Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Intel		anue Service	A MINISTRAL MARKET AND THE STREET AN				[78.58/88/18766/88/38/98/85]
Α.		1	lar year, or tax year beginning , and ending			·	
B	Check if a	epplicable.	C Name of organization			D Emplo	yer identification number
Ш	Address o	change					
	Name cha	ange	VEAHAVTA	77-	<u>·0577817</u>		
П	Initial retu	im	Number and street (or P.O. box, if mell is not delivered to street address)	Ro	on/suite	E Teleph	one number
П	Final retu	m/terminated	4420 JACKSON ROAD	1	.02	734	1-669-0603
П	Amended	return	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemption
	Application	n pending	ANN ARBOR MI 48103			Numb	er_►
G	Accoun	ting Method:	X Cash Accrual Other (specify)		H Che	eck ▶ i	the organization is not
1 .	Websit	te: NWW	YOU-SHALL-LOVE.ORG		req		ch Schedule B
J	Тах-ехе	empt status (cl	heck only one) — X 501(c)(3) 501(c)() ◀ (Insert no.) 4947(a)(1) or	527	(Fo	rm 990, 990	EZ, or 990-PF).
ĸ	Form o	f organization	n: X Corporation Trust Association Other				
L		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets			
(Pai			are \$500,000 or more, file Form 990 instead of Form 990-EZ			> \$	109,403
	ari I		ue, Expenses, and Changes in Net Assets or Fund Balan				Part I)
***	v 2000, 2414 J		If the organization used Schedule O to respond to any question in t				
	1		gifts, grants, and similar amounts received			1	109,403
	2	Program sei	rvice revenue including government fees and contracts		*******	2	
	3	Membership	dues and assessments		********	3	
	4		ncome			4	
	5a	Gross amou	int from sale of assets other than inventory 5a				
	Ь	Less: cost o	r other basis and sales expenses 5b		***		
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6		fundraising events				
	a	_	ne from gaming (attach Schedule G if greater than				
9	"						
Revenue	Ь	Gross incom					
Š	-		ne from fundraising events (not Including \$ of cor sing events reported on line 1) (attach Schedule G if the	ntributions	-		
, <u>e</u>	1		gross income and contributions exceeds \$15,000) 6b				
.:	c		expenses from gaming and fundraising events 6c				
•	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract			
						6d	
	7a		of inventory, less returns and allowances 7a		**********		
	ь						
	C		f goods sold				
:	8		on (decade in Octobrillo O)			8	<u> </u>
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• • • • • • • • •		9	109,403
. —	10	Grants and	similar amounts paid (list in Schadule O)		***********	10	
	11	Benefits paid	similar amounts paid (list in Schedule O) d to or for members her compensation, and employee benefits		**********	" 11	
	12	Salaries, oth	ner compensation, and employee benefits I fees and other payments to independent contractors OCT 26. 2015 Dications, postage, and shipping	·····	*********	12	
nses	13	Professional	fees and other payments to independent contractors	ر ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰		13	
凝		Occupancy	rent utilities and maintenance	~~~	**********	14	
<u> </u>	15	Printing out	olications, postage, and shipping	/s/		15	****
	16	Other expen	olications, postage, and shipping OGDE	./%/.		16	70,597
	17		ises. Add lines 10 through 16	₹/····	*****	▶ 17	70,597
_	18		deficit) for the year (Subtract line 17 from line 9)	 /		18	38,806
\$	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with	•••••		50,000
38			Environ annual de la contraction de la contracti			19	26,190
Net Assets	20		les in net assets or fund balances (explain in Schedule O)		•••••••••••••••••••••••••••••••••••••••	20	20,190
ž	21		or fund balances at end of year. Combine lines 18 through 20			▶ 21	64,996
For			ion Act Notice, see the separate instructions.				50m 990-F7 (2014)

SIN

1

Part II	Balance Sheets (see the instructions for F					
•	Check if the organization used Schedule O t	to respond to any				/D. F. J. J
00 Ob				teginning of year	 _	(B) End of year
	ings, and investments			<u> 26,190</u>		64,996
23 Land and		** ******** ******		0 0		
14 Outer ass 25 Total ass	ets (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •		26,190		64,990
26 Total Ilab	ets litites (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •		20,190	26	04, 330
27 Net asset	s or fund balances (line 27 of column (B) must ag	ree with line 21)		26,190		64,99
Part III	Statement of Program Service Accom					01733
	Check if the organization used Schedule O	•		· —		Expenses
What is the or	ganization's primary exempt purpose?		- • • • • • • • • • • • • • • • • • • •		(Re	quired for section
	S HOME AND ELDER CARE FACILITY				501	(c)(3) and 501(c)(4)
	organization's program service accomplishments for			3,	org	anizations; optional for
	by expenses. In a clear and concise manner, descri		vided, the number of		oth	ers.)
	fited, and other relevant information for each program	***************************************				· · · · · · · · · · · · · · · · · · ·
	chedule O					
/O &	11 442444 44244444444444444444444444444				1	60.56
) If this amount includes				28a	63,56
					1	
(Grants \$) If this amount includes	foreign grants, che	eck here	· ·····	29a	
_					+	
					1	
					 	
(Grants \$) If this amount includes	foreign grants, che	ock here	▶ 🗀	30a	
31 Other prop	gram services (describe in Schedule O)					
(Grants \$) If this amount includes	foreign grants, che	ck here	>	31a	·
000444444000000000000000000000000000000	gram service expenses (add lines 28a through 31a List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res)	<u> </u>		32	63,561
Part Di	Check if the organization used Schedule O to res	pond to any question	on in this Part IV	ensated — see th	e instin	ctions for Part IV)
	(a) Name and title	(b) Average hours per week	(c) Reportable	(d) Heath her	efits,	(e) Estimated amount of
	fall sauto dila ano	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans	and	other compensation
NARESH	GUNARATNAM	 	(ii iiot paid, oilte) -o-	uotorido cortigas	1(MAUUT)	· · · · · · · · · · · · · · · · · · ·
PRESIDE		4.00		o	O	. (
JULIE D						
DIRECTO		4.00		ol	C	
VIKI NA	RAYAN				<u>`</u>	
SECRETA	RY	4.00	ļ	ol	. 0	
MOIZ SA	IFUDEEN					
DIRECTO	R	4.00		0	0	
SIRAJ A						
DIRECTO		4.00		0	0	(
BRUCE D	** * * * * * * ************* * * * * * *					
DIRECTO	in the second se	4.00		0	0	(
SCOTT K				_[
TREASUR		4.00		0	0	(
	NEITZEL				_	,
DIRECTO		4.00		0]	0	<u> </u>
	RANKLIN	4 00			•	
RAJIV B	······································	4.00		0	0	(
DIRECTO		4 00			^	
AMI TAN		4.00		<u> </u>	0	<u> </u>
DIRECTO	· • • • • • • • • • • • • • • • • • • •	4.00		ol	0	
	**	3.00		<u> </u>		<u> </u>
********				ł		
144	······································	<u> </u>	L	_l		- 000 57

	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			ſ
•			Yes	Ţ
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	l		ı
	detailed description of each activity in Schedule O	33		Ļ
}	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	l		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	l		
	change on Schedule O (see instructions)	34		╀
ia	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	l		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	ļ	╀
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		╀
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1		ı
	reporting, and proxy tex requirements during the year? if "Yes," complete Schedule C, Part III	35c		╬
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		1
	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36	E 333	380
a			×	
b	Did the organization file Form 1120-POL for this year?	37b	U 788	
а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	800.7	×,×.880	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	21/1288	d
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38b	-800		Ä,
_	Section 501(c)(7) organizations. Enter:			ľ
8	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b	-832		1
b		-680		*
a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			3
.	section 4911 \(\bigsep\) ; section 4912 \(\bigsep\) ; section 4955 \(\bigsep\)			ł
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	333333		Ť
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	Ann		ı
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	0.843	d
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			ă
	on organization managers or disqualified persons during the year under sections 4912,			ă
	4955, and 4958			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			1
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
8		(,833)	888WX	1
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MI	40e	L	ı
a	The organization's books are in care of DULIE DUNBAR Telephone no. 734	66	9-0	١.
H	The organization's books are in care of ▶ JULIE DUNBAR Telephone no. ▶ 734	00	2	٠,
	100 to 10	ากจ		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	KXX.	Yes	7
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X	†
	If "Yes," enter the name of the foreign country:	3.3	n in	8
	See the Instructions for exceptions and filing regulrements for FinCEN Form 114, Report of Foreign Bank and	kiiiii		۱
		KW.		Ì
	rinanciai Accounts (FDAR).	NA WASSESS	sozonino	1
	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X	-
;	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X	
•	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka	<u> </u>	X	
;	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Ileu of Form 1041 — Check here	<u> </u>	<u> </u>	
•	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka	<u> </u>		ī
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	<u> </u>	Yes	
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
3	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
•	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		
В	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		
a •	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44a 44b 44c	Yes	
3	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44a 44b		
a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44a 44b 44c	Yes	
c a b cd a	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 44b 44c	Yes	
8	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	44a 44b 44c	Yes	
a > : i	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Sri Lanka Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 44b 44c	Yes	

Form 990-EZ	(2014)	VEAHAVTA		7	7-05	77817				Page 4
		ation engage, directly or indirectly, in political r public office? If "Yes," complete Schedule C						4	Yes 16	No X
Pan VI	Sect All se 50 ar	ion 501(c)(3) organizations only action 501(c)(3) organizations must answ nd 51. ak if the organization used Schedule O to	ver questions 47	–49b and 52, a	and com	plete the te	bles for lir	nes		🗆
		ation engage in lobbying activities or have a s complete Schedule C. Part II	• • • • • • • • • • • • • • • • • • • •		-			Γ	Yes	No X
48 Is the 49a Did th	organizat e organiza	ion a school as described in section 170(b)(1 ation make any transfers to an exempt non-ci	haritable related or	ganization?				4	18 9a	X
50 Comp	lete this t	e related organization a section 527 organization able for the organization's five highest compe	nsated employees	(other than office	ers, direc	ctors, trust ee	s and key	[4	9b	
emplo		each received more than \$100,000 of complant and title of each employee	(b) Average hours per week devoted to position	(c) Reporta	ble lon	(d) Health contributions t benefit pla	benefits, o employee ns. and		nated am	
None					_	deferred con	pensation			
										
	•••••									

51 Comp	olete this t	able for the organization's five highest compa	nsated independe	nt contractors wi	no each r	received mon	e than			
\$100,		mpensation from the organization. If there is a ne and business address of each independent con		<u> </u>	(b) Type	of service		(c) Cor	npensatio	on
None										
						· · · · · · · · · · · · · · · · · · ·				
		f other Independent contractors each receiving	•	>						
	ie organiz leted Sch	ation complete Schedule A? Note. All section	1 501(c)(3) organiz	auons must attac	ज्ञा a		. •	X	Yes 🗌	No
Under penelt	ies of perju and compl	ry, I declare that I have examined this return, inclue etc. Declaration of proporer (other than officer) is b	ding accompanying s based on all information	chedules and state on of which prepar	ements, ar er has any	nd to the best o	of my knowle	dge and I	belief, it is	3
		Surt Bellin	no-			10-21	-15			
Sign Here		efure of officer SCOTT KELLMAN	-	TREA	SURE	*-				
		e or print name and title preparer's name Pre	parer's signature		······································	Date		<u> </u>	PTIN	
Paid								if		
Preparer Use Only	Firm's nam					F	imie EIN			
add Only	Firm's add	ress /				P	hone no.			
May the IR	S discuss	this return with the preparer shown above? S	See instructions						Yes	No
								Form	990-E	Z (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service

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

OMB No. 1645-0047

vame of th	e organization	*****				27 OF 7	
	<u>_</u>	VEAHAVTA	6 1 (A)			77-057	
Park			Status (All organizations				18.
Lue ouds	nization is not	a private foundation because	e It Is: (For lines 1 through 11, c	heck only	one box.	.)	
1 ∐	-	·	ociation of churches described:	n section	i 170(b)(1)(A)(i).	
2		cribed in section 170(b)(1)(
3 📙			ce organization described in sec				
4	A medical re-	- ·	d in conjunction with a hospital o	lescribed	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
5		,,,,, ,,,,,,,, ,,,,, ,,,,,, ,,	of a college or university owned	or operate	ed by a go	overnmental unit described in	
	section 170	(b)(1)(A)(Iv). (Complete Parl	t II.)				
6	A federal, sta	ate, or local government or g	overnmental unit described in s	action 17	'0(b)(1)(A)(v).	
7 🛚	An organizat	ion that normally receives a	substantial part of its support fro				;
_	described in	section 170(b)(1)(A)(vi). (C	complete Part II.)				
8 📙	_		170(b)(1)(A)(vi). (Complete Part	•			
9			1) more than 33 1/3% of its supp				es
			npt functions—subject to certain				
	• •	•	nd unrelated business taxable in	•		•	
		~	30, 1975. See section 509(a)(2).				
10		•	exclusively to test for public safe	•		• • • •	•
11 [•	•	exclusively for the benefit of, to			• • •	
		• • • • •	tions described in section 509(a				Clieck
_ [-	cribes the type of supporting org			-	
a [_			ed, supervised, or controlled by to regularly appoint or elect a ma				_
	• •		~	ajonty or i	ne direct	or a contraction of the supportant	9
	_	You must complete Part I		udib ito a	usported	omanhation(s) by baying	
· • -			vised or controlled in connection conganization vested in the same				
		(s). You must complete Pa	` 	פווטפוטק כ	GIBL COIN	and of financiago are aupported	
. [porting organization operated in o	onnectio	n with an	d functionally integrated with	
• 🗀		* **	tions). You must complete Par				
d 🗀			supporting organization operate				
	' . 	• •	ganization generally must satisfy				
			t complete Part IV, Sections A				
е 🗌		•	ed a written determination from t				
			nctionally integrated supporting				
f En	•	r of supported organizations					
		wing information about the s			*	***************************************	·····
(I) Nan	ne of supported	(II) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
or	genization	1	(described on lines 1-9		ur governing	support (see	other support (see
			above or IRC section (see instructions))	ļ	ment?	Instructions)	Instructions)
(A)				Yes	No		
(B)							
(C)							
(D)							
					ļ		A-2
(E)							
T - 4 - *							
Total		B/612923/8723/988247/98847		40,800,000	promise in		
	erwork Reduc 0 or 990-EZ.	ction Act Notice, see the Ir	structions for			Schedule A (F	form 990 or 990-EZ) 2014
romii 3 3 DAA	UI 03V*E.Z.,						

	(Complete only if you chec Part III. If the organization	ked the box or	n line 5, 7, or 8	of Part I or if th	e organization	failed to qualify	
Sec	tion A. Public Support	······································			***************************************	·····	
	dar 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.")	107,779	110,179	92,410	84,275	109,403	504,046
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3	107,779	110,179	92,410	84,275	109,403	504,046
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)						117,570
6	Public support. Subtract fine 5 from line 4.						386,476
	tion B. Total Support	BY A CONTRACTOR ASSESSED	1888. 51. 538 12 12 13 13 14 15 16 16	11:207.15:00:202	8.8.1V.181XIXI 98.99481XI		300,470
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	107,779				109,403	504,046
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					223	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					·	
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc.						
11	Total support. Add lines 7 through 10						504,046
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yes	ar as a section 501	(c)(3)	
Sec	organization, check this box and stop her tion C. Computation of Public S	ipport Percen					▶ 「
14	Public support percentage for 2014 (line 6	, column (f) divide	d by line 11, colum	ın (f))		14	76.67%
15	Public support percentage from 2013 Sch					15	72.31%
16a	33 1/3% support test-2014. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	sheck this	
	box and stop here. The organization qual	ifles as a publicly s	supported organiza	ition			▶ 🛚
p.	33 1/3% support test-2013. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3% or m	ore,	
	check this box and stop here. The organi	zation qualifies as	a publicly supporte	ed organization	,. ,		▶ L_
17a		If the organizat	ion did not check a	box on line 13, 16	ia, or 16b, and line	14 Is	
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test	, check this box an	d stop here. Expl	ain in	
	Part VI how the organization meets the "fa						
b	organization 10%-facts-and-circumstances test—20	13. If the organizat	ion did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line	▶ [
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	st. The organization	on qualifles as a pu	ıbliciy	. —
18	supported organization Private foundation. If the organization di	d not check a box	 on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	.,,	▶ □

Schedule A (Form 990 or 990-EZ) 2014 VEAHAVTA

Support Schedule for Organization

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 falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support				·	······································	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(a) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			*			
b	Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	EPERIOR NATIONAL ST	BOOK TO	2001 SEE GE CALOR	25 (17.25.50) (27.75.50) (1.56.50)	0.00 (0.0	
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or flacal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(B) 2014	(f) Total
9	Amounts from line 6				<u> </u>	ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						·
14.	First five years. If the Form 990 is for the						
	organization, check this box and stop her	re					<u></u> ▶ ∟
Sec	tion C. Computation of Public S						· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2014 (line 8						<u>%</u>
16	Public support percentage from 2013 Sch				·····	16	<u>%</u>
	ction D. Computation of Investme			Laskers (5)		1 /-	T
17	Investment income percentage for 2014 (% %
18	Investment income percentage from 2013 33 1/3% support tests—2014. If the orga	, ochequie A, Part	till, line 1/		is more than 22 4/2	18	<u> </u>
19a	33 1/3% support tests—2014. If the organization is not more than 33 1/3%, check this b						▶ □
	33 1/3% support tests—2013. If the orga						,
þ	line 18 is not more than 33 1/3%, check the	his box and etan t	nere. The organiza	tion qualifies as a	publicly supported	organization	▶ [
20	Private foundation. If the organization di						→
==	was twatteness in a see organization of			, , , , , , , , , , , , , , , , , , , ,			0 or 990-EZ) 2014
					00	re le peut de	

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.
- 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.)

		·
**********	Yes	No
1 1		
2	300.000000	460000000000000000000000000000000000000
780	CEO	70.000.0
	18088888	XXXX
3a	- XXXXXX	12828821230E
3b		
	FIRST	
3c	1	
		3.30
10	ŀ	}
100		2000
- 1833		
8802.72	382.0384853	1.30.85555
4D	373738	(327862E)
		GE 374
4c		<u> </u>
	20.00	
	×	
	.	
5a	4.3030.50	postikinos.
		P 2000 (1000)
	4 98988	D88.88X
5b	 	
5c	101.000.000.000	\$57885777550;
	1 3878	
3		
1 6		I
7	1	***************************************
	i i	
8		
		250000000
	P EXISTS	
9a		504,3800
23122		
9b	L	12: 300000
3553		
9c		
	e iii	
10a	1	1
783		
10b	.1	200/3000000
		EZ) 2014
-1111 DAD	A1 0004	حا∨ے پے۔

	Alle A (FOIII 980 01 880-022/2014 VIIIIII VIII	1027 10900
	Supporting Organizations (continued)	
•		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	116
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.	11c
Sect	ion B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sect	tion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sect	tion D. All Type III Supporting Organizations	
000	nor s. rat . year nonporting e. garrierania	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
•	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported	
2		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2
_	the organization maintained a close and continuous working relationship with the supported organization(s).	8 20 20 20 20 20 20 20 20 20 20 20 20 20
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
6	supported organizations played in this regard.	3
	tion E. Type III Functionally-Integrated Supporting Organizations	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instruct	ions):
а		
b		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).
_		[,
2	Activities Test. Answer (a) and (b) below.	Yes No
a		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а		
	trustees of each of the supported organizations? Provide details in Part VI.	3a
Ł		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Type III Non-Functionally Integrated 509(a)(3) Supporting the Check here if the organization satisfied the Integral Part Test as a qualifying true.				
other Type III non-functionally integrated supporting organizations must comple	te Sections A th	rough E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	. 3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or	1			
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see	236			
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	15			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other	Ž. W			
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use, Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	B. C. S. TWO CO. S. C. S. S. S.		
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5		*·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	ء ا			
7 Check here if the current year is the organization's first as a non-functionally-int		F		

Schedule A (Form 990 or 990-EZ) 2014

Pan.	######################################	upporting Organizat	ions (continued)						
	n D - Distributions			Current Year					
	organizations, in excess of income from activity								
	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations							
	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·						
6 (Other distributions (describe in Part VI). See instructions.								
	Total annual distributions. Add lines 1 through 6.								
	Distributions to attentive supported organizations to which the organizations	tion is responsive							
	provide details in Part VI). See instructions.								
9 [Distributable amount for 2014 from Section C, line 6								
<u> 10 </u>	Ine 8 amount divided by Line 9 amount		<u> </u>						
		(i)	(11)	(iii)					
	Section E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions	Distributable					
			Pre-2014	Amount for 2014					
	Distributable amount for 2014 from Section C, line 6								
2 1	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)		CONTRACTOR OF THE STREET						
3	Excess distributions carryover, if any, to 2014:								
a									
b									
С.				. 1988 S. 1988 S. 1988 S. 1988					
<u>d</u> §									
0	From 2013								
f '	Total of lines 3a through e								
9 /	Applied to underdistributions of prior years		***************************************						
h /	Applied to 2014 distributable amount		\$65 \$1968\$6 \$170 \$180 YES						
	Carryover from 2009 not applied (see instructions)								
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.								
4 . !	Distributions for 2014 from Section								
	D, line 7:								
8	Applied to underdistributions of prior years								
b ,	Applied to 2014 distributable amount								
C	Remainder. Subtract lines 4a and 4b from 4.	7000700710710700		47.0%					
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see			4					
i	instructions).								
7	Excess distributions carryover to 2015. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
a									
b									
C									
	Excess from 2013								
	Excess from 2014	**************************************	KSX. (1.0.1.)	Commence Commence					

	m 990 or 990-EZ) 2014 Supplemental Infor	VEAHAVTA	ovelenstens :	manifold by Dort	77	-0577817	Page 8
Partyl	Part III, line 12. Also	complete this part fo	r any addition	al information.	See instructio	ns.)	
•••••					,		

					••••••		•••
• • • • • • • • • • • • • • • • • • • •							••••••
		·					•••••
					• • • • • • • • • • • • • • • • • • • •	***************************************	
• • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		······································
		.,	• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	
	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •			
						**** *** ***** * *****	• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •				••• •• ••••••	
		***** ** * ************	• • • • • • • • • • • • • • • • • • • •		*	*************	
			, .,			** ***************	*********
• • • • • • • • • • • • • • • • • • • •			************			***************************************	
		• ••• •• •••••			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
• • • • • • • • • • • • • • • • • • • •				***************************************			
		•••••••••••••••••••••••••••••••••••••••	•• •••••			••••••	

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.

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.

OMB No. 1545-0047
2014
Copen to Public Inspection

Name of the organization VEAHAVTA			Employer Identification number 77-0577817
Form 990-EZ, Part I, Line 16 - (Other Expe	enses	
Description		Amount	
Expenses			
BANK SERVICE CHARGES			
PRINTING & REPRODUCTION			
WEBSITE DESIGN & HOSTING	\$	4,009	
PROGRAM EXPENSES	\$	61,500	
LICENSE AND PERMITS			
INSURANCE			
TRAVEL			
Т			
Form 990-EZ, Part III, Line 28 Mission Statement Our mission is to lovingly nurt	••••		
well being of orphans and desti			
hope for unemployed young adult			
provide nourishment and educati			
to the race, ethnicity, religio			
and to establish a center where	.,,,,		,
can meet in peace; and to do th			
understanding between peoples o			
can COEXIST in mutual respect.			
		aan waa diyan	
. In 2001, California attorney Er	ic Farkin	son was given	a cont or sti ranka, s

Page 1 of 2 Schedule O (Form 990 or 990-EZ) (2014)

compound.

Mercy Home

Page 2 of 2