Department of the Treasury Internal Revenue Service

# **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

B One-Life Explosible   Colored trapprocipies   DoMUS PACIS FAMILY RESPITE INC   DOMUS PACIS FAMILY RESPITE INC   DOMUS PACIS FAMILY RESPITE INC   200 Control of the colored in the co	Α	For the	2014 calend	ar year, or tax year beginning	01/01 ,	2014, a	nd ending	_	12/31	, 20	14	
Number and atweet of P.O. box, if mail is not delivered to street address)   Room/suite   Flori stuniformizated   Po Box 3386   City of trom, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   Number and atweet of P.O. box, if mail is not delivered to street address)   F Group Exemption   Number   Numb	<b>B</b> Check if applicable:		pplicable:	C Name of organization				D Empl	oyer iden	tification numb	er	
DB Dax 3366   970-546-4745		Address o	change	DOMUS PACIS FAMILY RESPITE INC					26-0676451			
Final statem/terminated   Chip of trouts, state or province, country, and ZiP or foreign postal code   F Group Exemption   Number   F Group Exemption   F Group Exempti		Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite				E Telep	hone nun	nber		
City or town, state or province, country, and ZIP or foreign postal code	$\sqsubseteq$		PO BOX 3366						970-546-4745			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	片			City or town, state or province, country, and ZIP o	or foreign postal code			F Grou	ıp Exem	ption		
Mebinot:	H			Breckenridge, CO. 80424					•			
Website: ►   www.domuspacis.org   Tare-exempt status (check only one) —   501c(c)(S   501(c) (	G				<b>•</b>		н	Check	▶ ∏ if t	he organizatio	n is <b>not</b>	
Tar-exempt status (check only one)										-		
Name   Part   Composition   Trust   Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assests   Part II, column (8) below) are \$500,000 or more, file Form \$900 instead of Form \$900-EZ   \$ 191,317				<u> </u>	) <b> </b>	(a)(1) or		•				
Part	_				<del></del>					,	,	
Part II   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I			0			_	ore, or if tota	al assets				
Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  1 Check if the organization used Schedule O to respond to any question in this Part I  2 Program service revenue including government fees and contracts 2 00 3 Membership dues and assessments 3 0 0 4 Investment income 4 0 0 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 8 Gross income from gaming (attach Schedule G if greater than \$15,000)  5 Gross income from gaming (attach Schedule G if greater than \$15,000)  6 Garsi income from fundraising events (not including \$ 0 of contributions from fundraising events (not includin									<b>▶</b> \$		191 317	
Check if the organization used Schedule O to respond to any question in this Part I	_								ctions f		171,017	
1   Contributions, gifts, grants, and similar amounts received.   2   Program service revenue including government fees and contracts   2   0   0		<b></b>		- · · · -			•				V	
Program service revenue including government fees and contracts   2	_	1							1			
3   Membership dues and assessments   3   0									2			
A   Investment income   A   0   0   5a   Cross amount from sale of assets other than inventory   5a   0   0   0   0   0   0   0   0   0			_					• •				
Sa   Gross amount from sale of assets other than inventory   Sa   0   0   0   0   0   0   0   0   0				-								
b Less: cost or other basis and sales expenses .		l _			ton/	52			_			
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					•	-						
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)							na 5a)		50		0	
a Gross income from gaming (attach Schedule G if greater than \$15,000).  b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  7b Less: cost of goods sold  7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 12 124,029  13 Professional fees and other payments to independent contractors.  13 2,372  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deflicit) for the year (Subtract line 7r from line 9).  18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  19 Other changes in net assets or fund balances (explain in Schedule O).  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year. Combine lines 18 through 20.					ory (Gubtract line ob		ic oa)					
\$15,000) . 6a		1	-	_	G if greater than							
c Less: direct expenses from gaming and fundraising events	ē					6a		0				
c Less: direct expenses from gaming and fundraising events	en	b					contributio					
c Less: direct expenses from gaming and fundraising events	ě	~		• • • • • • • • • • • • • • • • • • • •	-		ooninbano					
c         Less: direct expenses from gaming and fundraising events         6c         35,957           d         Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)         6d         32,727           7a         Gross sales of inventory, less returns and allowances         7a         0         6d         32,727           7a         Gross sales of inventory, less returns and allowances         7a         0         7b         0           8         Less: cost of goods sold         7b         0         7c         0           8         Other revenue (describe in Schedule O)         8         0         7c         0           8         Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         P         9         155,360           10         Grants and similar amounts paid (list in Schedule O)         10         0           11         Benefits paid to or for members         11         0           12         Salaries, other compensation, and employee benefits         12         124,002           13         Professional fees and other payments to independent contractors         13         2,372           14         3,930           15         Printing, publications, postage, and shipping         15         5,967	ш					6b		68 684				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7b 0  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0  8 Other revenue (describe in Schedule O) 8 0  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 155,360  10 Grants and similar amounts paid (list in Schedule O) 10 0  11 Benefits paid to or for members 11 0  12 Salaries, other compensation, and employee benefits 12 124,029  13 Professional fees and other payments to independent contractors 13 2,372  14 Occupancy, rent, utilities, and maintenance 14 3,930  15 Printing, publications, postage, and shipping 15 5,967  16 Other expenses (describe in Schedule O) 16 20,408  17 Total expenses. Add lines 10 through 16 17 156,706  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,346  20 Other changes in net assets or fund balances (explain in Schedule O) 20 0  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 52,598  20 Other changes in net assets or fund balances (explain in Schedule O) 20 0  Net assets or fund balances at end of year. Combine lines 18 through 20 20 51,51,252		C		<del>-</del>	•							
line 6c)   Ged   32,727     7a   Gross sales of inventory, less returns and allowances   7a   0     b   Less: cost of goods sold   7b   0     c   Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   0     8   Other revenue (describe in Schedule O)   8   0     9   Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9   155,360     10   Grants and similar amounts paid (list in Schedule O)   10   0     11   Benefits paid to or for members   11   0   0     12   Salaries, other compensation, and employee benefits   12   124,029     13   Professional fees and other payments to independent contractors   13   2,372     14   Occupancy, rent, utilities, and maintenance   14   3,930     15   Printing, publications, postage, and shipping   15   5,967     16   Other expenses (describe in Schedule O)   16   20,408     17   Total expenses. Add lines 10 through 16							6b and su					
7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule O)       8       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       155,360         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       124,029         13       Professional fees and other payments to independent contractors       13       2,372         14       Occupancy, rent, utilities, and maintenance       14       3,930         15       Printing, publications, postage, and shipping       15       5,967         16       Other expenses (describe in Schedule O)       16       20,408         17       Total expenses. Add lines 10 through 16       17       156,706         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       52,598				. ,	• ,				6d		32 727	
b Less: cost of goods sold		7a	Gross sale	s of inventory less returns and allowand	es	7a		0	-		32,727	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)         7c         0           8 Other revenue (describe in Schedule O)         8         0           9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8         ▶         9         155,360           10 Grants and similar amounts paid (list in Schedule O)         10         0           11 Benefits paid to or for members         11         0           2 Salaries, other compensation, and employee benefits         12         124,029           13 Professional fees and other payments to independent contractors         13         2,372           14 Occupancy, rent, utilities, and maintenance         14         3,930           15 Printing, publications, postage, and shipping         15         5,967           16 Other expenses (describe in Schedule O)         16         20,408           17 Total expenses. Add lines 10 through 16         ▶         17         156,706           19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)         19         52,598           20 Other changes in net assets or fund balances (explain in Schedule O)         ▶         20         0           21 Net assets or fund balances at end of year. Combine lines 18 through 20         ▶         21         51,252						-		0				
8 Other revenue (describe in Schedule O)				3					70		0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 155,360  10 Grants and similar amounts paid (list in Schedule O)												
10   Grants and similar amounts paid (list in Schedule O)   11   0   0     11   Benefits paid to or for members   11   0     12   Salaries, other compensation, and employee benefits   12   124,029     13   Professional fees and other payments to independent contractors   13   2,372     14   Occupancy, rent, utilities, and maintenance   14   3,930     15   Printing, publications, postage, and shipping   15   5,967     16   Other expenses (describe in Schedule O)   16   20,408     17   Total expenses. Add lines 10 through 16   17   156,706     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -1,346     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   52,598     20   Other changes in net assets or fund balances (explain in Schedule O)   20   0     21   Net assets or fund balances at end of year. Combine lines 18 through 20   ▶ 21   51,252												
11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       124,029         13       Professional fees and other payments to independent contractors       13       2,372         14       Occupancy, rent, utilities, and maintenance       14       3,930         15       Printing, publications, postage, and shipping       15       5,967         16       Other expenses (describe in Schedule O)       16       20,408         17       Total expenses. Add lines 10 through 16       ▶       17       156,706         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -1,346         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       52,598         20       Other changes in net assets or fund balances (explain in Schedule O)       ▶       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       ▶       21       51,252	_											
Salaries, other compensation, and employee benefits				·	•							
Professional fees and other payments to independent contractors	Ś											
16 Other expenses (describe in Schedule O)	se	13		· · · · · · · · · · · · · · · · · · ·						'		
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Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		40										
21 Net assets or fund balances at end of year. Combine lines 18 through 20 >   21   51,252	ets	19									- 1,340	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 >   21   51,252	SS	-							10		52 F00	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 >   21   51,252	Ϋ́Α	20	-	,								
	Ž	21										
	Fo									Form <b>990-F</b>		

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	Balance Sheets (see the instructions to	,		السال		
	Check if the organization used Schedule	O to respond to ar	•	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			55,508	22	59,544
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			55,508	25	59,544
26	Total liabilities (describe in Schedule O)			2,910	26	8,292
27	Net assets or fund balances (line 27 of column	<u> </u>		52,598	27	51,252
Par	Statement of Program Service Accom					<b>F</b>
• • • •	Check if the organization used Schedule		<del>/</del> '	Part III	(Re	Expenses quired for section
what	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 1		501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	services provided	, the number of	_	anizations; optional for ers.)
28	Provided a week of respite for 93 families impacted I					
	donated properties and over 85 business donation to	o provide the service	s mentioned above. D	onated		
	(Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount	includes foreign gra	nto chook horo		28	15/ 70/
29			•		200	156,706
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	🕨 🗌	298	a
30						
		includes foreign gra			30a	3
31	Other program services (describe in Schedule O)					
20	(Grants \$ 0) If this amount Total program service expenses (add lines 28a	includes foreign gra	nts, check here .	<u> P 📙 </u>	318	
Par					32	.00/.00
гаг	Check if the organization used Schedule		•	bensaled—see the n	ıısıru	ctions for Part IV)
	Officer if the organization used ochedule		ny augetion in thie [	Part IV		
			ny question in this f	Part IV (d) Health benefits,	<u></u>	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable	(d) Health benefits, contributions to employ	ree (e	
Mary	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ree (e	) Estimated amount of
Pres	/Louise White-Petteruti ident	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ree (e)	Estimated amount of other compensation
Pres Vinc	rLouise White-Petteruti ident e White-Petteruti	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ree <b>(e</b> )	
Pres Vinc Trea	rLouise White-Petteruti ident e White-Petteruti surer	(b) Average hours per week devoted to position  45	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 63,000	(d) Health benefits, contributions to employ benefit plans, and	n 0 0	Estimated amount of other compensation  0
Pres Vinc Trea Caro	rLouise White-Petteruti ident e White-Petteruti surer Il Long	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ree (e)	Estimated amount of other compensation
Pres Vince Trea Caro Secr	rLouise White-Petteruti ident e White-Petteruti surer	(b) Average hours per week devoted to position  45	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 63,000	(d) Health benefits, contributions to employ benefit plans, and	n 0 0	Estimated amount of other compensation  0
Pres Vince Trea Caro Secr	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell	(b) Average hours per week devoted to position  45  35	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000	(d) Health benefits, contributions to employ benefit plans, and	0 0 0	) Estimated amount of other compensation  0  0
Pres Vinc Trea Caro Secr Rich Direc	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell	(b) Average hours per week devoted to position  45  35	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000	(d) Health benefits, contributions to employ benefit plans, and	0 0 0	) Estimated amount of other compensation  0  0
Pres Vinc Trea Caro Secr Rich Direc Anne	vLouise White-Petteruti ident e White-Petteruti surer Il Long etary ard Campbell ctor e McCarthy	(b) Average hours per week devoted to position  45  35  3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0	Destimated amount of other compensation  0  0  0  0
Pres Vince Trea Caro Secr Rich Direc Anne Direc Keith	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell ctor e McCarthy ctor	(b) Average hours per week devoted to position  45  35  3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0	Destimated amount of other compensation  0  0  0
Pres Vinc Trea Caro Secr Rich Direc Anne Direc Keith	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell ctor e McCarthy ctor in Fisher	(b) Average hours per week devoted to position  45  35  3.00  2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0  0  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Pres Vinc Trea Caro Secr Rich Direc Anne Direc Keith Direc Jim	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell ctor e McCarthy ctor n Fisher ctor Smitherman	(b) Average hours per week devoted to position  45  35  3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Destimated amount of other compensation  0  0  0  0
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Pres Vinc Trea Caro Secr Rich Direc Anne Direc Keith Direc Jim	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell ctor e McCarthy ctor n Fisher ctor Smitherman ctor le Beal	(b) Average hours per week devoted to position  45  35  3.00  2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0  0  0  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 Estimated amount of other compensation   0   0   0   0   0   0   0   0   0
Press Vinc Trea Caro Secr Rich Direc Anno Direc Keith Direc Jim 9 Direc Nico	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell ctor e McCarthy ctor n Fisher ctor Smitherman ctor le Beal	(b) Average hours per week devoted to position  45  35  3.00  2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0  0  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 Estimated amount of other compensation   0   0   0   0   0   0   0   0   0
Press Vinc Trea Caro Secr Rich Direc Anno Direc Keith Direc Jim 9 Direc Nico	rLouise White-Petteruti ident e White-Petteruti surer il Long etary ard Campbell ctor e McCarthy ctor n Fisher ctor Smitherman ctor le Beal	(b) Average hours per week devoted to position  45  35  3.00  2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  63,000  0  0  0	(d) Health benefits, contributions to employ benefit plans, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 Estimated amount of other compensation   0   0   0   0   0   0   0   0   0

Form 990-EZ (2014)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . . 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: o ; section 4912 ► section 4911 ▶ o ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . . . . . . . ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► CO 41 **42a** The organization's books are in care of ► Vince White-Petteruti 970-547-4745 Telephone no. ▶ Located at ► PO Box 3366, Breckenridge, CO 80424 ZIP + 4 ▶ 80424 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b 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 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 99	90-EZ (2	014)							Page 4
								Yes	No
46		he organization engage, directly or in							
_		ndidates for public office? If "Yes," c		, Part I			. 46		<b>'</b>
Part		Section 501(c)(3) organizations		4= 401	. = 0				
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, and	complete the	e tables	tor lir	nes
		50 and 51.							_
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	VI			+
47	D:4 +	he exactization engage in labbuing	activities or bove o	acation EO1/b) alor	ation in off	at during the	tov —	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part				ect during the			ر. ا
10	-	•					. 47		1
48 49a		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
тэа b		es," was the related organization a se	=	_			. 49a		
50		plete this table for the organization's							nd ke
		oyees) who each received more than							
	•	,	(b) Average	(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	hanafit n	ions to employee ans, and deferred	(e) Estimate other co		
			devoted to position	(Forms W-2/1099-MIS		mpensation	Other 60	пропос	20011
None									
f		number of other employees paid over							
51	Com	plete this table for the organization's ,000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	tors who each	received	d mor	e thai
	φ100	,000 or compensation from the organ	nization. Il there is no	The, efficient Notice.					
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensa	tion	
None									
				_					
d		number of other independent contra	•		.▶				
52		the organization complete Schedu	le A? <b>Note</b> . All se	ection 501(c)(3) or	rganization				
	<u> </u>	pleted Schedule A					.► <u>⊬</u> Ye		No
		of perjury, I declare that I have examined this rud complete. Declaration of preparer (other than					owledge an	d belief	i, it is
	Toot, an	,	onicer) is based on an inic	which prepa	TOT TIGS GITY KIT				
Sign		Signature of officer				Date			
Here		- -				Date			
		Vince White Petteruti, Treasurer Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date		., PTIN		
Paid			, , , , , , , , , , , , , , , , , , , ,		-	Check L	if		
Prep		Firm's name ▶				Firm's EIN ▶			
Use	Unly	Firm's address ►				Phone no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	instructions			► ☐ Ye	s 🗌	No

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name	of the organization					Employer identification	number	
	US PACIS FAMILY RESPITE INC					26-06		
Par				<b>.</b>	<u> </u>		ns.	
The o	rganization is not a private founda		,		-	•		
1	A church, convention of churc			ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).		
2								
	A hospital or a cooperative ho	•					/···\ =	
4	A medical research organization hospital's name, city, and stat	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6			montal unit docaribac	l in <b>coati</b> d	on 170/h)	(4)(A)( <sub>4</sub> )		
	<ul> <li>□ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>□ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>							
8	☐ A community trust described i	n <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)				
	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mod to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business	support o certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10	☐ An organization organized and	l operated exclus	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See sect	ion 509(a)(3). Check	
а	☐ <b>Type I</b> . A supporting organize the supported organization(sorganization. <b>You must com</b>	s) the power to re	egularly appoint or ele	-		• • • •		
b	□ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	ganization vested in th				` ' '	
С	Type III functionally integra its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	ization generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organiz functionally integrated, or Ty					, , , , , , , , , , , , , , , , , , , ,	I, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information							
	(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)	
			(See man denoma))	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

	(Complete only if you checked th				-	•	alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	stea below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 2011	(6) 2012	(d) 2010	(6) 2014	(i) Iotai
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				T		
_	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, 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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	F04( )(0)
13	First five years. If the Form 990 is for the						
Sooti	organization, check this box and stop her on C. Computation of Public Suppor	t Porcontag					
14	Public support percentage for 2014 (line 6			1 column (f))		14	%
15	Public support percentage for 2014 (line of Public support percentage from 2013 Sch					15	<del></del>
16a	331/3% support test—2014. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	
b	331/3% support test—2013. If the organicheck this box and stop here. The organic					e 15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd <b>stop here.</b> I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	<b>Private foundation.</b> If the organization did				a, or 17b, chec	k this box and	see

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

# 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.)

Secti	on A. Public Support			, p		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	, ,			
	received. (Do not include any "unusual grants.")	47,979	103,438	102,441	145,199	191,317	590,374
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					0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					0	0
6	Total. Add lines 1 through 5	47,979	103,438	102,441	145,199	191,317	590,374
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					0	0
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					0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<del></del>	line 6.)						590,374
	on B. Total Support				( 0 - 2 - 1 - 1		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	47,979	103,438	102,441	145,199	191,317	590,374
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					0	0
С	Add lines 10a and 10b	0	0	0	0	0	0 0
11	Net income from unrelated business	U	U	0	U	U	
••	activities not included in line 10b, whether						
	or not the business is regularly carried on					0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	47,979	103,438	102,441	145,199	191,317	590,374
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	Э				
15	Public support percentage for 2014 (line 8					15	100 %
16	Public support percentage from 2013 Sch			<u></u>	<u></u>	16	100 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (	line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box	-	=	-		_	_
b	331/3% support tests—2013. If the organize						
	line 18 is not more than 331/3%, check this I	_	_				_
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	140
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 <b>Part VI.</b>	6		
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?	7		
0	If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
С	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> 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 <b>Part VI.</b>	9b		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		
100	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c				
Section	on B. Type I Supporting Organizations					
_			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in <b>Part VI</b> 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 <b>Part</b>					
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Section	on C. Type II Supporting Organizations					
	<i>y</i> 11 0 0		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				
Section	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax					
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_				
_		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2				
Ū	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 <b>Part VI</b> the role the organization's					
	supported organizations played in this regard.	3				
Section	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 i	netru	ctions	e).		
a	The organization satisfied the Activities Test. Complete line 2 below.			-/-		
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
c	The organization is the parent of each of its supported organizations. Complete <b>interes</b> below.	ee ins	tructi	ons)		
2	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of					
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>					
	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.	0-				
h	·	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 <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>	20				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b				

Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or the 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		
5 Depreciation and depletion	5		
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)					
Secti	on D - Distributions	,	,	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8								
	(provide details in <b>Part VI</b> ). See instructions.	· ·						
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
-	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
a								
b								
C								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i_	Carryover from 2009 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section							
	D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).							
7	Excess distributions carryover to 2015. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014							

	Form 990 or 990-EZ) 2014 Pag	
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d

# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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.

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

OMB No. 1545-0047

2014

Open to Public

Open to Public Inspection

Name o	of the organization					Employer identifie	cation number
DOM	JS PACIS FAMILY RESPITE INC						-0676451
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to Fo	orm 990, Part IV,	line 17.
1	Indicate whether the organization	<u> </u>			owing activities. Ch	eck all that apply.	
а							
b	☐ Internet and email solicitation	ons	f	Solicitat	ion of government	grants	
С	☐ Phone solicitations		g	Special	fundraising events		
d	☐ In-person solicitations						
<b>2</b> a	Did the organization have a wri						_
	or key employees listed in Form	-	-		· ·	=	
b	If "Yes," list the ten highest paid			draisers) p	ursuant to agreeme	ents under which th	ne fundraiser is to be
	compensated at least \$5,000 by	y the organization	n.				
		1	1				1
	(i) Name and address of individual	(11) A - 41 - 14 - 1		draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in col. (i)	(or retained by) organization
			Yes	No			
1					1		
2							
3							
4							
5							
6							
7							
8							
9							
10							
				_			
Total				▶	- 1: - 14 4 - 11 41		
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensea to s	SOIICIT CONTRIBUTIONS	or has been notifi	ed it is exempt from
	registration of licensing.						
		·					

If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II 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 (add col. (a) through col. (c)) hn Denver Tribute Conce Beatles Tribute Concert 4 (event type) (event type) (total number) Revenue Gross receipts . . . . 1 20,602 29,926 18,156 68,684 Less: Contributions . . 2 O 3 Gross income (line 1 minus line 2) . . . . . . . 20,602 29,926 18,156 68,684 4 Cash prizes . . . . . 0 0 0 5 Noncash prizes 0 O 0 0 Direct Expenses 6 Rent/facility costs . . . 0 0 0 0 7 Food and beverages . . 0 0 0 0 8 Entertainment . . . . 9,900 13,000 22,900 Other direct expenses 1,200 5,867 4,989 12,056 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . 10 34,956 Net income summary. Subtract line 10 from line 3, column (d) 11 33,728 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . Direct Expenses 2 Cash prizes . . . . 3 Noncash prizes 4 Rent/facility costs . . . Other direct expenses 5 Volunteer labor . No 6 Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: 9 а If "No," explain: .....

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . .

-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									-	-	-	-	-	-	-	-	 -	-	-	-	-	-	-	-	-	-	-	-	-	 	-	-		
	-	_	-	-	-	-	-	_	_	_	_	_	_	-	_	-	_	-	-	_	_	_	_	_	_	-	-	-		_	_				 _	-	_				_	-	_	_	_				-		-	

Schedule G (Form 990 or 990-EZ) 2014

cneau	ile G (Form 990 or 990-EZ) 2014		Pag	ge <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Ye		No No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Ye	s 🗌	No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Ye	s 🗌 I	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).			

#### **SCHEDULE 0** (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

**Employer identification number** Name of the organization 26-0676451 DOMUS PACIS FAMILY RESPITE INC Form 990-EZ, Header, Line B - Amended for updated financials: Section G, Section L, Part II, Part III, Part III Form 990-EZ, Part I, Line 16 - Fundraising-\$4543, Web services-\$109, CC Fees-\$382, Meetings/Membership-\$\$508, Insurance-\$1892, Travel-\$3207, Cleaning-\$4239, Family Support-\$2900, Telephone-\$2628 Form 990-EZ, Part II, Line 26 - Payroll liability, Accts payable, Credit Card

Schedule O, Statement 1 DOMUS PACIS FAMILY RESPITE INC

Form: **990-EZ (2014)** EIN: **26-0676451** 

Page: 2 Part III

## **Primary Exempt Purpose**

**Primary Exempt Purpose** 

Provided a week of respite for families impacted by cancer.

Schedule O, Statement 2 DOMUS PACIS FAMILY RESPITE INC

Form: 990-EZ (2014) EIN: 26-0676451

Page: 2 Part III, Line 28

#### First Program Service Accomplishments Description

#### Description

services provided totaled over \$325,926 in "in-Kind" donations this includes housing, activities, food, and volunteer time.