## **50rm 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

2014

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2014 calend	ar year, or tax year beginning , 2014,	and ending		, 20
В	Check if ap	pplicable:	C Name of organization		D Employer	identification number
	Address c	change				
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	number
님	Initial retu					
H	Final retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Ex	cemption
Ħ	Applicatio				Number	•
_		ting Method:	Cash	н	Check ▶ □	if the organization is <b>not</b>
	Website	•				ttach Schedule B
J 1	Гах-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or	r	(Form 990, 9	90-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	more, or if tota	al assets	
(Pa	ırt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		►	\$
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	instruction	ns for Part I)
		Check if	the organization used Schedule O to respond to any question	in this Part I		
	1		ons, gifts, grants, and similar amounts received			
	2		ervice revenue including government fees and contracts		2	
	3	_	ip dues and assessments		3	
	4	Investment	t income		4	
	5a	Gross amo	ount from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
	С		ss) from sale of assets other than inventory (Subtract line 5b from I	ine 5a)	5с	
	6		d fundraising events	,		
	а	_	ome from gaming (attach Schedule G if greater than			
ne			6a			
Revenue	b	Gross inco	me from fundraising events (not including \$ of	f contribution	าร	
è			aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	ch gross income and contributions exceeds \$15,000)   6b			
	С	Less: direc	et expenses from gaming and fundraising events <b>6c</b>			
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and	d 6b and su	btract	
		line 6c) .			· · 6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	b	Less: cost	of goods sold			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line $\overline{7a}$ ).		7с	
	8	Other reve	nue (describe in Schedule O)		8	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
	10		similar amounts paid (list in Schedule O)			
	11	Benefits pa	aid to or for members		11	
Se	12		ther compensation, and employee benefits			
пŝ	13	Profession	al fees and other payments to independent contractors		13	
Expenses	. 14	Occupanc	y, rent, utilities, and maintenance		14	
Щ	15		ublications, postage, and shipping			
	16		enses (describe in Schedule O)			
	17		enses. Add lines 10 through 16			
S	18		(deficit) for the year (Subtract line 17 from line 9)			
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))			
ASS			ur figure reported on prior year's return)			
et,	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
Z	21		or fund balances at end of year. Combine lines 18 through 20		▶ 21	

Form 990-EZ (2014) Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 23 23 Land and buildings . . . . . . . 24 Other assets (describe in Schedule O) 24 Total assets . . . . . . . 25 25 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 ) If this amount includes foreign grants, check here 28a (Grants \$ 29 29a ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 31a 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation

Form 990-EZ (2014)

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the expenization engage in any significant activity not provide a transfer to the IDS2 If "Vee " provide a		Yes	No
33	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		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
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	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 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			
е	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	40e		
41	List the states with which a copy of this return is filed ▶			•
42a	The organization's books are in care of ▶ Telephone no. ▶			
<b>L</b>	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
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	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
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)	45b		

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01111 00	0-62 (20	, i <del>- i</del> j							age ¬
							. –	Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							
Part '	VI :	Section 501(c)(3) organizations	only				l .	-1	
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b ar	nd 52, and	d complete th	e tables	tor lir	nes
		Check if the organization used Scl	hadula () to respond	to any guestion i	n this Parl	· \/I			
		officer if the organization used oci	nedule o to respond	to any question	ii tilis i ali	. VI		Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		_	tax . 47		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	. 48	3	
49a	Did th	e organization make any transfers to	o an exempt non-cha	ritable related orga	anization?		. 49	а	
b		s," was the related organization a se					. 49		1
50		plete this table for the organization's byees) who each received more than							
	empic	byees) who each received more than	-			ealth benefits,	e, enter	None.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	tions to employee lans, and deferred impensation	(e) Estima other o	ated amo ompensa	
f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	 ctors who each	n receive	d mor	e than
	(a)	Name and business address of each independ	dent contractor	<b>(b)</b> Type of	service	(c)	) Compens	ation	
	T-+ '	an mala an af all an in dear		#400 CCC					
52	Did t	number of other independent contra he organization complete Schedu leted Schedule A	•	ection 501(c)(3) or	•				No.
	enalties	of perjury, I declare that I have examined this r			ements, and t	to the best of my ki	. <b>▶</b> ∐ <b>Y</b> onowledge a		No f, it is
rue, cor	rect, and	d complete. Declaration of preparer (other than	n oπicer) is based on all info	rmation of which prepa	rer has any kr	nowledge.			
Sign		Signature of officer				Date Date			
Here		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date		if PTIN		
Prep		F. 1				self-emplo	yed		
Use (	Only	Firm's name				Firm's EIN ▶			
Mav th	ne IRS	Firm's address ► discuss this return with the preparer	r shown above? See i	nstructions		Phone no.	►   Y	25	No

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

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
	rganization is not a private founda		,		-	•	
	A church, convention of churc			ibed in <b>s</b> e	ection 17	′0(b)(1)(A)(i).	
	A school described in <b>section</b>						
	A hospital or a cooperative ho						(···) =
4	A medical research organization hospital's name, city, and stat	•	onjunction with a nosp	oitai desc	cribed in s	section 1/0(b)(1)(A)	(III). Enter the
5	An organization operated for		college or university	owned c		ad by a gavernment	al unit described in
3	section 170(b)(1)(A)(iv). (Com		college of university	owned c	л ореган	ed by a government	ai unii described in
6	☐ A federal, state, or local gover	•	mental unit described	l in <b>secti</b>	on 170(h)	\(1\(Δ\( <sub>V</sub> )	
	An organization that normally						the general public
-	described in section 170(b)(1)			port iron	. a govo.	Timorical arms of from	Taro goriorai pabilo
8	☐ A community trust described i		· ·	Part II.)			
	☐ An organization that normally				from con	tributions members	ship fees, and gross
•	receipts from activities related	` '					
	support from gross investme						
	acquired by the organization a	fter June 30, 19	75. See <b>section 509(</b> a	a)(2). (Co	mplete Pa	art III.)	
10	☐ An organization organized and	l operated exclu	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	$\hfill \square$ An organization organized and						
	one or more publicly supported						
	the box in lines 11a through 11			_		·	_
а	☐ <b>Type I</b> . A supporting organiz	•	•	•		• , , , •	
	the supported organization(s organization. You must con	nplete Part IV, S	Sections A and B.		-		_
b	Type II. A supporting organi						
	control or management of th			ne same p	persons t	hat control or manaç	ge the supported
	organization(s). You must co	-					
С	Type III functionally integra its supported organization(s)						y integrated with,
الم		· ·	•				
d	☐ Type III non-functionally in that is not functionally integr	•		•		• • • • • • • • • • • • • • • • • • • •	• , ,
	requirement (see instructions						an attentiveness
е	Check this box if the organiz	-	-				I. Type III
	functionally integrated, or Ty						, <b>,</b> ,
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN		(iv) Is the	organization		
			(described on lines 1–9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))				,
				Yes	No		
(A)							
(B)							
<b>(0)</b>							
(C)							
(D)							
(E)							
Total							

	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	ion A. Public Support	quality unde	er trie tests lis	sted below, p	ilease comple	ete Fart III.)	
	idar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(8) 2011	(0) 2012	(4) 2010	(6) 2011	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	( ) 0010	(1) 0044	( ) 0040	( 1) 0040	1 ) 004 1	(0 T
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	 n, or fifth tax y	<b>12</b> ear as a section	on 501(c)(3)
	organization, check this box and stop her	re					🕨 🗌
	on C. Computation of Public Suppor			(2)		T	
14	Public support percentage for 2014 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2013 Sch 33 <sup>1</sup> /3% support test—2014. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹		
b	33 <sup>1</sup> / <sub>3</sub> % support test—2013. If the organicheck this box and stop here. The organicheck	nization did no	ot check a box	k on line 13 o	r 16a, and line		or more, ▶ □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part VI how the organization meets the "forganization	)14. If the orga ets the "facts-	anization did na and-circumsta	ot check a box inces" test, ch	c on line 13, 16 eck this box ar	nd <b>stop here.</b> I	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the "fact	e "facts-and-ci	ircumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

<u> </u>	in the organization rails to quality	under the te	sts listed bei	ow, please co	implete Fart	11.)	
	on A. Public Support		T				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor				_		
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (			-			%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		=	-		_	_
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this I	_	=		-		
20	<b>Private foundation.</b> If the organization di	d not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
_	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
0	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
С	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		
100	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
	below, the governing body of a supported organization?	11a			
	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c			
Section	on B. Type I Supporting Organizations				
_			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported	•			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>				
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2			
Section	on C. Type II Supporting Organizations				
	<i>y</i> 11 0 0		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Section	on D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax				
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_			
_		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's				
	supported organizations played in this regard.	3			
Section	on E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).	
a	The organization satisfied the Activities Test. Complete line 2 below.			-/-	
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
c	The organization is the parent of each of its supported organizations. Complete <b>interes</b> below.	ee ins	tructi	ons)	
2	Activities Test. Answer (a) and (b) below.		Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>				
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	0-			
h	·	2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the				
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b			

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

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

Part VI	Form 990 or 990-EZ) 2014  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
art vi	Part III, line 12. Also complete this part for any additional information. (See instructions.)
	Tartin, line 12. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization	Employer identification number	
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