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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

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

Inter	artment c nai Reve	nue Service	► Information about Form	990-EZ and its instru	ctions is at ww	vw.irs.gov/for	m990.	mopeonom		
A	or the	2014 calend	ar year, or tax year beginning	January 1	, 2014,	and ending	Decemi	per 31 , 20 14		
В	Check if ap	pplicable	والمناطقة والمناطة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناط					D Employer identification number		
	Address o	change	Pontiac Alumni Foundation					38-3528741		
	Name cha	ange	Number and street (or P O box, if mail is	s not delivered to street ad	dress)	Room/suite	E Telephoni	number		
=	Initial return 458 Luther Avenue						248-344-7810			
=	Final retur Amended		City or town, state or province, country,	and ZIP or foreign postal o	ode		F Group E	xemption		
		on pending	Pontlac, MI 48341				Number	>		
G /	Account	ting Method:	☑ Cash ☐ Accrual Other (s	pecify) ►			Check ► [If the organization is not		
I V	Vebsite	e: >					required to	attach Schedule B		
J T	ax-exen	npt status (che	ck only one) - 501(c)(3) 501	(c) () ◀ (insert no)	4947(a)(1) o	- □527	(Form 990, 9	990-EZ, or 990-PF)		
KF	orm of	organization.	☐ Corporation ☐ Trust	☐ Association	Other					
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross recei	pts. If gross receipts are	e \$200,000 or r	nore, or if total	assets			
(Pai	t II, col		v) are \$500,000 or more, file Form 99			· · · ·	, , ▶	\$		
P	art I	Revenu	e, Expenses, and Changes	in Net Assets or F	und Balanc	es (see the	instructio	ns for Part I)		
		Check if	the organization used Schedul	e O to respond to a	ny question	n this Part I	<u> </u>	<u></u>		
	1		ons, gifts, grants, and similar amo				· · 1	2805.		
	2	Program se	ervice revenue including governi	nent fees and contra	cts		2			
	3		ip dues and assessments				3	ļ		
	4	Investment					4	316.		
	5a		unt from sale of assets other tha	•	<u>5a</u>					
	b		or other basis and sales expense		. <u>[5b</u>					
	6		ss) from sale of assets other thar d fundraising events	inventory (Subtract	line 5b from li	ne 5a)	50			
	а	_	ome from gaming (attach Sci	nedule G if greater	than					
Revenue		•			. · 6а					
946	b		me from fundraising events (not			contribution	s			
Œ	Į		aising events reported on line 1 h gross income and contribution			!	}			
	_		t expenses from gaming and fun							
	d d		e or (loss) from gaming and fur			l 6b and sub	tract .			
	ľ	line 6c) .	e of (loss) from garning and fur		. III oo oa ark		- · 6d			
	7a	•	s of inventory, less returns and a	llowances	. 7a					
	b		of goods sold	nowanecs	7b					
)	C		it or (loss) from sales of inventory				70			
)	8		nue (describe in Schedule O) .				8	 		
,	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,		. 1.3 = 03 =	18.4 25	. ▶ 9	3121.		
	10		similar amounts paid (list in Sch		1050	V	10			
	11						S 11			
တ္	12	Salaries, of	ther compensation, and employe	e benefits . 5	. ДРР 97		C 12			
ÜŠ	13	Profession	al fees and other payments to inc		rs		(5) 13	240		
cpenses	14	Occupancy	, rent, utilities, and maintenance	, <u> .</u> _			< 14 - 14			
ω	15	Printing, pu	iblications, postage, and shippin	g }	OGDE.	J. UT -	. 15			
	16		nses (describe in Schedule O)			: : :	16 ب	100.		
	17		nses. Add lines 10 through 16			<u> </u>	. ▶ 17	2132		
'n	18	Excess or (deficit) for the year (Subtract line	e 17 from line 9) .			. 18	989.		
Set	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					with				
As	end-of-year figure reported on prior year's return)							189,929.		
Net Assets	20		ges in net assets or fund balanc							
	21_		or fund balances at end of year.			<u></u>	. 🕨 21			
For	Papen	work Reduct	on Act Notice, see the separate in	structions.	Cat	No 10642I		Form 990-EZ (2014)		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	763	140
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	4		}
ь 38а	Did the organization file Form 1120-POL for this year?	37b		
30a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	300		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	!	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
1.	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			r
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
-10	and enter the amount of tax-exempt interest received or accrued during the tax year		· •	No.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c	Did the organization receive any payments for indoor tanning services during the year?	44c	┟╌┤	\vdash
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		\Box	
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	1 1	i

ronn 9s	U-EZ (2014)						r	age 🕶
46	Did the organization engage, directly or into candidates for public office? If "Yes," of				in opposit	1 1	Yes	No
Part	All section 501(c)(3) organization 50 and 51.	s must answer que			nplete th	e tables fo	or line	 ∋s
	Check if the organization used Sc	hedule O to respond	l to any question in t	his Part VI	· · · ·	· · · ·		
					•		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect d	uring the	tax . 47		
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete :	Schedule E		. 48		
49a	Did the organization make any transfers t		-			. 49a		
b	If "Yes," was the related organization a se					. 49b		<u> </u>
50	Complete this table for the organization's	five highest compen	sated employees (oth	ner than offic	ers, direct	ors, truste	es an	d key
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ			e, enter "N	one "	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health I contributions t benefit plans, a compens	o employee ind deferred	(e) Estimate other com		
_						· · · · · · · · · · · · · · · · · · ·		
51 ——	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent	contractors	who each	received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	{c}	Compensation	on	
				ļ				
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>				
52	Did the organization complete Schedicompleted Schedule A	ule A? Note . All se	ection 501(c)(3) orga	nizations m	ust attacl	n a .▶∐ Yes		No.
	renalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer fother tha					nowledge and	belief,	ıt ıs
	Xle Blu	12			_ 47	8/15		
Sign Here	Signature of officer	TLances	-	Date	1)			
_	Type or print name and title							
Paid	Print/Type preparer's name Le P. Asia/L	Preparer's signature	De Xuar	ate 3-23-15	Check Self-emplo			
Prep Use			and Milley		's EIN ▶	385-68	-362	
	Firm's address ► 7525 Baywind Dr., M			Phor	ne no.	248-505-	7040	
May th	ne IRS discuss this return with the prepare	r shown above? See i	instructions			▶ V Yes		No -

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Pontrac Alumni Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 7 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 331/3% 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 331/3% 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Schedu	ıle A (Form 990 or 990-EZ) 2014						Page 2
Part							
	(Complete only if you checked th						ality under
<u></u>	Part III. If the organization fails to	quality unde	r the tests ils	itea below, pi	ease comple	te Part III.)	
	ion A. Public Support	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in) Gifts. grants, contributions, and	(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.")	585	1827	645	318	2805.	6180.
2	Tax revenues levied for the	303	1027		310		0100.
_	organization's benefit and either paid						i
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge			!			
4	Total. Add lines 1 through 3	585.	1827	645.	318.	2805.	6180.
5	The portion of total contributions by					j	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		İ				
c	Public support. Subtract line 5 from line 4.						6180.
6 Sect	ion B. Total Support	·					0180.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	585	1827.	645.	318.	2805.	6180.
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar			i			
	sources	3014	2551	776.	369	316.	7026
9	Net income from unrelated business						
	activities, whether or not the business	1					
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI)						42 200
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ns)			12	13,206.
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						.
Sect	ion C. Computation of Public Suppor	t Percentage	9				
14	Public support percentage for 2014 (line 6			1, column (f))		14	46 80 %
15	Public support percentage from 2013 Sch					15	75.58 %
16a	331/3% support test-2014. If the organiz						heck this
	box and stop here. The organization qua						. •
b	331/3% support test—2013. If the organ					15 IS 331/3%	
	check this box and stop here. The organ						. • 🕨 🗀
17a		014. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me Part VI how the organization meets the "f						
	organization						. ► □
L		113 If the oran	nization did n	ot check a boy	on line 13 16	a 16h or 17a	and line
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	•						. ▶ [

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				'		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(e) 2014	(i) Total
•	received. (Do not include any "unusual grants.")		-				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			ī			
	furnished in any activity that is related to the						_
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid		l				
	to or expended on its behalf						
5	The value of services or facilities				 		
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			İ			
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				2		
8	Public support (Subtract line 7c from						
	line 6)			. <u>. </u>			
	on B. Total Support				· - · - · - · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	:					
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
C	Add lines 10a and 10b						
11	Net income from unrelated business		ļ				
	activities not included in line 10b, whether	l					
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d. third. fourth	. or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor	_					<u> </u>
15	Public support percentage for 2014 (line 8			3. column (f))		15	%
16	Public support percentage from 2013 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2013						%
19a	331/3% support tests-2014. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/2%, check this box						
b	331/3% support tests-2013. If the organiz						
	line 18 is not more than 331/3%, check this l	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported orgar	ization 🕨 📋
20	Private foundation. If the organization di	d not check a	box on line 14	19a or 19b o	heck this hox	and see instru	ctions > 🗀

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations	_		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			ŀ
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			_
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	10		
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	ļ	L
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ŀ	İ	
	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,		ļ	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			1
	was accomplished (such as by amendment to the organizing document).	5a	-	1
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
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			1
	Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ł
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	-	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	100		1
l.	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	 	
b	Did the digalization have any excess business holdings in the lax year: (Use otherwise C, 10th 4720, to	1 -	1	1

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
L	below, the governing body of a supported organization?	11a 11b		-
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	├─
	on B. Type I Supporting Organizations	1110		l
0000	Trype reapporting engantizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	$\overline{}$		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	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		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			l
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		_	-
Conti	on C. Type II Supporting Organizations	2	<u></u>	
Secu	on C. Type it 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		l	
_		1		<u> </u>
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			
	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	-		_
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		-
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
				·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	ł
	that these activities constituted substantially all of its activities.			1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Η-
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		}	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	_	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	_	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		-
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	-h	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

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

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

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