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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	Fo	or the 2	2014 calendar year, or tax year beginning an	d ending	
В	Ch	eck if	C Name of organization		D Employer identification number
		plicable	ASSOCIATION OF ANGLICAN MUSICIANS		
		Address change	F/K/A ANGLICAN MUSICIANS FOUNDATION		
	X	Name change	Doing business as		38-2784057
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	
		Final return/	PO BOX 7530		(501)661-9925
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 417,525.
		Amended return	LITTLE ROCK, AR 72217-7530		H(a) Is this a group return
		Applica- tion	F Name and address of principal officer:		for subordinates? Yes X No
		pending	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No
1			npt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1	I) or 5	27 If "No," attach a list. (see instructions)
			:▶ WWW.ANGLICANMUSICIANS.ORG		H(c) Group exemption number ▶
K	Fo	rm of o	rganization: X Corporation Trust Association Other	L Ye	ar of formation: 1988 M State of legal domicile; MI
E	aı		Summary		
4	,	1 B	nefly describe the organization's mission or most significant activities $\overline{ ext{THI}}$	S FOUN	IDATION OF THE
Activities & Governance		<u>A</u>	SSOCIATION OF ANGLICAN MUSICIANS (AAM)	RECE	VES, INVESTS, AND
Š		2 C	heck this box 🕨 📖 if the organization discontinued its operations or disp	osed of m	ore than 25% of its net assets.
Š		3 N	umber of voting members of the governing body (Part VI, line 1a)		3 6
() ()	3	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4 6
9		5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5 1
3		6 T	otal number of volunteers (estimate if necessary)		6 0
3	دِ	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a 2,997.
_	`	bΝ	et unrelated business taxable income from form 9997 thre 34 IVED	<u> </u>	7b 0.
				L	Prior Year Current Year
•	,	8 C	ontnbutions and grants (Part VIII, line 1h)	K8-080	32,030. 401,723.
į	2	9 P	rogram service revenue (Part VIII, line 2g) (S) MAY 1 3 2015	? [0. 2,997.
J Domonio		10 In	evestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	9,809. 7,193.
	-	11 0	ther revenue (Part VIII, column (A), lines 5, 6b, 8c, 9c, 10c, and 11e),	=i [<898.> 1,53 <u>4.</u>
10 7		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	م	40,941. 413,447.
ə _		13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)	Ĺ	0. 0.
>		14 B	enefits paid to or for members (Part IX, column (A), line 4)	L	16,542. 16,950.
2 8	8	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	O) [0. 31,691.
		16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
,	ž	b T	otal fundraisıng expenses (Part IX, column (D), lıne 25)	0.	
. U	u	17 O	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,910. 197,061.
د د	1	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		26,452. 245,702.
; _		19 R	evenue less expenses Subtract line 18 from line 12		14,489. 167,745.
0	S			L	Beginning of Current Year End of Year
sets	d Balan	20 T	otal assets (Part X, line 16)	L	397,167. 586,455.
t As	밁	21 T	otal liabilities (Part X, line 26)		31,188. 38,657.
Š	흰		let assets or fund balances. Subtract line 21 from line 20		365,979. 547,798.
			Signature Block		
			ies of perjury, I declare that I ha ve exam ined this return, including accompanying schedu		
tr	ue,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of	which prepa	rer has any knowledge.
			Juntal		5/6/13
S	ign	۱ ۱	Signature of officer		Date
Н	ere	∍	G. Banest Munkett	14	CASUREL
_			Type or print name and title		
			Print/Type preparer's name Preparer's signature	100	Date Check PTIN
	aid	-	DAVID J SCHUCHMANN	40	5/4//5 self-employed P01240918
			Firm's name CBIZ MHM, LLC	<u>, , , , , , , , , , , , , , , , , , , </u>	/ Firm's EIN > 34-1851358
U	se (Only	Firm's address 3625 CUMBERLAND BLVD SE SUITE	800	
_			ATLANTA, GA 30339		Phone no. 770 - 858 - 4500
<u>M</u>	lay	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
43	3200)1 11-07-	-14 LHA For Paperwork Reduction Act Notice, see the separate instruc	ctions.	Form 990 (2014)

ASSOCIATION OF ANGLICAN MUSICIANS F/K/A ANGLICAN MUSICIANS FOUNDATION

Form		-2784057	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> </u>
1	Briefly describe the organization's mission:		
	RECOGNIZING THAT THE MUSIC OF THE CHURCH FINDS ITS PRIMARY		<u>ON</u>
	WITHIN THE FRAMEWORK OF THE LITURGY, THIS ASSOCIATION TAKE		
	PURPOSE THE ELEVATION, STIMULATION, AND SUPPORT OF MUSIC A		
	ALLIED ARTS IN ALL THEIR ASPECTS IN THE ANGLICAN CHURCH, A	מע	
2	Did the organization undertake any significant program services during the year which were not listed on	<u> </u>	₹
	the prior Form 990 or 990-EZ?	∟ Yes	X No
	If "Yes," describe these new services on Schedule O.	<u> </u>	Tee T
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expenses, a	and
	revenue, if any, for each program service reported.	412	4.47
4a		413,	447.
	ADMINISTER BEQUESTS AND CHARITABLE GIFTS		
			·
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
			
		· · · · · · · · · · · · · · · · · · ·	
		-	
			
			
4c	(Code) (Expenses \$ Including grants of \$) (Revenue \$		
	/ (Naveline a) (Exherines a) (Naveline a)		
		·	
			
4d	Other program services (Describe in Schedule O.)		······································
Tu	(Expenses \$ including grants of \$) (Revenue \$	\	
4e	Total program service expenses ► 245,702.		
	Total program sorrios expenses P 225 / 1 021	F 0	90 (2014)

Form 990 (2014) F/K/A ANGLIC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2_	Α.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		· .	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	, "	jingra K	` ,
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ــــــــــــــــــــــــــــــــــــــ		
а	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	·ια		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u>-</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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		X
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(2014)

F/K/A ANGLICAN MUSICIANS FOUNDATION Form 990 (2014) F/K/A ANGLICAN MUS

Part IV | Checklist of Required Schedules (continued)

	- The order of Frequency			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			"
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ļ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			_v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	¢۲,	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		* 1	-
_	instructions for applicable filing thresholds, conditions, and exceptions):		· · · · · · ·	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
¢	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? If "Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in horizont contributions? If yes, complete schedule W	25		 -
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			 -
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	X	<u> </u>
		Form	990	(2014

Form	990	(2014)

Statements Regarding Other IRS Filings and Tax Compliance Check Schodule Continuans a response on note to any line in the Part V	orm	990 (2014) F/K/A ANGLICAN MUSICIANS FOUNDATION 38-2784	<u>057</u>	Pa	age 5
The Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable be Enter the number of Forms W.2G included in line 1a Enter-0- if not applicable ce Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) womings to prize womens? 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within they are covered by this return by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of fines 1 and 2a grapeth than 250, you may be required to 6-file fee in entructions) 3a Did the organization flave unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if ided a Form 990-T for this year? If "No.* to line 93, provide an expination in Schedule O 44 At any time during the calendary 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, securhes account, or other financial account)? 5c Was the organization aperty to a prohibertal tax shelter transaction at any time during the tax year? 5d Was the organization aperty to a prohibertal tax shelter transaction at any time during the tax year? 5d Was the organization or party to a prohibertal tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or charable contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charables contributions and party for goods and services provided? 7d United organization services a pigment in excess of \$75 made party as a contribution on apersonal benefit contract? 7d If the organization receive	Par				
18 Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable		Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W2G included in line 1a. Enter-0-If not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibling) with making with orwiting the provided payments to vendors and reportable gaming (gamibling) with making with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) If If Year, 1 as it file a form 900 Tor the year If "1%", to file in 8b, your own during the year? So by If Year, 1 as it file a form 900 Tor the year If "1%", to file in 8b, your own are uplantation in Schedule O If Year, 1 as it file a form 900 Tor the year If "1%", to file in 8b, your own are uplantation in Schedule O If Year, 1 as it file a form 900 Tor the year If "1%", to file in 8b, your own are uplantation in Schedule O If Year, 1 as it file a form 900 Tor the year If "1%", to file in 8b, your own are uplantation in Schedule O If Year, 1 as it file a form 900 Tor the year If "1%", to file in 8b, your own are uplantation in Schedule O If Year, 1 as the file a form 900 Tor the year If "1%", to file in 8b, your own are uplantation and accounts (FBAR). See instructions for filing requirements for FrioCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FrioCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FrioCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FrioCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FrioCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FrioCBN Form 114, Report of Foreign Bank and Financial Acc				Yes	No
Let the dragnization comply with observable or reportations and reportations garning (gambling) without my an importance of the properties	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Let the dragnization comply with observable or reportations and reportations garning (gambling) without my an importance of the properties	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		684	, ,;
22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calandar year ending with or within the year covered by this return of the file of the calandar year ending with or within the year covered by this return of the file of the calandar year ending with or within the year covered by this return of the file of the calandar year ending with or within the year covered by this return of the file of the calandar year ending with or within the year of the file of the calandar year. If the organization file all required federal employment tax returns? Note. If the sum of lines ta and 2s is greater than 250, you may be required to e-five (see instructions) 3 b If Yes, this in the calandar year and the organization file all required federal employment tax returns? Note. If the sum of lines ta and 2s is greater than 250, you may be required to e-five (see instructions) 3 b If Yes, the sum of lines tax and 2s is greater than 250, you may be required to e-five (see instructions) 3 b If Yes, the sum of the file of the year? If Yes, the sum of the file of the year of the	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the calendary year enting with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 unnelated business gross income of \$1,000 or more during the year? 4b. If "Yes," has 1 filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 4c. A rany 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. Implementation in the foreign scale in the organization and any time during the tax year? 5c. Was the organization approach that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes," in the sam of the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If "Yes," in the isa 5or 5b, did the organization the Form 8868.77 5d. If "Yes," indicate the number of tax deductible as chariable contributions? 7c. Tax If "Yes," indicate the number of Forms 8282 filed during the year 7d. If "Yes," indicate the number of Forms 8282 filed during the year 9d. If "Yes," indicate the number of Forms 8282 filed during the year 1d. If we organization necewed any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d. If the organization received a contribution of cars, boats, influence, or other vehicles, did the organization file a Form 1098.07 7d. Tax If the organization make any transbe distributions under section 4966? 9d. Sponsoring organizations make any transbe distributions under section 4966? 9d.		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 X 3b If "Yes," has it filed a Form 990.7 for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary 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)? 5b If "Yes," enter the name of the foreign country: 5ce instructions for filing requirements for FnCEN 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? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c If "Yes," of the groganization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6c If "Yes," did the organization return with every solicitation an express statement that such contributions or gifts were not tax deductible. 6c If "Yes," did the organization return any precisive deductible contributions under section 170(c). 6c If "Yes," did the organization section sequential to the properties of the organization federal property did the organization received a contribution of qualified intellectual property, did the organization received and contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the o	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		, i	
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Form **990** (2014)

Form 990 (2014)

F/K/A ANGLICAN MUSICIANS FOUNDATION

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line da, db, or rob below, describe the circumstances, processes, or changes in ocheque of dee instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		V	LNa
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing		l	,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h		,	1 8	
р 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		** *.	(ft) .
2	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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 filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		*"
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	ın Schedule O how this was done	12c	75	X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			~~
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	· 2*	 ^
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	2 **		1 3 - 2
iva	taxable entity during the year?	160	شقد	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		-
٠	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		, r'v ,
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	·	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	ole	
-	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ERNEST PLUNKETT	•		
	P.O. BOX 7530 , LITTLE ROCK, AR 72217-7530			

F/K/A ANGLICAN MUSICIANS FOUNDATION Form 990 (2014)

38-2784057

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

Check if Schedule O contains a response or note to any line in this Part VII

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 (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)		(B)			_ (0	C)			(D)	(E)	(F)
Name and Titl	e	Average	(do	not c	Posi heck	more	than (one	Reportable	Reportable	Estimated
		hours per	box,	unle	ss pe	rson	s bot or/trus	h an	compensation	compensation	amount of
		week	_	, G, E			,,,,,,,	,	from	from related	other
		(list any hours for	individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-27 1099-181130)	organization
		organizations	ruste	ıl trus		휥	mpen		(***27 1033-141100)		and related
		below	dual 1	Institutional trustee	_	튙	stco	a a			organizations
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form			
(1) DR. ALAN LEWIS		10.00									
PRESIDENT			X						0.	. 0.	0.
(2) JAMES G. GARVEY		4.00	!								_
VICE-PRESIDENT			X		<u>_</u>	L			0.	0.	0.
(3) JACK W. BURNAM		4.00									
SECRETARY			X			_			0.	0.	0.
(4) G. ERNEST PLUNKETT		6.00	,,					ļ			•
TREASURER		2 00	X		<u> </u>	-	-	<u> </u>	0.	0.	0.
(5) DIANE D. CARUSO		2.00	х			ł			0.	0.	
DIRECTOR (6) LINDA MORGAN-STOWE		2.00	Δ		┝		<u> </u>	┝	0.	0.	0.
DIRECTOR		2.00	х						0.	0.	0.
DIRECTOR			Δ		-	-	┢	├			0.
				_							
							l				
							<u> </u>				
			_	L.	<u> </u>	<u> </u>	├	<u> </u>	<u> </u>		
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			<u> </u>	lacksquare	<u> </u>	⊢	-			 	
		<u> </u>		\vdash		\vdash	\vdash	┢			
				Г	Π						
					<u> </u>						

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	1	ploy	ees			ighe	st C				
(A) Name and title	(B) Average			(C Pos	•	1		(D) Reportable	(E) Reportable		(F) Estimated
Name and title	hours per	box	not c	heck ss pe	more rson	than is bot	h an	compensation	compensation		mount of
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related		other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MIS		mpensation from the
	related	50 8	農			nsated		(W-2/1099-MISC)	(44-27 1099-14113)	-	ganization
	organizations	Tage 1	草		ake	ompe.		(,			nd related
	below line)	Jwdua	Institutional trustee	Officer	Key етрюуее	Highest compensated employee	Former			orç	ganizations
	1110)	Ĕ	Ĕ	8	<u>\$</u>	至言	ष्ट		 	$-\!$	
		┨									
		\vdash	T	-	T	T				\neg	
		<u> </u>	<u> </u>	L	┡		┡				
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		1				}					
		1	T		Г	1					
			$oxed{oxed}$		$oxed{oxed}$	<u> </u>	$oxed{oxed}$				
		4			l						
		╀	 	┝	┝	-	├			_	
		1			l		İ				
		╁╾	╁╌	t	┢╌	╁	┢				
		1			İ						
1b Sub-total							▶	0.		0.	0.
c Total from continuation sheets to Part V	II, Section A						▶	0.		0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.	0.
2 Total number of individuals (including but r	not limited to th	nose	list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable)	C
compensation from the organization			-								Yes No
3 Did the organization list any former officer,	, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		<i>#</i> 200
line 1a? If "Yes," complete Schedule J for s						•		,		3	X
4 For any individual listed on line 1a, is the si									the organization	ــــــــــــــــــــــــــــــــــــــ	
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or	•					•	relat	ted organization or indiv	idual for services	5	X
rendered to the organization? If "Yes, " con Section B. Independent Contractors	ipiete Scriedu	ie J	ior s	ucn	per	SON		<u> </u>			<u></u>
Complete this table for your five highest co	ompensated in	dep	end	ent c	cont	ract	ors 1	that received more than	\$100,000 of com	pensation	from
the organization. Report compensation for	-										
(A)				_				(B)			(C)
Name and business	address	N	ON:	뜬				Description of s	services	Comp	ensation
									1		
											
									İ		
		_					_	<u> </u>			
									1		
2 Total number of independent contractors ((includina but i	not I	ımıte	ed to	the	ose li	isted	d above) who received r	nore than		- 1, 3, 8,
\$100,000 of compensation from the organ						0				<u> </u>	ringa (s. j
										Forn	n 990 (2014)

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Form 990 (2014)

Form 990 (2014)

F/K/A ANGLICAN MUSICIANS FOUNDATION

Fai			Check if Schedule O cont		or note to any lin	e in this Part V	111			
	,		, '4			(A) Total revenu		(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1c 1d 1d 1e		15,800. 385,923.	¥,					
일		_	Noncash contributions included in lines Total. Add lines 1a-1f			401,72	23.	·	122	,
			Total Florida III.		Business Code					, i
9	2	а	PUBLICATION INC	OME	511190	2,99	97.		2,997.	
اھ جَ		b								
S Ž		С				-				
e a		d								
Program Service Revenue		е								
<u>. </u>		f	All other program service reve	enue						
		9	Total. Add lines 2a-2f			2,99	97.			
	3		Investment income (including	dividends, inter	est, and	40.0				10010
			other similar amounts)		>	10,24	10.			10,240.
	4		Income from investment of ta	x-exempt bond	proceeds >			-		
	5		Royalties		<u> </u>					
				(ı) Real	(ıı) Personal	-				
			Gross rents			W C				
			Less: rental expenses		ļ	, ,	1	*	1	\
			Rental income or (loss)				-			أـــــــــــــــــــــــــــــــــــــ
			Net rental income or (loss)		<u> </u>					
1	7	а	Gross amount from sales of	(i) Securities	(ii) Other			.*		
			assets other than inventory	1,031	<u>-</u>	₂ 5 }*				1 , , , , , , , ,
		b	Less: cost or other basis	4 070	İ	,		,	ľ	
			and sales expenses	4,078	•			*	,	1.
			Gain or (loss)	<3,047			47		<u></u>	- 42 047
			Net gain or (loss)		<u> </u>	<3,04	± / •	<u> </u>		<3,047.
venue	8	а	Gross income from fundraisin including \$	of		*	•		-	,
Other Rev			contributions reported on line							
her			Part IV, line 18	a	<u> </u>			• ;		
ō			Less: direct expenses	t.	`L					a
			Net income or (loss) from fund	•				.^*		-
	9	d	Gross income from gaming at Part IV, line 19		.]	,				
			Less: direct expenses	a b						,
			Net income or (loss) from gan	-	<u> </u>					
			Gross sales of inventory, less	-				 		†
	``	-	and allowances	returns 8						
	l	h	Less cost of goods sold		<u>'</u>					
			Net income or (loss) from sale	_	` <u> </u>		-		-	[
		Ť	Miscellaneous Revenu		Business Code					
	11	а			900099		74.	674.		
	``	ь	LAPEL PINS		900099		00.			· · · · · · · · · · · · · · · · · · ·
		c	APPLICATION FE	ES	900099		75.	375.		
		ď	All other revenue		900099		85.	85.		
	ŀ	e	Total. Add lines 11a-11d		<u> </u>	1,5				1
	12		Total revenue. See instructions.		•	413,4		1,534.	2,997.	7,193.
43200 11-07					-					Form 990 (2014)

Form 990 (2014) F/K/A ANGLICA 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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			*	
	and domestic governments. See Part IV, line 21			îs er i	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			j, ., ., ., ., ., ., ., ., ., ., ., .,	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	individuals. See Part IV, lines 15 and 16	16 050	1.6.050	\$ 100 mg/y	
4	Benefits paid to or for members	16,950.	16,950.	- } '' '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		04 002		
7	Other salaries and wages	24,083.	24,083.		
8	Pension plan accruals and contributions (include	A 176	4 176		
	section 401(k) and 403(b) employer contributions)	4,176. 3,432.	4,176.		
9	Other employee benefits	3,432.	3,432.		
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
ь	Legal	1 000	1 000	 	
C	Accounting	1,000.	1,000.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2 669	3 660	1, 18,71	
f	Investment management fees	3,668.	3,668.		
g		4.0	40		
	column (A) amount, list line 11g expenses on Sch O.)	49.	49.	<u> </u>	
12	Advertising and promotion		<u> </u>	·	<u> </u>
13	Office expenses			<u> </u>	
14	Information technology				
15	Royalties	819.	819.		
16	Occupancy	1,821.	1,821.		
17	Travel	1,021.	1,021.	<u> </u>	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	150 530	150 530		
19	Conferences, conventions, and meetings	159,539.	159,539.	-	
20	Interest Payments to affiliates				
21	Payments to affiliates	872.	872.		
22	Depreciation, depletion, and amortization	1,213.	1,213.	<u> </u>	
23	Other expenses, Itemize expenses not covered	<u> </u>	* **/ * * * * * * * * * * * * * * * * *		
24	above. (List miscellaneous expenses no covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)				
а	MEMBER GERMANA	9,282.	9,282.		
b	MENTOD THE DROOP AND	6,424.	6,424.		
C	AAM/AMF CONSOLIDATION E	5,357.	5,357.		
d	POSTAGE	2,069.	2,069.		
θ	All other expenses	4,948.	4,948.		
25	Total functional expenses. Add lines 1 through 24e	245,702.	245,702.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1	1	1

432010 11-07-14

Pa	rt X	Balance Sheet				·
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-	396,295.	1	203,616.
	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 fo	rmer officers, directors,	·		· b -1
		trustees, key employees, and highest compensation	ted employees. Complete		w;	
		Part II of Schedule L		The second secon	5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under	·	'n	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		٠,	, , , , , , , , , , , , , , , , , , ,
		employers and sponsoring organizations of sect	•	* * * * * * * * * * * * * * * * * * *	ž	\$ \$44. July 1
S		employees' beneficiary organizations (see instr).	The state of the s	6		
Assets	7	Notes and loans receivable, net	·		7	
ĕ	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	10a 872.		1	
	Ь	Less: accumulated depreciation	10ь 872.	872.	10c	0.
	11	Investments - publicly traded securities		0.	11	382,839
	12	Investments - other securities. See Part IV, line 1		12	i	
	13	Investments - program-related. See Part IV, line	-	13		
	14	Intangible assets	- · · · · · · · · · · · · · · · · · · ·	14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	ıl line 34)	397,167.	16	586,455
	17	Accounts payable and accrued expenses	695.	17	0.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,		* .	
Liabilities		key employees, highest compensated employee	s, and disqualified persons.		د دهنسته	
g		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, page	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D		30,493.	25	38,657.
	26	Total liabilities. Add lines 17 through 25		31,188.	26	38,657.
		Organizations that follow SFAS 117 (ASC 958	, check here 🕨 📖 and		3 ,	w. '4 332'
es	i	complete lines 27 through 29, and lines 33 an	d 34.		w	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
au	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
5	29	Permanently restricted net assets	r==1		29	
2		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🛣	179		, , , , , , , , , , , , , , , , , , ,
Net Assets or Fund Balances		and complete lines 30 through 34.			<u>.</u>	
že Še	30	Capital stock or trust principal, or current funds		0.	30	0.
Aŝ	31	Paid-in or capital surplus, or land, building, or eq	,	0.	31	0.
×	32	Retained earnings, endowment, accumulated in	come, or other funds	365,979.	32	547,798.
¥		Total net assets or fund balances		365,979.	33	547,798.
ž	33 34	Total liabilities and net assets/fund balances		397,167.	34	586,455.

Form	990 (2014) F/K/A ANGLICAN MUSICIANS FOUNDATION	38	-2784057	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	* Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			47.
2	Total expenses (must equal Part IX, column (A), line 25)	2			02.
3	Revenue less expenses. Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			79.
5	Net unrealized gains (losses) on investments	5		<u>3,0</u>	<u>47.</u>
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	8	11	L, 0	27.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	54	7,7	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		- ´ -		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1		إسريون
	separate basis, consolidated basis, or both:		2.5	- بالمار (م	
	Separate basis Consolidated basis Both consolidated and separate basis			~ ~ ~	*
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basi	s,		r. '
	consolidated basis, or both:		* ,	1.	, ,
	Separate basis Consolidated basis Both consolidated and separate basis			# 3 1. G	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e aud	rt, <u> </u>	تقسيد	أحدثت
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule	O. 📆	<u> </u>	1.5
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle A		منت	ر ** ، ** الدالية
	Act and OMB Circular A-133?		3a		Х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

432012 11-07-14 Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection >

OMB No 1545-0047

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

ASSOCIATION OF ANGLICAN MUSICIANS F/K/A ANGLICAN MUSICIANS FOUNDATION **Employer identification number** 38-2784057

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section. Instructions) Instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Total

Schedule A (Form 990 or 990-EZ) 2014 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	·					
5	The portion of total contributions	. ^~*	4 4.7		*		
	by each person (other than a	* , .			-		
	governmental unit or publicly	, ~			» *		
	supported organization) included	1.		, , , , ,	, ,		
	on line 1 that exceeds 2% of the	4 4			* . * *		
	amount shown on line 11,	* * * ;			1 2 22		
	column (f)	, , , , , , , , , , , ,		', ', ', ', ', ', ', ', ', ', ', ', ', '	٠ * * * * * * * * * * * * * * * * * * *		
	Public support. Subtract line 5 from line 4	3		·\$**		<u> </u>	
	ction B. Total Support	T					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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		!				
40	business is regularly carned on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		ş*		λ ·		
	Gross receipts from related activities,	etc (see instructi				12	
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	ny vear as a sectio		·
	organization, check this box and stor	-		<u>.,, or mar to</u>	2. , our us a scotto	55 ((5)(5)	
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	%
	Public support percentage from 2013			(7)		15	%
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	•		•			▶□
b	33 1/3% support test - 2013. If the		_		line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	_					ightharpoons
17a	10% -facts-and-circumstances tes	t - 2014. If the org	janization did not d	check a box on line	13, 16a, or 16b,	and line 14 is 10% (or more,
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and stop h	ere. Explain in Pa	rt VI how the organi	zation
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	dorganization	-	ightharpoons
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	check a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	
_					Sche	dule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 F/K/A ANGLICAN MUSICIANS FOUNDATION

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

38-2784057 Page 3

(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

800	tion A. Public Support	sie ii, piedee eeiiip					
			#3.0044 T	4) 0040	4 0 0040	4.1.0044	(0.T-1-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	24 000	24 155	27 251	22 020	404 720	E42 226
	include any "unusual grants.")	34,080.	34,155.	37,351.	32,030.	404,720.	542,336.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,326.	1,571.	1,846.	780.	839.	7,362.
3	Gross receipts from activities that			1			
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	36,406.	35,726.	39,197.	32,810.	405,559.	549,698.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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	i					0.
_	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)	\$ * · ;·	,		\$ ' . " A '	3	549,698.
	tion B. Total Support			<u></u>			
JUC							
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2010 36,406.	(b) 2011 35,726.	(c) 2012 39, 197.	(d) 2013 32,810.	(e) 2014 405,559.	(f) Total 549,698.
Cale 9		(a) 2010 36,406. 7,068.	(b) 2011 35,726.	(c) 2012 39,197.	(d) 2013 32,810. 9,809.	(e) 2014 405,559.	(f) Total 549,698.
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties						549,698.
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,068.	9,331.	10,690.	9,809.	10,240.	47,138.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						549,698.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	7,068.	9,331.	10,690.	9,809.	10,240.	47,138.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	7,068.	9,331.	10,690.	9,809.	10,240.	47,138. 47,138.
Cale 9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	7,068.	9,331. 9,331. 45,057.	10,690.	9,809. 9,809. 42,619.	10,240.	549,698. 47,138. 47,138. 596,836.
Cale 9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	7,068.	9,331. 9,331. 45,057.	10,690.	9,809. 9,809. 42,619.	10,240.	549,698. 47,138. 47,138. 596,836.
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	7,068. 7,068. 43,474. the organization's	9,331. 9,331. 45,057. s first, second, third	10,690.	9,809. 9,809. 42,619.	10,240.	549,698. 47,138. 47,138. 596,836.
Cale 9 10a b 111 12 13 14 See	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	7,068. 7,068. 43,474. the organization's	9,331. 9,331. 45,057. s first, second, third	10,690. 10,690. 49,887. d, fourth, or fifth ta	9,809. 9,809. 42,619.	10,240.	47,138. 47,138. 596,836. Eation,
Cale 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publi	7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) d	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c	10,690. 10,690. 49,887. d, fourth, or fifth ta	9,809. 9,809. 42,619.	10,240. 10,240. 415,799. n 501(c)(3) organiz	549,698. 47,138. 47,138. 596,836. eation, 92.10 %
Cale 9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Stion C. Computation of Public support percentage for 2014 (Public support percentage from 2013)	7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) d Schedule A, Part	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c	10,690. 10,690. 49,887. d, fourth, or fifth ta	9,809. 9,809. 42,619.	10,240. 10,240. 415,799. n 501(c)(3) organiz	47,138. 47,138. 596,836. cation,
Cale 9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publi	7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) d Schedule A, Part	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c	10,690. 10,690. 49,887. d, fourth, or fifth ta	9,809. 9,809. 42,619.	10,240. 10,240. 415,799. n 501(c)(3) organiz	549,698. 47,138. 47,138. 596,836. ation, 92.10 % 81.22 %
Cale 9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2014 (Public support percentage from 2013	7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) dischedule A, Part stment Incom	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage	10,690. 10,690. 49,887. d, fourth, or fifth ta	9,809. 9,809. 42,619.	10,240. 10,240. 415,799. n 501(c)(3) organiz	549,698. 47,138. 47,138. 596,836. ation, 92.10 % 81.22 % 7.90 %
11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage from 2013 ction D. Computation of Investment income percentage from	7,068. 7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) d 3 Schedule A, Part stment Incom 214 (line 10c, colum 2013 Schedule A,	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by line Part III, line 17	10,690. 10,690. 49,887. d, fourth, or fifth tallolumn (f))	9,809. 9,809. 42,619. ex year as a section	10,240. 10,240. 415,799. n 501(c)(3) organiz	549,698. 47,138. 47,138. 47,138. 596,836. eation, ▶□ 92.10 % 81.22 % 7.90 % 18.78 %
11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage from 2013 etion D. Computation of Investinees in security in the support of the support percentage from 2013	7,068. 7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) d 3 Schedule A, Part stment Incom 214 (line 10c, colum 2013 Schedule A,	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by line Part III, line 17	10,690. 10,690. 49,887. d, fourth, or fifth tallolumn (f))	9,809. 9,809. 42,619. ex year as a section	10,240. 10,240. 415,799. n 501(c)(3) organiz	549,698. 47,138. 47,138. 47,138. 596,836. cation, ▶□ 92.10 % 81.22 % 7.90 % 18.78 %
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage from 2013 extion D. Computation of Inve- Investment income percentage from 133 1/3% support tests - 2014. If the more than 33 1/3%, check this box as	7,068. 7,068. 7,068. 43,474. The organization's lic Support Pelline 8, column (f) dischedule A, Part stment Income 1014 (line 10c, column 2013 Schedule A, organization did rand stop here. The	9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage mn (f) divided by lin Part III, line 17 not check the box of	10,690. 10,690. 49,887. d, fourth, or fifth tatolumn (f)) e 13, column (f)) on line 14, and line fies as a publicly s	9,809. 9,809. 42,619. ax year as a section supported organization.	10,240. 10,240. 415,799. n 501(c)(3) organiz 15 16 17 18 33 1/3%, and line fation	47,138. 47,138. 47,138. 596,836. ation, 92.10 % 81.22 % 7.90 % 18.78 % 17 is not
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage for 2014 (Public support percentage from 2013 Etion D. Computation of Investment income percentage from 133 1/3% support tests - 2014. If the	7,068. 7,068. 7,068. 43,474. The organization's ic Support Peline 8, column (f) dischedule A, Part stment Incomport (line 10c, column 104 (line 10c, column 104 (line 10c, column 105 schedule A, organization did representation did represe	9,331. 9,331. 9,331. 45,057. s first, second, third rcentage ivided by line 13, c III, line 15 e Percentage mn (f) divided by line Part III, line 17 not check the box of e organization qualinot check a box on	10,690. 10,690. 49,887. d, fourth, or fifth tacolumn (f)) e 13, column (f)) on line 14, and line fies as a publicly siline 14 or line 19a	9,809. 9,809. 42,619. Ex year as a section as a supported organizer, and line 16 is more	10,240. 10,240. 10,240. 415,799. n 501(c)(3) organiz 15 16 17 18 33 1/3%, and line fation ore than 33 1/3%,	549,698. 47,138. 47,138. 596,836. atrion, 92.10 % 81.22 % 7.90 % 18.78 % 17 is not And

Schedule A (Form 990 or 990-EZ) 2014 F/K/A ANGLICAN MUSICIANS FOUNDATION

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Sche	dule A (Form 990 or 990-EZ) 2014 F/K/A ANGLICAN MUSICIANS FOUNDATION 38-27	8405	7 Pa	age 5
Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		' '	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			استدا
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	
Sec	tion B. Type I Supporting Organizations			
		ı	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	, %	,3,	. ~
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	_ `	· .	l ³ . 1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	€	:**	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	w . ·×	* 7	
				لَكِمُ نِمْ
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		;(*
	Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated,		~~ `	*.
	supervised, or controlled the supporting organization.	2	-	أستنسأ
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		*1 .	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control	, š	٠, ٠	13
	or management of the supporting organization was vested in the same persons that controlled or managed	. "	. *	
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		13	2.132
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	i Ř		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	, , , , , , , , , , , , , , , , , , , ,	*	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			, ,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		٠	<u> </u> .]
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	· , , , ,	~j&}	
	significant voice in the organization's investment policies and in directing the use of the organization's			1 25
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ــــــــــــــــــــــــــــــــــــــ	ار کومرد اکسست	
	supported organizations played in this regard.	3		L
	tion E. Type III Functionally-Integrated Supporting Organizations			
1_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
с 2		ructions		No
a	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	\	\$	
			4	310
	those supported organizations and explain Now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		., .	, ,
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,,	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the	*	n, **,	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1 *	7.0	, a
	activities but for the organization's involvement.	2b		ا - ` ا
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>	2.5	1
a			٠, ١	, ,
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			7
	of its supported organizations? If "Yes," describe in part vi the role played by the organization in this regard	3b		

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 F/K/A ANGLICAN MUSICIANS FOUNDATION 38-2784057 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 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 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year

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

Schedule A (Form 990 or 990-EZ) 2014

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

Sched Par	dule A (Form 990 or 990 EZ) 2014 F/K/A ANGLICA	N MUSICIANS FOR	UNDATION 38	3-2784057 Page 7
		igaj(s) Supporting Orga	inizations (continued)	
	on D - Distributions		_ _	Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
	Qualified set-aside amounts (prior IRS approval required)		- 	
	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 t	the organization is responsive		
	(provide details in Part VI) See instructions.			
	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T	449	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
	Underdistributions, if any, for years prior to 2014			\$25 Jan
	(reasonable cause required-see instructions)	·		
	Excess distributions carryover, if any, to 2014:	,		
a		,		
b		, <u>;</u> ; «		₹% *
c		· · · · · · · · · · · · · · · · · · ·	73	******
d	1	1		
	From 2013	٠, ,		
	Total of lines 3a through e			* / \
	Applied to underdistributions of prior years			* I
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			12:
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.		».	7 : 1,53
4	Distributions for 2014 from Section D,			, ,
7	line 7 \$,
2	Applied to underdistributions of prior years	San Salastin - St	· · · · · · · · · · · · · · · · · · ·	
	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).	y* * \$*# 2 \	*	
7	Excess distributions carryover to 2015. Add lines 3			`
•	and 4c.		,₹	- ,
8	Breakdown of line 7:	**	24 /	
а				
<u>_</u>				
	Excess from 2013			
	Excess from 2014		<u> </u>	

Schedule A (Form 990 or 990-EZ) 2014

ASSOCIATION OF ANGLICAN MUSICIANS 38-2784057 Page 8 Schedule A (Form 990 or 990-EZ) 2014 F/K/A ANGLICAN MUSICIANS FOUNDATION 38-2784057 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public* Inspection -

Name of the organization

ASSOCIATION OF ANGLICAN MUSICIANS F/K/A ANGITCAN MISTOTANS FOUNDATION Employer identification number 38-2784057

Par	t I Organizations Maintaining Donor Advised		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		and an interest of the place in the
	organization anoworda 100 to 10111 000,1 at 11, mile	(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) Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	erting that the assets held in donor ad	lyised funds
3	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad	<u>-</u>	
6	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	donor advisor, or for any other purpo	Yes No
Pai		anization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	1 10001 74.1011 01 4 0	oranica motorio di actaro
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	rm of a conservation easement on the last
_	day of the tax year.		THE OF A SOLIDON VALIDATI CASCOTTOTIC OFF ATO TASE
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
_	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stru	cture included in (a)	2c
	Number of conservation easements included in (c) acquired at	···	
<u> </u>	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	
•	year >	,g,	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		 of
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		s during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Pa	rt III. Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furth	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statem	nent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of	public service, provide the following amounts
	relating to these items.		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for finar	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sched	fule D (Form 990) 2014 F/K/A AI	NGLICAN MU	SICIA	NS FO	UNDATI	ON	•	38-27	84057	Page 2
Par		ollections of Ar	t, Hist	orical Tre	easures, c	r Other	Simil	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t are a sigi	nificant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	d	닏니	oan or exch	nange progra	ıms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIII.	
5	During the year, did the organization solicit o					er simılar a	issets	_	7	
	to be sold to raise funds rather than to be ma								Yes	No_
Par		-	ete if the	organızatio	n answered '	'Yes" to Fo	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	contribution	s or other as	sets not ir	ncluded	_	٦.,	X No
	on Form 990, Part X?							<u> </u>	Yes	NO لیمیا
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:						
							+		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	000 0 17 17	04 6				1f		Yes	□ No
	Did the organization include an amount on Fo						y r		_ res	
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
Гаі	Elidowillelit i dilds. Complete			nor year	(c) Two year			ears back	(e) Four y	ears hack
4	Downsing of very belonge	(a) Current year 425,778.	(0) -	ior year	(C) TWO YOU	3 Dack Le	2) 111100)	oars back	(e) tour y	<u>baro back</u>
1a	Beginning of year balance	103,770.								
b	Contributions Net investment earnings, gains, and losses									
_	Grants or scholarships									
d	Other expenditures for facilities									
е										
f	and programs Administrative expenses									
	End of year balance	425,778.								
9 2	Provide the estimated percentage of the cur		e (line 1	a column (a	a)) held as:	<u>'</u>			<u> </u>	
	Board designated or quasi-endowment	100.00	%	g, ==(=	-,,					
	Permanent endowment	%								
	Temporarily restricted endowment	<u></u> **								
•	The percentages in lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for the	e organi	zation		
	by:	·					_			es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(II), are the related organization	s listed as required o	on Sched	lule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment f	funds						
Pa	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere			, line 11a. S	ee Form 990					
	Description of property	(a) Cost or o	other		or other	(c) Acc	cumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	depr	reciation	<u> </u>		
1a	Land					<u> </u>		_		
b	Buildings									
C	Leasehold improvements				0.7.0					
d	Equipment				872.		8	72.		0.
	Other	<u> </u>			10.)	L		\leftarrow		
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c)					0.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

MDDOCITITION OF	THIODICIMI :	HODICIIMO
F/K/A ANGLICAN	MUSICIANS	FOUNDATION

Part VIII	Investments - Other Securities. Complete if the organization answered "Yes"	to Form 990 Part IV lin	e 11h. See Form 990. Ps	art X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value		uation Cost or end-of-year market	value
	al derivatives	\.,\.,\.,\\.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	held equity interests				
(3) Other	ried equity interests				
					-
(A)					· · · · · · · · · · · · · · · · · · ·
(B)		 	 		
(C)		 			
(D)			 		
<u>(E)</u>		+		· · · · · · · · · · · · · · · · · · ·	
(F)					
(G)			· ····-		
(H)	b) must equal Form 990, Part X, col. (B) line 12.)		* , * *		
	Investments - Program Related.	<u>, , , , , , , , , , , , , , , , , , , </u>	` ^		
T CALL WITH	-	4 - F 000 D 4 \	- 44 - O F 000 D-		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		uation: Cost or end-of-year market	value
	(a) peacription or investment	(b) Dook value	(c) Metriod of Vali	action. Cost of one-or-year market	
(1)		 			
(2)		+	 		
(3)		 	 		
(4)		 			
(5)	······································	 			
<u>(6)</u>	·	ļ			
<u>(7)</u>		 			
(8)					
(9)	1)	 	* ***		£ **
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u></u>	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		· /
Partix		A= C==== 000 D==± 11/ lin	- 11d C Farm 000 D	and V line 45	
	Complete if the organization answered "Yes"	Description	e 110 See Form 990, Pa	(b) Book v	value -
(4)	(α)	Description		(b) Book v	alue
(1)					
(2)				- 	
(3)					
(4)					
(5)					
(6)					
(7)			-		
(8)					
(9)	(h)	- 451			
Part X	umn (b) must equal Form 990, Part X, col. (B) lir Other Liabilities.			Pl	
	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	·	90, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
	deral income taxes		ś:		
	MS/EPISCOPAL CHURCH GRA	NT	6,423.		. F
	MPA CONFERENCE 2015		2,000.		
	ONFERENCE SCHOLARSHIPS		2,500.		~, *
(5) ME	ENTORING INTERNSHIP FUND)	27,734.		
(6)					
(7)					*
(8)					
(9)					
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) lir	те 25)	38,657.		pt j
2. Liability	for uncertain tax positions. In Part XIII, provid	e the text of the footnote	to the organization's fin	ancial statements that reports the)
	ation's liability for uncertain tax positions unde		_		

Schedule D (Form 990) 2014 F/K/A ANGLICAN MUSIC	CIANS FOUNDATION	38-2784057 Page 4
Part XI Reconciliation of Revenue per Audited Financia	al Statements With Revenue	per Return.
Complete if the organization answered "Yes" to Form 990, Part	t IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statemer		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		* * *
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	a in a
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		* *
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	3 33 3
c Add lines 4a and 4b		4c
		5
Part XII Reconciliation of Expenses per Audited Financi	ial Statements With Expenses	s per Return.
Complete if the organization answered "Yes" to Form 990, Part	t IV, line 12a.	
1 Total expenses and losses per audited financial statements	-	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		÷ 🖟 🖠
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2-3-3
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	Id lines 4a and 4b Idatal revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Idatal revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Idatal revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Idatal expenses and losses per audited financial statements Inounts included on line 1 but not on Form 990, Part IX, line 25: Idatal expenses and use of facilities Idatal expenses per Audited Financial Statements With Expenses per Return. Idatal expenses per Audited Financial Statements With Expenses per Return. Idatal expenses per Audited Financial Statements With Expenses per Return. Idatal expenses per Audited Financial Statements Vit, line 12a. Idatal expenses per Audited Financial Statements Vit, line 12a. Idatal expenses per Audited Financial Statements Vit, line 12a. Idatal expenses per Audited Financial Statements Vit, line 12a. Idatal expenses per Audited Financial Statements Vit, line 12a. Idatal expenses per Audited Financial	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	, line 18.)	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		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 pro	vide any additional information.	
		
	·····	
	· · · · · · · · · · · · · · · · · · ·	
		
		
TOROGET		

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

ASSOCIATION OF ANGLICAN MUSICIANS

F/K/A ANGLICAN MUSICIANS FOUNDATION

► Attach to Form 990.

|--|

Employer identification number 38-2784057

Schedule I (Form 990) (2014) 2 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I Part II

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432101

ASSOCIATION OF ANGLICAN MUSICIANS F/K/A ANGLICAN MUSICIANS FOUNDATION

Page 2

38-2784057

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

30 Schedule I (Form 990) (2014)
432102 10-15-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2014

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. ics. gov/form990
ASSOCIATION OF ANGLICAN MUSICIANS Emplo

Open to Public Inspection

Employer identification number Name of the organization 38-2784057 F/K/A ANGLICAN MUSICIANS FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADMINISTERS BEQUESTS AND CHARITABLE GIFTS TO AAM. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ESPECIALLY IN THEIR RELATIONSHIP TO LITURGY. FORM 990, PART VI, SECTION A, LINE 6: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER. THE SECRETARY-TREASURER REPORTS TO THE BOARD OF DIRECTORS THAT THE FORM 990 IS COMPLETE AND AVAILABLE FOR REVIEW. FORM 990, PART VI, SECTION A, LINE 7A: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER. THE SECRETARY-TREASURER REPORTS TO THE BOARD OF DIRECTORS THAT THE FORM 990 IS COMPLETE AND AVAILABLE FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 11: COPY IS PROVIDED TO ORGANIZATION AND GOVERNING BOARD. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)



Investment Report

December 1, 2014 - December 31, 2014

interested Party

Online
FAST(sm)-Automated Telephone
Premium Services
800-544-4442
8am - 11pm ET, Mon - Fri

Brokerage 657-561740	ASSO OF A	ANGLICAN MUSICIANS	S				_
Account Summary		Income Summary	2		Realized Gain/	lealized Gain/Less from Sales	
Beginning value as of Dec 1	\$385,292.68		This Period	Year to Date		This Period	Year to Date
Transaction costs, loads and fees	-36.00	Taxable			Long-term gain	\$340.73	\$1,030.99
Change in investment value	-2,417.35	Dividends	\$1,937.31	\$5,982.97	Long-term loss	-2,695.06	-4,078.41
Ending value as of Dec 31	\$382,839.33	St cap gain	302.27	302.27	Net long	- 2,354.33	- 3,047.42
		Interest	000	96.0	•		
Accrued Interest (Al)	\$0.00	Lt cap gain	1,892.20	2,027.77			
Change in Al from last statement	\$0.0D	Total	\$4,131.78	\$8,313.97			

Your Advisor is an independent organization and is not affiliated with Fidelity Investments. Brokerage services provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 800-544-6688. Broferage Accounts carried with National Financial Services LLC, Member NYSE, SIPC

Holdings (Symbo) as a December 31, 2014	Decamber 31, 2014	Pitch per Uait December 31, 2014	Total Cont Beets	Total Value December 1, 2014	Total Value December 81, 2014	Unresilized Gain (Loss) December 31, 2014
Shocks, 74% of haldings Abendeen asia pacific incoll fd coin	800.000	\$5.650	\$5,783.47	64,640.00	\$4,440.00	\$ 1,343.41
ISIN #USOSOSIO70 BEDOL #2388304 (FAX) COHEN &STEERS TOTAL RETURN FD COM	342.000	13.200	4,884.84	4,541.78	4,514,40	- 370.44
ISIN #USI 9247R1032 SEDOL #2227443. (RFI)	237.000	43,850	9,817.77	11,082.35	10,418.15	598.38
ETF (EPP)						