<u>99</u>0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 2014, and ending 20 C Name of organization D Employer identification number В Check if applicable: Address change Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes No **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) ___ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ **H(c)** Group exemption number ▶ L Year of formation: Form of organization: | Corporation | Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h). Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions) .

Form 990 (2014) Page **2**

| Part | Statement of Program Servi Check if Schedule O contains | | | III | |
|------|---|---|-----------------------|-----------------------------------|-------|
| 1 | Briefly describe the organization's mi | ission: | | | |
| | | | | | |
| 2 | Did the organization undertake any s prior Form 990 or 990-EZ? | | | | |
| 3 | If "Yes," describe these new services Did the organization cease conduction services? | on Schedule O. eting, or make signific | ant changes in how | <i>i</i> it conducts, any progran | 1 |
| 4 | If "Yes," describe these changes on Subscribe the organization's program | Schedule O. | | | |
| 7 | expenses. Section 501(c)(3) and 501 the total expenses, and revenue, if ar | (c)(4) organizations are | required to report th | | |
| 4a | (Code:) (Expenses \$ | | | | |
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| 4b | (Code:) (Expenses \$ | | |) (Revenue \$ | |
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| 40 | (Codo:) (Eyponooo ¢ | including a | ranta of ¢ |) /Payanua ¢ | \ |
| 4c | (Code:) (Expenses \$ | including g | |) (Revenue \$ | / |
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| | | | | | |
| | | | | | |
| 4d | Other program services (Describe in | Schedule O) | | | |
| | (Expenses \$ includin | g grants of \$ |) (Revenue \$ |) | |
| 4e | Total program service expenses ► | | | | |

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)? If "Yes," complete Schedule A | 1 | | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 2 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 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 | | |
| 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 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | |
| 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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i> | 9 | | |
| 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 | | |
| 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, Part VI | 11a | | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i> | 11c | | |
| | 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 | | |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> . | 11e | | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | |
| 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 | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| 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? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | |
| 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 | | |
| 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 | | |
| 20 a | | 20a | | |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |

| Part | V 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 | | |
| 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 | | |
| 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 | | |
| 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 Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | |
| 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 | | |
| 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 | | |
| 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 of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | 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 | 28a 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 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 | | |
| 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? <i>If "Yes," complete Schedule R, Part I </i> | 33 | | |
| 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 | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | 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 | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|------|---|-----|-----|----|
| | 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 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | 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)? | 40 | | |
| h | If "Van " and on the group of the fourier acceptant. | 4a | | |
| D | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30 | | |
| Ju | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts 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 services provided to the payor? | 7a | | |
| b | 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 was | | | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | 4 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a 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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a b 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18

- available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website ☐ Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial 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: ▶

| Form 990 (2014) | Page 7 |
|-----------------|---------------|
|-----------------|---------------|

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

| Check this box if neither the organization nor | any related | a orga | anız | atio | n co | ompe | nsa | ted any curren | t officer, directo | r, or trustee. |
|--|-----------------------------|---|---------------------------------|---------|-------------------|------------------------------|--------------------|---------------------------------|--------------------|-----------------------|
| | | | | (0 | | - | | | | |
| (A) | (B) | Position (do not check more than one | | | nne. | (D) | (E) | (F) | | |
| Name and Title | Average | box, ι | unles | s pe | rson | is both | n an | Reportable | Reportable | Estimated |
| | hours per week (list any | | officer and a director/tractor/ | | compensation from | compensation from related | amount of other | | | |
| | hours for | Indi or d | Insti | Officer | Key employee | High | Former | the | organizations | compensation |
| | related organizations | /idua | tutic | ěř | emp | lest o | ner | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | or tr | nal | | oloye | e | | , | | and related |
| | line) | Individual trustee or director | Institutional trustee | | ф | pens | | | | organizations |
| | | | ee | | | Highest compensated employee | | | | |
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| (14) | | | | | | | | | | |
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| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mplo | yees | s, ar | nd F | lighe | st C | ompensated E | mployees (| continue | ed) | • | |
|---------|---|-------------------------------|--------------------------------|-----------------------|---------|---------------|------------------------------|--------------|-------------------------|----------------------------|--------------|----------------|---------------------|----|
| | | | | | | C) ition | | | | | | | | |
| | (A) | | (do n | ot ch | | | e than o | one | (D) | (E) | . | | (F) | |
| | Name and title | Average hours per | | | | | is both or/trust | | Reportable compensation | Reportab compensation | | | mated unt of | |
| | | week (list any | | _ | _ | | | - | from | related | | ot | her | _ |
| | | hours for related | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization | organizatio (W-2/1099-N | | | ensatior n the | 1 |
| | | organizations below dotted | dual | tion | ٦ | mpk | st cc | 4 | (W-2/1099-MISC) | | | _ | nization | |
| | | line) | trus | al tru | | уее | mp | | | | | | related izations | ; |
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| | | | | <u> </u> | | | ied | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (4.0) | | | | | | | | | | | | | | |
| (16) | | | 1 | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (00) | | | | | | | | | | | | | | |
| (20) | | | 1 | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | > | | | | | | |
| С | Total from continuation sheets to Part | VII, Sectio | n A | | | | | > | | | | | | |
| d | | | | | | | | <u>\</u> | | *. | | | | |
| 2 | Total number of individuals (including burreportable compensation from the organi | | d to th | iose | e list | ed | above | e) w | ho received m | ore than \$1 | 00,000 | ot | | |
| | reportable compensation nom the organ | Zation | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | ficer, direc | tor, c | r tr | uste | ee, | key e | emp | oloyee, or high | est compe | nsated | | | |
| | employee on line 1a? If "Yes," complete | Schedule J | for su | ıch | indi | ividı | ıal | | | | | 3 | | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| | organization and related organizations | greater th | an \$1 | 150, | ,000 |)? <i>I</i> : | f "Ye | s," | complete Sch | edule J fo | r such | | | |
| _ | individual | | | neat | tion | fro | m anv | | related organia | vation or inc | dividual | 4 | | |
| 5 | for services rendered to the organization | | | | | | | | | | | 5 | | |
| Section | on B. Independent Contractors | | | | | | | | , | | | | | |
| 1 | Complete this table for your five highest | compensat | ed ind | dep | end | ent | contr | acto | ors that receive | ed more tha | ın \$100, | 000 of | | |
| | compensation from the organization. Repyear. | oort compe | nsatio | on fo | or th | ne c | alend | lar y | ear ending wit | h or within | the orga | anizatio | n's ta | X |
| | (A) Name and business address | | | | | | | | (B) Description of s | ervices | С | (C) Compens | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | re (includir | na hi | ıt n | O† | limi+ | ed to | | ince lieted sh | ave) who | | | | |
| _ | received more than \$100,000 of compens | | | | | | | <i>,</i> (11 | iose iisteu dDi | JVG) WITO | | | | |

Page 9 Form 990 (2014) Part VIII Statement of Revenue

| | | Check if Schedule O contains a resp | onse or note to | any line in this | | <u> </u> | |
|--|--------|---|--------------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns 1a | | | | | |
| irar | b | Membership dues 1b | | | | | |
| ¥,6 | С | Fundraising events 1c | | | | | |
| ar / | d | Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | е | Government grants (contributions) 1e | | | | | |
| Si Si | f | All other contributions, gifts, grants, | | | | | |
| but | | and similar amounts not included above 1f | | | | | |
| و ت | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| a Co | h | Total. Add lines 1a-1f | ▶ | | | | |
| | | | Business Code | | | | |
| en. | 2a | | | | | | |
| Ве | b | | | | | | |
| <u>8</u> | С | | | | | | |
| Şer. | d | | | | | | |
| Ē | е | | | | | | |
| Program Service Revenue | f | All other program service revenue . | | | | | |
| P | g | Total. Add lines 2a–2f | ▶ | | | | |
| | 3 | Investment income (including divide | | | | | |
| | | and other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bo | nd proceeds ► | | | | |
| | 5 | Royalties | 🕨 | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory (i) Securities | (ii) Other | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses . | | | | | |
| | C | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | ▶ | | | | |
| enne | 8a | Gross income from fundraising events (not including \$ | | | | | |
| Other Revenu | | of contributions reported on line 1c). See Part IV, line 18 a | | | | | |
| Ě | b | Less: direct expenses b | | | | | |
| O | С | Net income or (loss) from fundraising | events . ► | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | b | Less: direct expenses b | | | | | |
| | С | Net income or (loss) from gaming active | /ities ▶ | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances a | | | | | |
| | b c | Less: cost of goods sold b Net income or (loss) from sales of inve | entory > | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | C | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a–11d | ▶ | | | | |
| | 12 | Total revenue. See instructions | | | | | |

Form 990 (2014) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 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 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management Legal Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20

21

22

23

24

25

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Par | rt X | | 🗌 |
|-----------------------------|----------|---|---------------------------------|----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ets | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ٧ | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 13 | |
| | 13 14 | Investments—program-related. See Part IV, line 11 | | 14 | |
| | 15 | Intangible assets | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | |
| _ | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| abi | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| Ξ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | 00 | of Schedule D | | 25 | |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | 26 | |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | |
| nc | 27 | Unrestricted net assets | | 27 | |
| ala | 28 | Temporarily restricted net assets | | 28 | |
| d B | 29 | Permanently restricted net assets | | 29 | |
| 'n | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| r F | | complete lines 30 through 34. | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Į Ą | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Ne | 33 | Total net assets or fund balances | | 33 | |
| | 34 | Total liabilities and net assets/fund balances | | 34 | |

Form 990 (2014) Page **12**

| Part | 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 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | | |
| 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 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | | | |
| Part | XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | - | |
| | A " " | | | Y | es | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex | مامام | <u></u> | | | |
| | Schedule O. | piairi | ırı 📗 | | | |
| 0- | | | | 2a | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com | | | .a | | |
| | reviewed on a separate basis, consolidated basis, or both: | Jileu | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2 | 2b | | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on | - | | | |
| | separate basis, consolidated basis, or both: | <i>J</i> u 011 | ۳ | | | |
| | ☐ 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 o | /ersia | ht | | | |
| Ū | of the audit, review, or compilation of its financial statements and selection of an independent account | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain | in 🗔 | | | |
| | Schedule O. | • | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | in | \top | | |
| | the Single Audit Act and OMB Circular A-133? | | | Ba | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | rgo th | ne 📑 | _ | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | b | | |
| | | | | Earm Q | 200 | (004.4) |

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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) nonexempt charitable trust.

► 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.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

| Pa | rt I Reason for Public Cha | rity Status (All | organizations must | comple | te this p | art.) See instruction | ons. | | |
|--------|---|-----------------------------------|--|----------------------|---------------------------------------|---|---|--|--|
| he | organization is not a private founda | ation because it i | s: (For lines 1 through | 11, ched | ck only or | ne box.) | | | |
| 1 | ☐ A church, convention of churc | | | ibed in se | ection 17 | 0(b)(1)(A)(i). | | | |
| 2 | A school described in section | | | | | | | | |
| 3 | A hospital or a cooperative ho | | | | | | | | |
| 4 | A medical research organization | | onjunction with a hosp | oital desc | ribed in s | section 170(b)(1)(A) | (iii). Enter the | | |
| _ | hospital's name, city, and state | | | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | plete Part II.) | | | | | al unit described in | | |
| 6 7 | ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 8 | ☐ A community trust described i | n section 170(b) | (1)(A)(vi). (Complete | Part II.) | | | | | |
| 9 | An organization that normally receipts from activities related support from gross investme acquired by the organization a | d to its exempt ent income and | functions—subject to unrelated business | certain taxable i | exception ncome (l | ns, and (2) no more ess section 511 ta | than 331/3% of its | | |
| 10 | ☐ An organization organized and | l operated exclus | sively to test for public | c safety. | See sect i | ion 509(a)(4). | | | |
| 11 | An organization organized and one or more publicly supported the box in lines 11a through 11a | d organizations d | escribed in section 50 | 09(a)(1) ⊙ | r section | 509(a)(2). See sect | ion 509(a)(3). Check | | |
| a | Type I. A supporting organiz the supported organization(s organization. You must com | s) the power to re | egularly appoint or ele | • | | | . , , , , | | |
| k | Type II. A supporting organization or management of the organization (s). You must control or management organization (s). | e supporting org | ganization vested in th | | | | | | |
| c | ts supported organization(s) | | | | | | y integrated with, | | |
| c | Type III non-functionally in that is not functionally integr requirement (see instructions | ated. The organi | zation generally must | satisfy a | distributi | on requirement and | | | |
| e | | ation received a | written determination | from the | IRS that | it is a Type I, Type I | I, Type III | | |
| f | • • | - | | | J | | | | |
| ç | | | oorted organization(s). | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (described on lines 1–9 above or IRC section | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | (see instructions)) | Yes | No | | | | |
| A) | | | | | | | | | |
| В) | | | | | | | | | |
| C) | | | | | | | | | |
| D) | | | | | | | | | |
| E) | | | | | | | | | |
| | | | | | | | | | |
| ot: | ı | | | | | | | | |

| Part | Support Schedule for Organiza | ations Descr | ibed in Sect | ions 170(b)(1 |)(A)(iv) and 1 | 170(b)(1)(A)(v | ri) |
|-----------|---|------------------------------------|------------------------------|---------------------------------|----------------------|------------------------|--------------|
| | (Complete only if you checked th | | | | | | alify under |
| | Part III. If the organization fails to | qualify unde | er the tests lis | sted below, p | lease comple | ete Part III.) | |
| | on A. Public Support | | | | | | |
| Calen | dar 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 | 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 | | I | T | 1 | T | |
| | dar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 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. First five years. If the Form 990 is for the organization, check this box and stop he | ne organization | n's first, secon | d, third, fourth | = | | |
| Secti | on C. Computation of Public Suppor | | | | | | · · · · |
| 14 | Public support percentage for 2014 (line 6 | | | 1 column (f)) | | 14 | % |
| 15 16a | Public support percentage from 2013 Sch 331/3% support test—2014. If the organization | nedule A, Part zation did not | II, line 14 check the box | on line 13, and | d line 14 is 33¹ | 15 /3% or more, o | % check this |
| h | box and stop here. The organization qua 33 ¹ / ₃ % support test—2013. If the organ | | | - | | | _ |
| b | check this box and stop here. The organ | ization qualifie | s as a publicly | supported org | ganization . | | ▶ 🗆 |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "f organization | ets the "facts- | and-circumsta | nces" test, che | eck this box ar | nd stop here. I | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization | tion meets the leets the "facts | facts-and-ci | rcumstances" tances" test. T | test, check th | nis box and st | op here. |
| 18 | Private foundation. If the organization di | d not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | k this box and | see |

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.)

| | if the organization falls to quality | under the te | sts listed bei | ow, piease co | implete Fart | 11.) | |
|-------|--|-----------------|------------------|------------------|-------------------|-----------------|--------------|
| | on A. Public Support | | T | | | | |
| | dar 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 | | | | | | |
| 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.) | | | | | | |
| | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2010 | (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 | J | n's first, secon | d, third, fourth | ı, or fifth tax y | ear as a sectio | on 501(c)(3) |
| | organization, check this box and stop he | | | | | | 🕨 🔼 |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2014 (line 8 | | | | | | % |
| 16 | Public support percentage from 2013 Sch | | | <u></u> | | 16 | % |
| | on D. Computation of Investment In | | | | (0) | | |
| 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 33 ¹ / ₃ %, check this box | | = | - | | _ | |
| b | 331/3% support tests—2013. If the organiz | | | | | | |
| 00 | line 18 is not more than 331/3%, check this line 18 is not more th | | _ | | · · · · · · · | | |
| 20 | Envare roungation. It the organization of | о погспеска | DOX ON IIDE 14 | 198 OF 190 (| THECK THIS DOX | 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 | Nο |
|-----|--|----------|-----|-----|
| 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. | 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part 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. | 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 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). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | F 1- | | |
| 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? <i>If</i> "Yes," provide detail in Part VI. | 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). | 7 | | |
| 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 | 8 | | |
| Ju | 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 . | 9a | | |
| 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. | 9b | | |
| С | 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 . | 9c | | |
| 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. | 10a | | |
| 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.) | 10b | | |

| Has the organization accepted a gift or contribution from any of the following persons? a 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? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (g) above? A 35% controlled entity of a supported organization or the provided organization in Part VI. Section B. Type I Supporting Organizations Did the directors, insteles, or memberability of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of interesting organization, describe how the powers to appoint and/or remove directors or insteles at all times during the tax year? If 'No.' describe in Part VI how the supported organizations of subtractions, describe how the powers to appoint and/or remove directors or insteles were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the organization operate for the benefit of any supported organization of the supporting organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the propertion organization or the supported organization of the supporting organizations. 2 Did the organization operate for the benefit of any supported organization of the thin the supported organization or supported organization of the supported organization or supported organization and (a) organization or a management of the supporting organization was vested in the same persons that controlled or managed the supported organization or supported organization, and (3) colars of the organization or supported organization or supported organization or sup | Part | V Supporting Organizations (continued) | | - | |
|--|-------|--|---------|--------|------|
| a 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? b A family member of a person described in (s) above? c A 35% controlled entity of a person described in (s) above? c A 35% controlled entity of a person described in (s) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 10 bid the directors, trustees, or membership of one or more supported organizations have the power to regulately appoint or elect at tests at majority of the organization of understanding and the supported organizations have the power to regulately appoint or elect at tests at majority of the organization of understanding and what conditions or restrictions, if any, applied to such powers during the tax year, organization and what conditions or restrictions, if any, applied to such powers during the tax year apported organization of the organization of the supported organization of the organization of the organization of the supported organization of the supported organization of the supported organization of the supported organization of the organi | | | | Yes | No |
| below, the governing body of a supported organization? b A family member of a person described in (a) above? c 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. Section B. Type I Supporting Organizations Yes No Hold 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 in our the supported organization from than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization shad what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization. 3 Did the organization operate for the purposes of the supported organization what the supported organization when the supported organization when the companies of the supporting organization was vested in the same persons that controlled or managed the susponded organization when the organization and the supporting organization was vested in the same persons that controlled or managed the suspended organization was vested in the same persons that controlled or managed the suspended organization was vested in the same persons that controlled or managed the suspended organization mental managed the suspended organizations was vested in the sa | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a person described in (a) above? 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. 10 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 now the supported organization's directors or trustees at all times during the tax year." If "No," describe in Part VI now providing such benefit carried out the supported organization and explaint on the directors or trustees at all times during the tax year." If yes, "explain in Part VI how providing such benefit carried out the purposes of the supported organization for the than the supported organization of the trust than the supported organization or trustees of each of the organization or estrictions, I and y, applied to such powers during the tax year." 2 Did the organization and what conditions or restrictions, I any, applied to such powers during the tax year. 2 Did the organization organization or feature or the purposes of the supported organization for the thin the purposes of the supported organization organization." If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization organization. 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 aupported organization, if "No," describe in Part VI how control or managed the supporting Organization was vested in the same persons that controlled or managed the supported organization in the supported organization in the supported organization in the organization in the supported organization in the organization in the power in the supported organization in the organization in the power in the supported organization in the power in the organization in the power in the organizati | а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| c. A 55% controlled ontity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations | | below, the governing body of a supported organization? | | | |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or lect at least a najority of the organization's directors or trustees at littimes during the tax year? If "No", describe in Part W how the supported organization (effectively operated, supervised, or controlled the organization's earthlies. If the organization have the powers during the tax year? If "No", describe in Part W how the supported organization of the supported organization, shall be organization or restrictions, if any, applied to such powers during the tax year. 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 W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated organization(s) that operated, supervised, or controlled the supported organization of the supported organization organization organization organization(s)? If "No," describe in Part VI how control or management of the supporting 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 officers, director, or trustees e | b | A family member of a person described in (a) above? | | | |
| 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 his in Part W how the supported organization's directors' 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 are almost among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization's articles, and the supporting organization of the supporting organization, organization's the supported organization of the remove directors or trustees of organization's the supported organization's that operated, supervised, or controlled the supporting organization's supported organization's the supported organization's that operated, supervised, or controlled the supporting organization's controlled or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organization's investment provided organization's that organization is supported organization's investment provided organization or trustees of each of the Form 990 that was most recently filed as of the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees of the relation of the relationship described in (2), did the organization's investment policies and in directing the use of the organization's assembly described in (2), did the organizati | | | 11c | | |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an appoint of the organization's directors or trustees at all times during the tax year? If "No." describe in Part W 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. 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, supervised, or controlled the supporting organization of the supported organization of the organization of the supporting organization organization of the supported organization or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization stax year, (1) a written notice describing the type and amount of support provided during the prior tax year. (2) a copy of the Form 980 that was most recently filed as of the date of notification, and (3) copies of the organization should be organization should be organization should be organization should be organization or supported organization (3). 2 Were any of the organization's officers, directors, or trustess either (1) apploited organization should by the supported organization should organization was exported | Secti | on B. Type I Supporting Organizations | | | |
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| 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(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is at 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 field as of the date of notification, and (3) coles of the organization's operanization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization's organization's supported organization's in Part VI how the organization's in Part VI how the organization's in Part VI how the organization's postion of the color organization's supported organization's vest in Part VI the role the organization's supported organizat | | | _ | | |
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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | zations | |
|--|-------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co | | | |
| 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 | | |
| 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) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 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 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 | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 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 | | |
| 6 Distributable Amount. 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-functional | ly-in | tegrated Type III support | ing organization (see |

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

| 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.) |
| | rare in, into 12. Also complete this part for any additional information. (Occ Instructions.) |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

► 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 www.irs.gov/form990. Name of the organization **Employer identification number**

| Organiz | ation type (check on | e): | | | | |
|----------------------|---|--|--|--|--|--|
| Filers of | f: | Section: | | | | |
| Form 99 | 0 or 990-EZ | ☐ 501(c)() (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | ☐ 527 political organization | | | | |
| Form 99 | 0-PF | ☐ 501(c)(3) exempt private foundation | | | | |
| | | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | ☐ 501(c)(3) taxable private foundation | | | | | |
| Note. O instructi | nly a section 501(c)(7) | covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See | | | | |
| General | Rule | | | | | |
| | | iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions. | | | | |
| Special | Rules | | | | | |
| | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % 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. | | | | | |
| | contributor, during th | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | |
| | contributor, during the contributions totaled during the year for al General Rule applie | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received nexclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the s to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions pre during the year | | | | |

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).

Name of organization

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copie | copies of Part I if additional space is needed. | | | | |
|------------|--|---|---|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person | | | |

Name of organization

Employer identification number

| Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|---|--|---|--|--|--|
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | \$ | | | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | \$ | | | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | \$ | | | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | s | | | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | \$ | | | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | \$ | | | | |
| | (b) Description of noncash property given (b) Description of noncash property given | (c) Description of noncash property given | | | |

Employer identification number

Name of organization

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ | | | | | | |
|---------------------------|---|-------------|--|-------------------------------------|--|--|--|
| | Use duplicate copies of Part III if additional space is needed. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | (e) Transfe | of aift | | | | |
| | Transferee's name, address, an | | _ | ship 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 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, an | d ZIP + 4 | Relation | ship of transferor to transferee | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | | | | | | |
| L | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, an | | Relationship of transferor to transferee | | | | |
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| J | | I | | | | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Note. Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt from Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it does not meet the filing requirements of this schedule by taking the following action:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2, or
- Checking the box on
 - Form 990-EZ, line H, or
 - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization is not required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Note. Do not include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors are not required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it should not include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the Instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributors to be Listed on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions do not include fees for the performance of services. See the Instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

General Rule

Unless the organization is covered by one of the *Special Rules* below, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's **tax year**. In determining the total amount,

separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable). even if the organization did not receive the property during the tax year.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A), or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/3% support test for the current year or prior year, or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A) (vi) organization in its first five years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990. Part VIII. line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that were not for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization did not receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently was not required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions



Do not attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II,

and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization does not know the donor's identity. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a cash contribution came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution

includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization did not receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that are not reported on Form 8872, Political Organization Report of Contributions and Expenditures, do not need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the Instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property is not immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

SCHEDULE D (Form 990)

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

| Par | t I Organizations Maintaining Donor Adv | ised Funds or Other Similar Funds o | or Accounts. |
|------|---|--|-------------------------------------|
| | Complete if the organization answered " | | |
| | | (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 funds are the organization's property, subject to the | | |
| 6 | | 3 3 | y other purpose |
| Par | t II Conservation Easements. | | |
| | Complete if the organization answered " | | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recreat | | |
| | Protection of natural habitat | ☐ Preservation of a ce | ertified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution in | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified h | | 2c |
| d | Number of conservation easements included in historic structure listed in the National Register . | (c) acquired after 8/17/06, and not on a | 2d |
| 3 | Number of conservation easements modified, transtax year ► | sferred, released, extinguished, or terminat | ed by the organization during the |
| 4 | Number of states where property subject to conser | rvation easement is located ▶ | |
| 5 | Does the organization have a written policy reg violations, and enforcement of the conservation eas | garding the periodic monitoring, inspecti | |
| 6 | Staff and volunteer hours devoted to monitoring, in | | |
| U | Stall and volunteer hours devoted to morntoning, in | ispecting, and emorcing conservation ease | ernents during the year |
| 7 | Amount of expenses incurred in monitoring, inspec | sting, and enforcing conservation easemen | ts during the year |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of sect | |
| 0 | In Part XIII, describe how the organization reports of | | Yes \ No |
| 9 | balance sheet, and include, if applicable, the text of | f the footnote to the organization's financia | |
| | organization's accounting for conservation easeme | | |
| Part | Organizations Maintaining Collections Complete if the organization answered " | | er Similar Assets. |
| 1a | If the organization elected, as permitted under SFA | AS 116 (ASC 958), not to report in its reve | enue statement and balance sheet |
| | works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo | • | |
| b | If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide the following amounts relations | assets held for public exhibition, educating to these items: | ion, or research in furtherance of |
| | (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, following amounts required to be reported under SI | historical treasures, or other similar ass | ets for financial gain, provide the |
| а | Revenue included in Form 990, Part VIII, line 1 . | | • \$ |
| b | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2014 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): ☐ Public exhibition **d** Loan or exchange programs а Other Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d 1e 1f Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \(\subseteq \textbf{Yes} \subseteq \textbf{No} \) If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (d) Three years back (c) Two years back (e) Four years back Beginning of year balance . . . Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment ▶ _____% Permanent endowment ▶ ____% Temporarily restricted endowment ▶ _____% The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) **b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value (c) Accumulated depreciation (investment) (other) Buildings Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Equipment

| Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of investment (b) Book value (c) Closely-held equity interests (c) Closely-held equity interests (d) Closely-held equity interests (d) Closely-held equity interests (e) Closely-held equity interests (d) Closely-held equity interests (e) Closely-held equity interests (d) Closely-held equity interests (e) Closely-held equi | Part VII | Complete if the organization ar | | m 990 Part IV line | a 11h See Form | 990 Part X line 12 |
|--|------------------|--|----------------------|-------------------------|-----------------------|-----------------------|
| (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (8) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | (a) Description of security or categ | | | (c) Meth | nod of valuation: |
| | | (including name of security) | • | | Cost or end- | of-year market value |
| (3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B | . , | | | | | |
| (6) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | | | | | | |
| (6) (7) (8) (8) (9) Total, (Column fig must equal from 390, Part X, col. (B) ine 12) (9) Description of investment (9) Book value (1) (2) (3) (4) (9) Total, (Column fig must equal from 390, Part X, col. (B) ine 13) (9) Total, (Column fig must equal from 390, Part X, col. (B) ine 15) (9) Total, (Column fig) must equal from 390, Part X, col. (B) line 15.) Part X Other Liabilities. Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (9) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (7) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | (3) Other | | | | | |
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| (F) (G) (G) (H) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | | | |
| Fig. | | | | | | |
| G(s) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | | | | | | |
| 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 | (H) | | | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, Jine 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) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | Total. (Column (| b) must equal Form 990, Part X, col. (B) line 12.) | > | | | |
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| (f) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | (a) Description of investment | | (b) Book value | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (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 (c) (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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25,) ▶ Total, (c) Image (| | | | | Cost or end- | of-year market value |
| (6) (6) (7) (8) (9) Total. (Column (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. (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X 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) (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. 1. (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.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | | | |
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| (g) Total. (Column (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) (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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | • | | | | | |
| 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) 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. 1. (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. 1. (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.) ▶ | | b) must equal Form 990, Part X, col. (B) line 13.) | - | | | |
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| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
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| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | | | | |
| (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. 1. (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.) ▶ | | | | | | |
| 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. 1. (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.) ▶ | | | | | | |
| 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. 1. (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.) ▶ | | mn (b) must equal Form 990, Part X, | col. (B) line 15.) | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (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.) ▶ | | | | | L | |
| Ine 25. 1. (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.) ▶ | | | nswered "Yes" to For | m 990, Part IV, line | e 11e or 11f. See | Form 990, Part X, |
| (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.) ▶ | | | | | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1. | | (b) Book value | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (1) Federal in | ncome taxes | | | | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (2) | | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (3) | | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (4) | | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (5) | | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (6) | | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | (/) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | | | | | |
| | | (h) must squal Form QQQ Part V and (P) line QE \ | <u> </u> | | | |
| A LIBRIUM OF THE PETRIC TRY DOCUMENT OF PART XIII. DEDITING THE TEXT OF THE TRAINING TO THE AROUND STATEMENT THAT PROVIDE THE | | | | ote to the organization | n's financial stateme | nte that reports the |

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

Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a Add lines **4a** and **4b** 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Supplemental Information. 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.

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| Schedule D (For | m 990) 2014 | Page \$ |
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| Part XIII | Supplemental Information (continued) | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection **Employer identification number**

| Part | General Information Form 990, Part IV, line | | ies Outside t | the United States. Comp | plete if the organization ans | wered "Yes" on |
|---------|--|--|---|---|---|---|
| 1 | For grantmakers. Does the assistance, the grantees' eli grants or assistance? | gibility for the | | sistance, and the selection | | |
| 2 | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. | | | | | |
| 3 | Activities per Region. (The fo | llowing Part | I, line 3 table o | can be duplicated if addition | nal space is needed.) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) | | | | | | |
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| (16) | | | | | | |
| (17) | Out total | | | | | |
| 3a b | Sub-total | | | | | |
| | sheets to Part I | | | | | |
| С | Totals (add lines 3a and 3b) | | | | | |

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (f) Manner of (g) Amount of (d) Purpose of (b) IRS code (e) Amount of (c) Region (h) Description valuation (book, FMV, appraisal, other) organization cash non-cash section and EIN grant cash grant of non-cash assistance disbursement assistance (if applicable) (1) (2) (3) (4) (5) (6) **(7)** (8) (9) (10) (11) (12)(13)(14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2014

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.

| (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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|---|--|---|
| (1) | | | | | | | |
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Schedule F (Form 990) 2014 Page **4**

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| Part | V Foreign Forms | | |
| 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 | □ 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 | □ 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 | ☐ 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? If "Yes," 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). | ☐ Yes | □ 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 | □ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "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 | ☐ No |

Schedule F (Form 990) 2014 Page 5 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 (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

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. Open to Public Inspection

| Name of the organization | Employer identification number |
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| schedule O (Form 990 or 990-EZ) (2014) | | Page 2 |
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee.
 - c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
 - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available