*** PUBLIC DISCLOSURE COPY ***

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Inter	nai neven	Information about Form 990 and its instructions					
AI	For the	2014 calendar year, or tax year beginning OCT 1, 2014 and	ending S	EP 30, 2015			
B	Check if applicable	C Name of organization		D Employer ident	ification number		
	Addres	s Edify					
	Name	Doing business as	27-08	392545			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numb	ber			
	Final return/	8825 Aero Drive	220	855-4	63-3439		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,488,820.		
	Amend	^{ed} San Diego, CA 92123		H(a) Is this a group	return		
	Application	F Name and address of principal officer: Christopher Crane		for subordinat			
	pendin	⁹ same as C above		H(b) Are all subordinate	s included? Yes No		
1	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. (see instructions)		
		e: > www.edify.org		H(c) Group exempt	tion number 🕨		
		organization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2009	M State of legal domicile: CA		
_	art I	Summary					
-	1 1	Briefly describe the organization's mission or most significant activities: To bri	ng Jesus	Christ to			
nce		children through better academic education.					
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	osed of mor	e than 25% of its net	assets.		
ove				3	-		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			3		
S S		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5 16			
itie		Fotal number of volunteers (estimate if necessary)		13			
ctiv		Fotal unrelated business revenue from Part VIII, column (C), line 12		a 0.			
A	1	Net unrelated business taxable income from Form 990-T, line 34		b 0.			
-				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		4,149,045	4,463,466.		
nue		Program service revenue (Part VIII, line 2g)	1,572	23,497.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,811	1,857.		
B		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(0.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,156,428	4,488,820.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,314,432	656,642.		
		Benefits paid to or for members (Part IX, column (A), line 4)		(0.		
10		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,060,041	1,313,027.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	(0.			
per	h	Total fundraising expenses (Part IX, column (D), line 25)	217.				
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,251,583	1,688,996.		
		Fotal expenses (1 art 1X, column (v), miles that the, the 240 miles (1 art 1X, column (A), line 25)	3,626,056				
		Revenue less expenses. Subtract line 18 from line 12	530,372	830,155.			
BS				eginning of Current Yea	r End of Year		
and	20	Fotal assets (Part X, line 16)		1,653,896			
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	75,033				
Vet /	22	Net assets or fund balances. Subtract line 21 from line 20		1,578,863			
-		Signature Block		-,	-11		
		ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of	my knowledge and belief, it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of w					
auc	, сопсо	(him "Zerrior"			27/2016		

Sign	Signature of officer		Date			
Here	Chris Fenton, CFO/SVP Type or print name and title					
Paid	Print/Type preparer's name David C. Moja	Preparer's signature Daniel C. Maja	Date 6/27/2016	Check if self-employed	PTIN P00747006	
Preparer	Firm's name Capin Crouse LLP		Firm	's EIN 🕨 36	-3990892	
Use Only	Firm's address 3010 Saturn Street, Suit Brea, CA 92821	te 205	Phor	ne no.(714)	961-9300	
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)			X Yes	No
		the			Form QQ	(1) (2014)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990(2014) Edify		27-089254	45 Page 2
		Service Accomplishments		r ugo =
		a response or note to any line in this Part III		X
1	Briefly describe the organization's m	*		
•	, .	stainable, affordable, Christ-cente	ered	
	education in the developing			
2	Did the organization undertake any s	significant program services during the year wh	ich were not listed on	
-	.			Yes X No
	If "Yes," describe these new service			
3		ng, or make significant changes in how it cond	ucts any program sorvices?	Yes X No
3	If "Yes," describe these changes on			
4			largest program convises, so measured by	
4		service accomplishments for each of its three		
		nizations are required to report the amount of g	frants and allocations to others, the total	expenses, and
	revenue, if any, for each program se			22 407 >
4a		2,677,479. including grants of \$		23,497.)
		ing 4 key resources to help Christi	an	
	edupreneurs lift their comm			
		nd teachers to use Christ-centered	materials	
	to develop character in stu			
		expand and improve facilities at l	.ow-fee,	
	sustainable, Christ-centere			
		o effectively manage and to grow su	Istainable	
	and transformational school	s.		
	4.Integrating educational t	echnology to enhance learning outco	omes and	
	employability.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40		· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	2,677,479.		,
				Form 990 (2014)

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1 2	X X	<u> </u>
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Δ	<u> </u>
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	л	<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
~	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
~	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		- 30		

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Pa						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ Ghana, Rwanda					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	5 1 5 5 5 1 5 1			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	-				
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		-		
-				8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		l			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b		10b				
11	Section 501(c)(12) organizations. Enter:		l			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b		10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	405				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
				14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	еU		14b		

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Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
4.			Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing 1	,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
Sec	tion D. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		v
h	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
-	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Chris Fenton - 855-463-3439			
	8825 Aero Drive, No. 220, San Diego, CA 92123			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1		from	from related	other
	(list any hours for	Individual trustee or director	lirecto			the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or d	stee			Isated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former			
(1) Christopher Crane	50.00									
Chairman and CEO		х		х				0.	0.	22,541.
(2) Peter Greer	1.00									
Vice Chairman		х						0.	0.	0.
(3) Dale Dawson	1.00									
Audit Committee Chairman		х						0.	0.	0.
(4) George T Dawson	40.00									
President & Board Member		х						130,000.	0.	7,731.
(5) Stephen James (part year)	1.00									
Board Member		х						0.	0.	0.
(6) Terry Looper	1.00									
Board Member		х						0.	0.	0.
(7) Paula Cordeiro (part year)	1.00									
Board Member		х						0.	0.	0.
(8) Chris Fenton	50.00									
SVP Operations & CFO				х				95,000.	0.	22,165.
(9) Vanessa Folsom	50.00									
VP Operations & Secretary				х				90,250.	0.	12,071.
(10) Reuben Thiessen (part year)	40.00									
Vice President & CIO						Х		111,974.	0.	18,807.
(11) Abigail Bach	40.00									
VP Program Strategy & Philanthropy						Х		120,000.	0.	11,742.
				<u> </u>						
		-								
			<u> </u>	<u> </u>						
		-								
										- 000 (55.1.0)

Form 990 (2014) Edify									27-0892	2545		Pa	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	nours per week		(C) Position o not check more than c k, unless person is both icer and a director/trust			than is bot	th an	compensation from	(E) Reportable compensatio from related	I	ar	(F) stimate nount other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	ipensa rom the janizat d relat anizatie	e ion :ed
		_											
		-											
1b Sub-total								547,224.		٥.		95,	,057
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.		0. 0.		95,	0. ,057.
2 Total number of individuals (including but compensation from the organization ▶							ho r	received more than \$100	,000 of reportabl	е			
												Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>											3		x
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from					
and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		X
rendered to the organization? If "Yes," co.	mplete Schedul	le J f	for s	uch j	oers	son					5		X
Section B. Independent Contractors		-l							<u> </u>		- 41		
Complete this table for your five highest of the organization. Report compensation for	-									ipens			
(A) Name and busines	s address							(B) Description of s	ervices	C)) Compe	C) nsatio	n
Dr. Makonen Getu, 38 Arlington Dr., Oxford, UNITED KINGDOM OX3 OSJ								See Schedule O				109	956
								see schedule o				100,	, 950,
							_						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stee	d above) who received n	nore than				
\$100.000 of compensation from the organ	nization 🕨					1							

		(2014) Edify					27-0892545	Page 9
Ра	rt VII			or noto to ony line	a in this Dart VIII			
		Check if Schedule O cont	ans a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ints nts		Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
fts, An		Fundraising events						
, Git nilar		Related organizations						
ons Sin		Government grants (contribut All other contributions, gifts, gran	· ·					
ber	Т	similar amounts not included abo		4,463,466.				
l Ot	a	Noncash contributions included in lines		225,467.				
Cor anc	-	Total. Add lines 1a-1f	-		4,463,466.			
				Business Code				
e	2 a							
ervi	b							
Program Service Revenue	С							
jran Rev	d							
roç	е							
ш		All other program service reve			23,497.	23,497.		
	9 3	Total. Add lines 2a-2f			23,497.			
	3	other similar amounts)			1,857.			1,857.
	4	Income from investment of ta			_,,			
	5	Royalties		-				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss) Net gain or (loss)						
•		Gross income from fundraisin						
Other Revenue	0 4	including \$	•					
eve		contributions reported on line						
r R		Part IV, line 18						
Othe	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
	h	and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			4,488,820.	23,497.	Ο.	1,857.

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	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	656,642.	656,642.		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	412,150.	254,276.	96,666.	61,208
6	Compensation not included above, to disqualified	,	,	,	,
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	734,506.	316,149.	125,459.	292,898
8	Pension plan accruals and contributions (include		• • • •		
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	79,201.	29,071.	18,243.	31,887
10	Payroll taxes	87,170.	41,071.	17,548.	28,551
11	Fees for services (non-employees):		,•,		
	Management				
		19,361.	8,230.	11,131.	
		19,242.	0,200.	19,242.	
	Accounting	19,242.		15,212.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	676,912.	675,169.	664.	1 070
	column (A) amount, list line 11g expenses on Sch O.)	36,141.	075,105.	004.	1,079 36,141
12	Advertising and promotion	78,269.	54,052.	6,342.	17,875
13	Office expenses	67,793.	60,063.	3,111.	4,619
14	Information technology	07,755.	00,005.	5,111.	4,013
15	Royalties	23,769.	22 760		
16		422,705.	23,769. 311,401.	11,569.	99,735
17	Travel	422,705.	511,401.	11,309.	33,735
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	42 150	9 660	4 100	20 252
19	Conferences, conventions, and meetings	43,150.	8,669.	4,128.	30,353
20					
21	Payments to affiliates	0 5 0 7	7 0 0	1 207	
22	Depreciation, depletion, and amortization	8,587.	7,260.	1,327.	
23		2,464.		2,464.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Teacher Training	119,827.	119,827.		
b	Edupreneur Training	87,607.	87,607.		
с	Miscellaneous	83,169.	24,223.	28,075.	30,871
d			-		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,658,665.	2,677,479.	345,969.	635,217
26	Joint costs. Complete this line only if the organization		<i>, ,</i>	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

_____ if following SOP 98-2 (ASC 958-720)

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	990 (27-08	892545 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X		1	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,350,642.	1	2,078,831.
	2	Savings and temporary cash investments			41,378.		205,933
	3	Pledges and grants receivable, net			,0,0,	3	
	4					4	
	5	Accounts receivable, net Loans and other receivables from current and for				4	
	5	trustees, key employees, and highest compens					
						5	
	6	Part II of Schedule L Loans and other receivables from other disqual				5	
	0	section 4958(f)(1)), persons described in section					
~		employers and sponsoring organizations of sec				6	
Assets	-	employees' beneficiary organizations (see instr)				7	
Ass	7	Notes and loans receivable, net					
	8	Inventories for sale or use			102,275.	8	93,246.
	9	Prepaid expenses and deferred charges		·····	102,273.	9	55,240,
	IUa	Land, buildings, and equipment: cost or other	100	72,337.			
	h	basis. Complete Part VI of Schedule D		45,360.	20,203.	100	26,977
		Less: accumulated depreciation		,	20,203.		20,577
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			88,505.	12	57,785
	13	Investments - program-related. See Part IV, line			00,000.		57,705
	14	Intangible assets			E0 002	14	48,907
	15	Other assets. See Part IV, line 11			50,893. 1,653,896.		2,511,679
	16	Total assets. Add lines 1 through 15 (must equ			75,033.		102,661
	17 18	Accounts payable and accrued expenses			15,055.	17 18	102,001
	19	Grants payable				19	
		Deferred revenue				20	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ties	22	Loans and other payables to current and forme					
Liabilitie		key employees, highest compensated employee				22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrel				22	
	24	Unsecured notes and loans payable to unrelate				23	
	24 25	Other liabilities (including federal income tax, pa		F		24	
	25	parties, and other liabilities not included on lines					
						25	
	26				75,033.	26	102,661.
	20	Organizations that follow SFAS 117 (ASC 958				20	
s		complete lines 27 through 29, and lines 33 ar					
e L	27	Unrestricted net assets			576,162.	27	1,521,459
alai	28	Temporarily restricted net assets			1,002,701.	28	887,559
ğ	29	–			, ,	29	, ,
Ē		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.		"			
ŝ	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Ĭ	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,578,863.		2,409,018.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form **990** (2014)

2,511,679.

1,653,896.

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Form	990 (2014) Edify	27-0892545		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,488	,820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,658	,665.
3	Revenue less expenses. Subtract line 2 from line 1	3		830	,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,578	,863.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	,409	,018.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

(Form	990	or	990	-EZ
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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.

1	2014
orm990.	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

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.

		Edify						27	7-0892545	
Pa	rt I	Reason for Public	Charity Status (/	All organizations must c	omplete th	is part.) Se	ee instructions			
The o	orgar	nization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(i i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit describ	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	Ily receives a substa	ntial part of its support	from a gov	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An organization that norma	•	-	-				•	
		activities related to its exen		-					-	ıt
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	ired by the org	ganization	after June 30, 1975.	
		See section 509(a)(2). (Con								
10		An organization organized a	-	•	•					
11		An organization organized a	-	-	-			•		
		more publicly supported or	-						neck the box in	
_		lines 11a through 11d that				•			, all dia a	
а		Type I. A supporting orga the supported organization	-	-	•	-				
		the supported organization		• • • •	a majority (of the dire	ctors or trustee	es of the s	supporting	
h		organization. You must o	-		tion with it	o oupport	od organizatio	a(a) by ba	vina	
b	L	Type II. A supporting org	-				-		-	
		control or management o organization(s). You mus			ame perso	JIS IIIAL CO		je i le sup	ported	
с		Type III functionally inte			in connec	tion with	and functional	vintearat	ad with	
C		its supported organizatio						yintegrate	eu with,	
d		Type III non-functionally						ted organi	zation(s)	
ŭ		that is not functionally int		• • •				-		
		requirement (see instruct		• •	-		-	anaton		
е		Check this box if the orga		•				II. Type III		
		functionally integrated, or						,		
f	Ent	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,						_
		vide the following informatior	•							_
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of	
		organization		(described on lines 1-9 above or IRC section	listed i governing o		support (other support (see	
				(see instructions))	Yes	No	Instructio	ons)	Instructions)	
			1		1	1	1			

Total

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

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Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,489,921.	3,261,331.	3,917,887.	4,149,045.	4,463,466.	18,281,650.
2	Tax revenues levied for the organ-						
	ization'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	2,489,921.	3,261,331.	3,917,887.	4,149,045.	4,463,466.	18,281,650.
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)						649,975.
6	Public support. Subtract line 5 from line 4.						17,631,675.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,489,921.	3,261,331.	3,917,887.	4,149,045.	4,463,466.	18,281,650.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	13,509.	25,381.	2,223.	3,426.	1,857.	46,396.
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.)				1,572.	23,497.	25,069.
11	Total support. Add lines 7 through 10						18,353,115.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	96.07 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	%
16a	1 33 1/3% support test - 2014. If the o	organization did no	ot check the box or	line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				• X
k	33 1/3% support test - 2013. If the o	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ition			▶∟
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		
k	0 10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	►
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	Ind see instruction	s 🕨 🗖

Schedule A (Form 990 or 990-EZ) 2014

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.)

Section A. P	ublic Support								
Calendar year (or	fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	((e) 2014	(f) Total	
1 Gifts, grant	s, contributions, and						-		
membershi	p fees received. (Do not	I							
include any	, "unusual grants.")	ſ							
2 Gross rece merchandis formed, or any activity	ipts from admissions, se sold or services per- facilities furnished in that is related to the n's tax-exempt purpose								
3 Gross rece	ipts from activities that								
	unrelated trade or bus-								
	r section 513	ſ							
	es levied for the organ-								
	enefit and either paid to	ſ							
	d on its behalf								
-	of services or facilities								
	y a governmental unit to	ſ							
	ation without charge								
-	lines 1 through 5								
	icluded on lines 1, 2, and								
	from disgualified persons								
b Amounts inclue from other than exceed the gre	ded on lines 2 and 3 received a disqualified persons that ater of \$5,000 or 1% of the								
	13 for the year								
	a and 7b								
8 Public sup	port (Subtract line 7c from line 6.)								
		() 0010	(1) 0011	() 0010	(1) 0010	, I	10011	(0 T))	
	fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	((e) 2014	(f) Total	
10a Gross inco dividends, securities la	om line 6 me from interest, payments received on pans, rents, royalties e from similar sources								
	siness taxable income								
	511 taxes) from businesses er June 30, 1975								
c Add lines 1	0a and 10b								
11 Net income activities ne	e from unrelated business ot included in line 10b, not the business is								
12 Other incor or loss from	ne. Do not include gain n the sale of capital blain in Part VI.)								
	It. (Add lines 9, 10c, 11, and 12.)								
14 First five y	ears. If the Form 990 is for t	he organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501((c)(3) organiz	ation,	
check this	box and stop here							►	
Section C. C	computation of Public	Support Pe	rcentage						
15 Public sup	port percentage for 2014 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15			%
16 Public sup	port percentage from 2013 S	Schedule A, Part	III, line 15			16			%
Section D. C	computation of Invest	ment Incom	e Percentage						
17 Investment	income percentage for 201	4 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17			%
	income percentage from 20					18			%
	upport tests - 2014. If the o						%, and line 1	7 is not	
	33 1/3%, check this box and	-					,	· •	
	upport tests - 2013. If the o						un 33 1/3%	and	
	ot more than 33 1/3%, check								
	Indation. If the organization								
		u		,, 51, 51, 66, 71					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Sche	dule A (Form 990 or 990-EZ) 2014	27-0892545	Pa	age 5
Pa	t IV 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 Part VI.	11c		
Sec	tion 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 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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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		
Sec	tion D. 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 ta	ax		
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see in	structions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions		
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 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	0-		
b	that these activities constituted substantially all of its activities.	2a		
a	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	04		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in P	2-		
L.	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	<u>3a</u>		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
42000	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	4 (Earm 990 or 90		

Schedu Part	lle A (Form 990 or 990 EZ) 2014 Edify			27-0892545 Pag
	Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyin			ructions. All
	other Type III non-functionally integrated supporting organizations must co	-		
Sectior	n A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
	ecoveries of prior-year distributions	2		
	ther gross income (see instructions)	3		
	dd lines 1 through 3	4		
	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
Se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by .035	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1	2		
3 M	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3	4		
5 In	ncome tax imposed in prior year	5		
6 D	istributable Amount. Subtract line 5 from line 4, unless subject to			
e	mergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 Edify	()(0) 0		7-0892545	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)		
Secti	on D - Distributions			Current Ye	ar
-	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S		
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	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributab Amount for 2	
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					
e	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount				
с	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				

Schedule A (Form 990 or 990-EZ) 2014

Part VI				
	Also complete this part for any additional information. (See instructions).			

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2014

Employer identification number

27	- 0	80	22	54	5
~ ~					

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

	Edify
Organization	type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2014)		Page 2
Name of or	ganization	E	mployer identification number
Edify			27-0892545
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,532,2	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$550,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$493,7	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$150,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,8	Person X Payroll Image: Second state

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)		Page 2
Name of or	ganization	Emp	loyer identification number
Edify		2	27-0892545
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Edify			27-0892545
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	stock	_	
6		-	
		\$95,83	8. 09/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		\$	_

Employer identification number

Name of orga	nization		Employer identification num	iber	
Edify			27-0892545		
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or	d in section 501(c)(7), (8), or (10) that total more than \$1,0 owing line entry. For organizations	000 for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
· 		(e) Transfer of gif			
-	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfere 's name, address, and ZIP + 4		fer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		ft Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	 		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
.		[

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 4 ł **Open to Public** Inspection

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

Name of the organization

Employer identification number

	Edify		27-0892545
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
Pa			
1	Purpose(s) of conservation easements held by the organizat		,
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	, , ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year 🕨		
4	Number of states where property subject to conservation ea	asement is located 🕨	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🛛 No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		N .
	(i) Revenue included in Form 990, Part VIII, line 1		
-	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

Sche	dule D (Form 990) 2014 Edify						2	27-08925	545	Pag	ge 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contir	iued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	it are a si	gnificant (use of its	collectio	n items	;
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Parl	t XIII.		
5	During the year, did the organization solicit of								-		
	to be sold to raise funds rather than to be m							L	Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered '	"Yes" to I	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								٦		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			—				
									Amoun	<u>i</u>	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T 00	Ending balance						. 1 f		Yes		Na
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII							······ L	lites		No
Pa							<u></u> 0	<u></u>	<u></u>		
		(a) Current year	i	Prior year	(c) Two year			ears back	(e) Four	vears h	ack
1a	Beginning of year balance	(u) ourrent your	(5)1	nor your		o buok		ouro suon	(0) 1 0 0	youro b	uon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent vear end balance	ce (line 1	a. column (a	a)) held as:						
а	Board designated or quasi-endowment	,	%	3 , ("						
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	Ind administe	ered for th	ne organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schee	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" to Form 990), Part IV	/, line 11a. S	ee Form 990						
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• •	cumulate preciation	d	(d) Boo	k value	
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				72,337.		45,	360.		26,9) 77.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)					26,9	977.

Schedule D (Form 990) 2014

27-0892545

Page	3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	edule D (Form 990) 2014 Edify			27-0892545	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s With F	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,505,822.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	17,002.		
с	Recoveries of prior year grants	2c			
d		2d			
е				2e	17,002.
3	Subtract line 2e from line 1			3	4,488,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	4,488,820.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	its With	Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,675,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_			
а	Donated services and use of facilities	2a	17,002.		
b		2b			
с		2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	17,002.
3	Subtract line 2e from line 1			3	3,658,665.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	3,658,665.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4. Part IV	lines 1h a	nd 2h: Part V line	4 · Part X line 2	· Part XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The financial statement effects of a tax position taken or expected to be

taken are recognized in the financial statements when it is more likely

than not, based on the technical merits, that the position will be

sustained upon examination. Interest and penalties, if any, are included

in expenses in the statements of activities. As of September 30, 2015 and

2014, Edify had no uncertain tax positions that qualify for recognition or

disclosure in the financial statements.

Edify files information tax returns in the U.S. and California. Edify is

subject to income tax examinations for the current year and certain prior

years based on the applicable laws and regulations.

Schedule D	Form 990) 20	014	Edify
Dort VIII	0		1

Part XIII Supplemental Information (continued)

SCHEDULE	F
(Form 990)	

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

i, or 16.	2014				
rm990.	Open to Public Inspection				
Employer identification number					

OMB No. 1545-0047

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

Name of the	organization
-------------	--------------

Edify					27-0892545	
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl	ete if the organi	zation answered "	res" on
Form 990, Part I	V, line 14b.					
-	-		ds to substantiate the amount of its gr			
the grantees' eligibility f	for the grants or a	assistance, and	the selection criteria used to award th	e grants or assi	stance? X	Yes No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and ot	her assistance out	side the
United States.						
3 Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices	employees, agents, and	(by type) (e.g., fundraising, program	is a prog	ity listed in (d) gram service,	(f) Total expenditures for and
	in the region	independent contractors in region	services, investments, grants to recipients located in the region)		specific type e(s) in region	investments in region
			Grants to Recipients			
Sub-Saharan Africa	0	2	Located in Region			590,091.
Central America and			Grants to Recipients			
the Caribbean	0	15	Located in Region			48,000.
		13				10,000.
			Grants to Recipients			
South America	0	1	Located in Region			15,000.
			Grants to Recipients			
Sub-Saharan Africa	0	0	_			3,551.
				Travel, Tra	ining,	
				, Education &	-	
Central America and				expenses wi	thin country	
the Caribbean	1	. 8	Program Services	in support	of low fee	378,464.
				Travel, Tra	ining,	
				Education &		
				1 -	thin country	
South America	0	1	Program Services	in support		52,491.
				Travel, Tra Education &	-	
					thin country	
Sub-Saharan Africa	3	16	Program Services	in support	-	787,854.
						,
3 a Sub-total	4	43				1,875,451.
b Total from continuation						
sheets to Part I c Totals (add lines 3a		0				0.
G TOLAIS (aud lines 3a	1	1				

and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part V for Column (e) descriptions

4

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Schedule F (Form 990) 2014

1,875,451.

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Grants for loans to					
			finance construction					
		Sub-Saharan	and improvements to					
		Africa	low fee independent	62 122.	Wire Transfer	0.		USD
			Grants for loans to					
			finance construction					
		Sub-Saharan	and improvements to					
		Africa	low fee independent	50,000.	Wire Transfer	0.		USD
			Grants for loans to	,				
			finance construction					
		Sub-Saharan	and improvements to					
		Africa	low fee independent	172,372.	Wire Transfer	Ο.		USD
			Grants for loans to					
			finance construction					
		Sub-Saharan	and improvements to					
		Africa	low fee independent	222,388.	Wire Transfer	٥.		USD
			Grants for loans to					
			finance construction					
		Sub-Saharan	and improvements to					
		Africa	low fee independent	78,833.	Wire Transfer	0.		USD
			Grants for loans to					
			finance construction					
			and improvements to					
		South America	low fee independent	15,000.	Wire Transfer	Ο.		USD
			Grants for loans to					
			finance construction					
		Central America	and improvements to					
		and the Caribbean	low fee independent	33,000.	Wire Transfer	Ο.		USD
			Research feasibility					
			of using solar energy					
		Central America	to power low fee					
		and the Caribbean	independent Christian	15,000.	check	0.		USD
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		
the IRS, or for which	the grantee or couns	el has provided a sectio	n 501(c)(3) equivalency letter			► _		6
3 Enter total number of	other organizations	or entities				►		2

27-0892545

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (c)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2014

Schee	dule F (Form 990) 2014 Edify	27-0892545	Page 4
Par	t IV Foreign Forms		, in the second s
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

 Part V
 Supplemental Information

 Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Part I, Line 2:

All the institutions that are given funding are visited either quarterly

or semi-annually by Edify executives to ensure the funds are being

allocated according to their agreement with Edify. Edify also receives

quarterly field reports from the funding recipients.

Part I, line 3:

The organization tracks the funding to overseas partners, and all travel

expenses are accounted for through expense reports.

Part I, line 3, Column (e):

Region: Central America and the Caribbean

(e) Specific Types of Services in Region: Travel, Training, Education &

staff expenses within country in support of low fee independent Christian

schools

Region: South America

(e) Specific Types of Services in Region: Travel, Training, Education &

staff expenses within country in support of low fee independent Christian

schools

Region: Sub-Saharan Africa

(e) Specific Types of Services in Region: Travel, Training, Education &

staff expenses within country in support of low fee independent Christian

schools

Part II, Column (d):

27-0892545

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Region: Sub-Saharan Africa

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Region: Sub-Saharan Africa

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Region: Sub-Saharan Africa

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Region: Sub-Saharan Africa

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Region: South America

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Region: Central America and the Caribbean

(d) Purpose of Grant: Grants for loans to finance construction and

improvements to low fee independent Christian schools

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Region: Central America and the Caribbean

(d) Purpose of Grant: Research feasibility of using solar energy to

power low fee independent Christian schools

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Department of the Treasury
Internal Revenue Service

Part I

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public Inspection

4

Name of the	organization
-------------	--------------

Edify

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/	form990.	Inspection
-	Employer	identification number
Edify	25	7-0892545

27-0892545

		EGILA	
Types	of	Property	

(b)	(0)	
		 _

		(a)	(b) Number of	(C)	(d) Method of determin			
		Check if applicable		Noncash contribution amounts reported on	noncash contribu		•	•
		applicable		Form 990, Part VIII, line 1g	TIONCASH CONTINUE	non an	ount	2
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	15	213,056.	FMV-Securities Sa	ales		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Supplies)	Х	1	9,471.	FMV			
26	Other ► (Software)	Х	2	2,940.	FMV-Similar Sales	5		
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	•						
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	•	-	-		31	х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash	1			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	ty for which column (a) is cl	necked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Part II

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The contributions reported are the number of contributions received.

27-0892545

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047
Internal Revenue Service Name of the organization	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f		Inspection identification number
	Edify	27-089	
Form 990, Part III,	Line 4a, Program Service Accomplishments:		
Persons served in f	iscal year 2015 - 245,795. Comprised of 242,302		
children, 2,182 tea	chers, 1,311 Edupreneurs.		
Schools served in f	iscal year 2015 – 976 in 8 developing world		
countries			
Form 990, Part VI,	Section B, line 11:		
The Form 990 is pre	pared by an independent CPA firm and then provided to		
the CEO, CFO, and B	oard of Directors to review prior to filing. After the		
return is thoroughl	y reviewed, it is given back to the CPA for filing with		
the IRS.			
Form 990, Part VI,	Section B, Line 15:		
Compensation is set	by the CEO based on industry standards for all		
employees except fo	r himself. The independent board, after reviewing		
compensation commit	tee recommendations based upon industry standards and		
published non-profi	t surveys for comparable positions, approves any		
salaries over 100,0	00 and benefits for the CEO, and that approval is		
documented in the m	inutes.		
Form 990, Part VI,	Section C, Line 19:		
The documents are m	ade available upon request.		

Form 990, Part IX, Line 11g, Other Fees:

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization Edify		Employer identification number 27-0892545
Other:		
Program service expenses	4,350.	
Management and general expenses	0.	
Fundraising expenses	0.	
Total expenses	4,350.	
Program contract workers:		
Program service expenses	554,201.	
Management and general expenses	0.	
Fundraising expenses	0.	
Total expenses	554,201.	
Program consultants:		
Program service expenses	116,618.	
Management and general expenses	0.	
Fundraising expenses	0.	
Total expenses	116,618.	
Payroll Services:		
Program service expenses	0.	
Management and general expenses	664.	
Fundraising expenses	1,079.	
Total expenses	1,743.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	676,912.	
Form 990, Part XI, Line 2c:		
The organization has an audit committee that assumes respons	ibility for	
oversight of the audit of its financial statements and selec		
432212 08-27-14		Schedule O (Form 990 or 990-EZ) (2014

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Edify	Employer identification number 27-0892545
independent accountant. This process has not changed since the prior	
year.	

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

► X

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print					
File by the due date for filing your return. See instructions.	Edify	27-0892545			
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)			
	8825 Aero Drive, No. 220				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	San Diego, CA 92123				

Enter the Detrine code for the vetrice that this explication is for (file a concrete explication for each vetrice)	∩ I	
Enter the Return code for the return that this application is for (file a separate application for each return)	0	

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
Chris Fenton					
• The books are in the care of > 8825 Aero Drive, No.	220 - Sa	n Diego, CA 92123			
Telephone No. 🕨 855-463-3439		Fax No. 🕨			
• If the organization does not have an office or place of busine	ss in the Ui	nited States, check this box			
 If this is for a Group Return, enter the organization's four digitation 					
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright					
1 I request an automatic 3-month (6 months for a corporation					
	-	tion return for the organization named a		The exten	sion
is for the organization's return for:		, , , , , , , , , , , , , , , , , , ,			
► calendar year or					
Tax year beginningOCT 1, 2014, and ending _SEP 30, 2015					
• · ·	,	· · · · · · · · · · · · · · · · · · ·		_ `	
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return Fina	al retur	n	
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0. or 6069.	enter the tentative tax, less any			
nonrefundable credits. See instructions.	.,,		3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9 enter an	v refundable credits and		¥	-
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					0.
c Balance due. Subtract line 3b from line 3a. Include your p				¥	-
by using EFTPS (Electronic Federal Tax Payment System)	•		3c	\$	0.
Caution. If you are going to make an electronic funds withdrawa				Ŧ	
instructions.		Sig with this 1 of th 0000, see 1 0111 0430			or o co lor payment

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
	Enter filer's identifying number, see instructions							
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or						
print								
r no by the	Edify	27-0892545						
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)						
return. See	10590 West Ocean Air Dr., No. 300							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	San Diego, CA 92130							
Enter the	Return code for the return that this application is for (file a separate application for each return)	0 1						

Application			Application				Return
ls Fo	r	Code	Is For				Code
Form	990 or Form 990-EZ	01					
Form	990-BL	02	Form 1041-A				08
Form	4720 (individual)	03	Form 4720 (other than individual)				09
Form	990-PF	04	Form 5227				10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form	990-T (trust other than above)	06	Form 8870				12
STO	P! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a previo	usly file	d Form	8868.	
	Chris Fenton						
	ne books are in the care of \blacktriangleright 10590 West Ocean Air I	Dr., No.					
Te	elephone No.		Fax No. 🕨			_	
• If	the organization does not have an office or place of business	s in the Ur	ited States, check this box			►	
• If	this is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If t	his is fo	r the who	ole group, c	heck this
box	\blacktriangleright . If it is for part of the group, check this box \blacktriangleright	and atta	ch a list with the names and EINs of a	ll memb	ers the e	xtension is	for.
4	I request an additional 3-month extension of time until	ugust 15	5, 2016				
5	For calendar year, or other tax year beginning	ОСТ 1, 2	014 , and ending	SEP 3	30, 201	5	
6							
	Change in accounting period						
7	State in detail why you need the extension						
	ADDITIONAL TIME IS NEEDED TO GATHER AND ANAL	YZE ACCO	OUNTING DATA TO				
	PREPARE AN ACCURATE RETURN.						
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
	nonrefundable credits. See instructions.			8a	\$		Ο.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	refundable credits and estimated				
	tax payments made. Include any prior year overpayment all	owed as a	credit and any amount paid				
	previously with Form 8868.			8b	\$		0.
с	Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using				
	EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$		٥.
	Signature and Verificat	ion mus	t be completed for Part II on	ly.			
Under it is tr	r penalties of perjury, I declare that I have examined this form, includ ue, correct, and complete, and that I am authorized to prepare this fo	ing accomp rm.	anying schedules and statements, and to the	ne best o	f my know	vledge and b	elief,

Signature 🕨 📈	Saud	C. Mon	Title 🕨 CPA, Partner	Date 🕨	4/1/2016	
-	-					

Form 8868 (Rev. 1-2014)