

**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.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Matter of Trust, Inc.</u>		<b>D</b> Employer identification number 06-1530091
	Doing business as		<b>E</b> Telephone number (415) 235-2403
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	99 St. Germain Av.		
	City or town, state or province, country, and ZIP or foreign postal code San Francisco CA 94114		
<b>F</b> Name and address of principal officer: Lisa C. Gautier 99 St. Germain Av. San Francisco CA 94114			<b>G</b> Gross receipts \$ 467,534.
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <u>www.matteroftrust.org</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1998	<b>M</b> State of legal domicile: CA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Our programs link surplus with needs. We promote recycling, sorting waste for useful stockpiles and diverting compostables from landfill. Our eco-center diverts educational resources showing how nature is abundance in balance.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	7
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	3
	6	Total number of volunteers (estimate if necessary) . . . . .	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) . . . . .	356,518.	435,946.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	378,935.	10,649.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		7,190.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	735,453.	453,785.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	5,706.	39,561.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		2,581.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>24,583.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	658,627.	475,382.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	664,333.	517,524.
19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	71,120.	-63,739.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) . . . . .	83,222.	15,579.
	22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	5,628.	3,235.
		77,594.	12,344.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	<u>LISA GAUTIER, PRESIDENT</u>	<u>11/8/15</u>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Antoinette G. Nies	<u>Antoinette G. Nies</u>	11/02/15		P00177373
	Firm's name ▶	ANTOINETTE G NIES			
	Firm's address ▶	61 PRINCE ROYAL DRIVE CORTE MADERA CA 94925			
				Firm's EIN ▶	68-0402098
				Phone no.	(415) 924-6960

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No