paπ XIII .	• •		
Part			L. F (000 D	4 D. 4 D. 4 4 A					
	Complete if the organization ans						/ D == .	.		_
1.	<u> </u>	a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years bac	k (e) Foi	ur years bac	<u>k</u>
1a	Beginning of year balance							-		
b	Net investment earnings, gains,							-		
С	and losses									
d	Grants or scholarships .				<u> </u>	-				_
e	Other expenditures for facilities							1		
•	and programs									
f	Administrative expenses								-	_
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	current year end	d balance					<u> </u>		Ť
а	Board designated or quasi-endowment	▶ '	%		· //					
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the po-	ssession of the	organızat	ion that a	are held and a	adminis	tered for the	-		
	organization by:								Yes N	<u>o</u>
	(i) unrelated organizations			•				3a(i)	_	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizat		•			٠	•	3b		
4 Part	Describe in Part XIII the intended uses of		ns endov	vment tur	ids.				· · · · · · · · · · · · · · · · · · ·	
Part			to Earm (000 De-	+ I\ / Jipo 44:	. 0	Form 000 D-		10	
	Complete if the organization and									_
	Description of property	(a) Cost or ot (investm			ost or other is (other)		Accumulated epreciation	(d) Bo	ook value	
	Land	.	0		0		·		_	0
b	Buildings		0		0		o		·	_ <u>ö</u>
c	Leasehold improvements		0	·	Ō		0			0
d	Equipment		0		0		0			0
e	Other		Ō		3,500		3,500			0
Tota	. Add lines 1a through 1e (Column (d) mu	ist equal Form s	990, Part	X, columi	n (B), line 10	c)	🕨		_	0

Part VII	Investments—Other Securities		10. Deat IV / Iva e 44h. Oce Ferre 0	00 Dest V E 40
		iswered "Yes" to Form 99	0, Part IV, line 11b See Form 9	
(a) 	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financial	derivatives)	·
	eld equity interests)	
(3) Other				
(Ą)				
				
(F)				······································
(Ģ)				
(H)	must equal Form 990, Part X, col (B) line 12)	ļ,		
Part VIII	Investments—Program Relat			
rait VIII	_		00, Part IV, line 11c See Form 9	00 Port V line 12
_	-	· — · — ·	(c) Method of valua	
	(a) Description of investment	(b) Book value	Cost or end-of-year man	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
			00, Part IV, line 11d See Form 9	
		a) Description		(b) Book value
				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)	····			
(8)				
(9)				
	nn (b) must equal Form 990, Part X,	col (B) line 15)		0
Part X	Other Liabilities.	1-/		<u></u>
		nswered "Yes" to Form 99	90, Part IV, line 11e or 11f See I	Form 990 Part X
	line 25.			o 000, . a.e.,
1.	(a) Description of liability	(b) Book value		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	 			
	nust equal Form 990, Part X, col (B) line 25)	<u> </u>		
	uncertain tax positions. In Part XIII, provi			
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Check here	e if the text of the footnote has been pro	ovided in Part XIII

Part		r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	er Returr) .
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	· · · · · · · · · · · · · · · · · · ·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		_
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	XIII Supplemental Information.		
2, Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.	

SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization Employer identification number Brandworkers International, Inc. 26-0798625 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants е Internet and email solicitations b f Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (IV) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (I) Yes No 1 0 0 3 0 0 0 0 0 0 0 0 0 0 10 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fundraiser (add col (a) through NONE col (c)) (event type) (event type) (total number) Revenue Gross receipts 91.143 91,143 Less. Contributions . . . Gross income (line 1 minus line 2) 91.143 91,143 Cash prizes Noncash prizes . . 0 Direct Expenses Rent/facility costs . . 5,132 5,132 7 Food and beverages 13,070 13,070 Entertainment 700 700 Other direct expenses . . 6,703 6,703 Direct expense summary. Add lines 4 through 9 in column (d) . . 25,605) Net income summary Subtract line 10 from line 3, column (d) 65,538 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue. 0 Direct Expenses Cash prizes Noncash prizes Rent/facility costs. Other direct expenses Yes Yes % % Yes % Volunteer labor . . No No No Direct expense summary Add lines 2 through 5 in column (d). 0) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . b If "Yes," explain.

Sched	ule G (Form 990 or 990-EZ) 2014 Brandworkers International, Inc	26-	0798625	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in			
a		13a		%
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events book and records.	S		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	!	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$0 and the	'		
	amount of gaming revenue retained by the third party ▶ \$0			
С	If "Yes," enter name and address of the third party.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶	•••••		
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	,		$\overline{}$
b	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$,		0
Part				
				

SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

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

Inspection

Name of the diganization	Employer identification number
Brandworkers International, Inc	26-0798625
Form 990, Part VI, Section B, Line 11b The governing board reviews and approves the Form	990
hafara it is filed	
before it is filed	
Form 990, Part VI, Section B, Line 12c The policy is reviewed frequently by all board member	<u>s</u>
at board meetings	
Form 990, Part VI, Section B, Line 15 a & b. The governing board reviews and approves the	
compensation of the Executive Director and other key employees using current salary guideling	es
and other relevant information	
Form 990, Part VI, Section C, Line 19. All governing documents, conflict of interest policy	
and financial statements are available upon request	
	•••••

Form **8868**

(Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

	110000	parate appire	Jacion for each retain.		- 1		
• If you ar	re filing for an Automatic 3-Month Extension,	complete o	only Part I and check this box				▶ 🔽
	re filing for an Additional (Not Automatic) 3-N						
Do not co	omplete Part II unless you have already been	granted an	automatic 3-month extension on a	previou	sly fı	led Form	1 8868.
Electroni	c filing (e-file). You can electronically file Form	n 8868 if yo	u need a 3-month automatic exten	sion of	tıme	to file (6	months for
a corpora	tion required to file Form 990-T), or an additio	nal (not auto	omatic) 3-month extension of time.	You ca	n ele	ctronica	lly file Form
8868 to r	equest an extension of time to file any of the	forms listed	d in Part I or Part II with the excer	otion of	Forr	n 8870,	Information
Return to	r Transfers Associated With Certain Person	al Benefit C	Contracts, which must be sent to	the IR	S in	paper 1	format (see
Part I	ns). For more details on the electronic filing of				Snari	ties & No	onprotits.
		e. Only sur	omit original (no copies needed)). ! Alb	- In		
Part I only							▶ 🔲
All other o	corporations (including 1120-C filers), partners ome tax returns.	hips, REMIC	Cs, and trusts must use Form 7004	to requ	iest a	an extens	sion of time
Type or Name of exempt organization print Brandworkers International, Inc		<u></u>	Employer identification i			on number	
					26-0798625		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.				20-0730023		
due date for							
filing your	City, town or post office, state, and ZIP code For a foreign address, see instructions.						
return See Instructions Long Island City, NY 11101							
	<u> </u>						
Enter the	Return code for the return that this application	is for (file a	separate application for each retur	n) .			0 1
Applicat	ion	Return	Return Application		Retu		Return
Is For		Code	Is For				Code
Form 990		01	Form 990-T (corporation)				07
Form 990-BL		02	Form 1041-A				08
Form 990-EZ		03	Form 4720				09
Form 990-PF		04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				11
Form 990-T (trust other than above)		06	Form 8870				12
Telepho If the or If this is	oks are in the care of Brandworkers Internations No. 646-568-5870 ganization does not have an office or place of for a Group Return, enter the organization's forole group, check this box ▶ □ . I	F. business in tour digit Groof f it is for par	up Exemption Number (GEN)			. If th	IS IS
	the names and EINs of all members the exten		<u> </u>				
	equest an automatic 3-month (6 months for a c						
	til August 15 , 20 15 , to file the exe	empt organiz	zation return for the organization na	imed ab	ove.	The ext	ension is
	r the organization's return for:						
▶							
	Li tax year beginning	, 20	, and ending	-		, 20	
2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period							
	this application is for Form 990-BL, 990-PF, 990 or refundable credits. See instructions.	or 6069, enter the tentative tax, les	s any	3a	\$		
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					3c	\$	
Caution.	If you are going to make an electronic fund	withdrawal	with this Form 8868, see Form 8	453-EO			879-EO for
	instructions.						