Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A		w P 11	nd ending	,				
В		if applicable: s change C Name of organization	D Employer identification number					
	Name	K/N Consultants LTD			46-4698607			
	Initial re	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone n	Telephone number			
	Final ret	urn/terminated 238 West 106th Street	Apt #6F	(347)	(347) 746-5931			
	Amend	ed return City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	emption			
	Applica	tion pending New York NY	10025		Number			
G		unting Method: X Cash Accrual Other (specify) ►	<u></u>	organization is not				
I		site: N/A		to attach Schedule B				
J	Tax-ex	cempt status (check only one) $- \boxed{\mathbb{X}}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1)	or 527 (Form	990, 990-EZ,	or 990-PF).			
K		of organization: X Corporation Trust Association Other						
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,00 s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 99	00 or more, or if total 0-EZ	⊳ \$	19,668.			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala						
1 6	41 6 1	Check if the organization used Schedule O to respond to any question in this Part I						
	1	Contributions, gifts, grants, and similar amounts received			19,668.			
	2	Program service revenue including government fees and contracts			17,000.			
	3	Membership dues and assessments						
	4	Investment income						
	5 a	Gross amount from sale of assets other than inventory	5 a					
		· —	5 b					
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c				
	6	Gaming and fundraising events						
R E	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a					
R E V E	b	Gross income from fundraising events (not including \$	of contributions					
N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b					
	С	Less: direct expenses from gaming and fundraising events	6 c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		0.4				
	7.	6b and subtract line 6c)	j.	· · · 6 d				
		• • • • • • • • • • • • • • • • • • • •	7 a					
			7 b					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O)						
	8				10.550			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			19,668.			
	10 11	Grants and similar amounts paid (list in Schedule O)						
F	12	Salaries, other compensation, and employee benefits						
EXPENSES		Professional fees and other payments to independent contractors			0.040			
Ë	13 14	Occupancy, rent, utilities, and maintenance			9,842.			
S	15	Printing, publications, postage, and shipping			0.050			
ร	16	Other expenses (describe in Schedule O)	orm 990-EZ. Part I. Line 16 Other	Expenses 16	2,250.			
	17	Total expenses. Add lines 10 through 16			<u>5,329.</u>			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			17,421. 2,247.			
A					۷,24/.			
AS NS EE TT S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag figure reported on prior year's return)	gree with end-of-year	19	0.			
	20	Other changes in net assets or fund balances (explain in Schedule O)			0.			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 · · · · · ·			2,247.			
_		The state of the s		1 = -	۵,441.			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Pa	rt II Balance Sheets (see the Inst Check if the organization used Scheo	ructions for Part II)	ion in this Part II				
	Check if the organization used Sched	dule O to respond to any quest	ion in this Part ii · · ·	(A) Beginning of year	Τ	(B) End of year	
22	Cash, savings, and investments			0.	22	7,747.	
23	Land and buildings			0.	23	0.	
24	Other assets (describe in Schedule O)			0.	24	0.	
25	Total assets				25	7,747.	
26	Total liabilities (describe in Schedule O)		[0.	26	5,500.	
27	Net assets or fund balances (line 27 of o	, ,	,		27	2,247.	
Pa	rt III Statement of Program Service A	Accomplishments (see the in	structions for Part III)			Expenses	
\//hat	Check if the organization used Schris the organization's primary exempt purpose? Se	edule O to respond to any que	stion in this Part III			uired for section 501	
Des	cribe the organization's program service acc	e Organization's Primary Exem complishments for each of its th	npt Purpose hree largest program s	ervices, as		and 501(c)(4) nizations; optional	
mea	cribe the organization's program service acc sured by expenses. In a clear and concise r efited, and other relevant information for eac	manner, describe the services	provided, the number	of persons	for ot	hers.)	
28	501(c)(3)status was confi						
	Launched organization's v		 d fundraising				
	for Open Access Network.						
	(Grants \$ 0.) If th	is amount includes foreign gra	nts, check here		28 a	15,386.	
29							
	70	is amount includes foreign gra					
30	(Grants \$) If th	is amount includes foreign gra	nts, check here		29 a		
30							
	(Grants \$) If th	(Grants \$) If this amount includes foreign grants, check here					
31							
		is amount includes foreign gra			31 a		
32	Total program service expenses (add lin				32	15,386.	
Pa	rt IV List of Officers, Directors,						
	Check if the organization used Sch	edule O to respond to any que	stion in this Part IV		<u></u>		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	on (d) Health benefits, contributions to employed benefit plans, and defers compensation	ee red	(e) Estimated amount of other compensation	
<u>Li</u> s	sa Norberg	-					
	-founder	30.00	(0.	0.	0.	
	oecca Kennison				^	0	
CO-	-founder	30.00		0.	0.	0.	
		-					
		_					
		-					
		-					
		-					
		-					
		+	+	 			
		-					

Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
22	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		3.7
25	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		Х
აა	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		v
		35 b		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If Yes, complete Schedule L. Part II and enter the total			
	amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4955 ; section 4955			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	70.0		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed			
	a The organization's books are in care of Lisa Norberg Located at 238 West 106th Street New York NY ZIP + 4 10025 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	746- 42b	-593 Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44 a		Х
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		v
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
		770		$\stackrel{\wedge}{\vdash}$
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

					_	Yes	No	
	he organization engage, directly or indirectly idates for public office? If 'Yes,' complete So				46		Х	
Part VI					40		Λ	
	All section 501(c)(3) organization for lines 50 and 51.	s must answer que	estions 47-49b and 5	52, and complete th	e tables			
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI					
47 Did tl	he organization engage in lobbying activities	s or have a section 501/	(h) election in effect durin	a the tax year? If 'Yes '		Yes	No	
comp	blete Schedule C, Part II				47		Х	
	e organization a school as described in sect	. , . , . , , ,	•				Х	
	he organization make any transfers to an ex	•	ŭ				X	
	es,' was the related organization a section 52 plete this table for the organization's five high	•						
	oyees) who each received more than \$100,							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other com			
None								
					+			
f Total	number of other employees paid over \$100),000 ▶	1	1				
51 Comp	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde	ependent contractors who	each received more that	an \$100,000 c	of		
	(a) Name and business address of each independent cor		(b) Type	of service	(c) Comp	ensatio	n	
None	<u> </u>		(1) 31 3		+ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			-					
			_					
			-					
					+			
			-					
			-					
d Total	I number of other independent contractors e	ach receiving over \$100	2,000		<u> </u>			
	he organization complete Schedule A? Note	•	•	a		Г		
	oleted Schedule A	()()	0	· · · · · · · · · · · · · · · · · · ·	► X Yes	.	No	
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, inc and complete. Declaration of preparer (other than officer) is	luding accompanying schedules based on all information of whi	s and statements, and to the best ich preparer has any knowledge.	of my knowledge and belief, it i	s			
	05/15/15							
Sign				Date	Date			
Here	Lisa Norberg Type or print name and title		Co-Founder					
	Print/Type preparer's name	Preparer's signature	Date		PTIN			
Date	Tina Salandra	Tina Salandra	06/08/	Check if self-employed	P0143024	7		
Paid Preparer	Firm's name ► NUMERICAL, LLC	Jaranara	100/00/.	-5 1 775	_ 0 _ 1 0 0 2 1	,		
Use Only	Firm's address > 215 Park Avenue South [Suite 1402]			Firm's EIN ►	Firm's EIN • 13-4152018			
	New York		NY 10003	Phone no. (2	<u>12) 777-</u>	0807	7	
May the IR	S discuss this return with the preparer show	n above? See instruction	ons		► X Yes	; <u> </u>	No	