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Form	336	,-L

Department of the Treasury Internal Revenue Service

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)

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

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

OMB No 1545-1150 **2014**

Open to Public Inspection

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Manufacturing change Initial status Laboration La	В	Check if ag	pplicable.	C Name of organization	D Employ	yer identificat	ion number
Third instructions The instruction The ins		Address ch	hange	CHARLES NOLAND SCHOLARSHIP FUND	46-	0482422	
Protect instrumentated Application providing Application Applicat		Name chai	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepho	one number	
Application pending IRVING, TX 75061 IRVING,		Initial retur	n .				
Application panding IRVING, TX 75061 Number Number		Final return	n/terminated	<u> </u>			
G Accounting Method:		Amended 1	retum	F Group I	Exemption		
Website:	\Box	Application	n pending				
J Tax-exempt status (check only one). ☑ sole(x) ☑ sole(G	Account	ting Method:	Cash	H Check ►	🛚 ıf the orga	nization is not
K Form of organization: Carporation					•		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I					(Form 990,	990-EZ, or 99	0-PF).
Cert III. column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other	 		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part I)	L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l assets		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 3 3 4 Investment income 4 4 5a Gross amount from sale of assets other than inventory 5a 5a 5 5b 6 Gaming and fundraising events (not including \$ of contributions from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gaming and fundraising events (not including \$ of contributions from sale of assets other than inventory (Subtract line 5b from line 15a) 5 Gaming and fundraising events (not including \$ of contributions from sale of assets of the sum of such gross income and contributions exceeds \$15,000) 5 Gross income from fundraising events (not including \$ of contributions (such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (del lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods soid 6 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 b Corporate evenue (describe in Schedule O) 7 b Total revenue. Add lines 1 (2) 3, 4, 5, 6d, 7c, and 8 7 c Professional fees and other payments to independent contractors 1 Grants and similar amounts paid (list in Schedule O) 1 Total expenses (describe in Schedule O) 1 Total expenses and dines 1 (2) and 1 (3) (must agree with end-dy-vear figure reported on priou gar's return) 1 Net assets or fund balances at beginning of year (from line 27, column (AI)) (must agree with end-dy-vear figure reported on priou gar's return) 1 9 A Lasse 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combin	_	~		· · · · · · · · · · · · · · · · · · ·			
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		7a	Gross sales	of inventory, less returns and allowances			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 2, 500 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 For Paperwork Reduction Act Notice, see the separate instructions.		Ь	Less: cost of	goods sold			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 September 10 A 4, 085 22 For Paperwork Reduction Act Notice, see the separate instructions.		8	Other revenu	ue (describe in Schedule O)		8	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		9	Total reveni			9	2,500
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		10	Grants and s	imilar amounts paid (list in Schedule O)	$\cdots / \cdots $	10	4,085
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		11	Benefits paid	to or for members	—√;;/···	11	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.	S	12	Salaries, oth	er compensation, and employee benefits	, e }} .	12	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.	Se	13	Professional	fees and other payments to independent contractors \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/jj · /: ''	13	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.	쿒	14	Occupancy,	rent, utilities, and maintenance	ا باب لبیسیه	14	
17 Total expenses. Add lines 10 through 16	Ä	15	Printing, pub	lications, postage, and shipping	البسيد . " و"	15	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	Other expen	ses (describe in Schedule O)		16	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expen	ses. Add lines 10 through 16	▶	17	4,085
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets	19					<u> </u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ASS			· · · · · -	l	19	4,830
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20	•				
For Paperwork Reduction Act Notice, see the separate instructions.	Z	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20			3,245
	Fo	r Paperv				·	

	1 990-EZ (2014) CHARLES NOLAND SCHOLARSI	HIP FUND			46-0	4824	122 Page 2
Pa	Balance Sheets (see the instructions for Part II)						_
	Check if the organization used Schedule O to respond to	any question in this Pa	art II	<u> </u>			
22	Cook assumes and investments			(A) Beginning of		22	(B) End of year
•	Cash, savings, and investments		F	4,	, 830 0	23	3,245
	Other assets (describe in Schedule O)				0	24	0
	Total assets		- t		,830	25	3,245
	Total liabilities (describe in Schedule O)		 -		0	26	3,243
	Net assets or fund balances (line 27 of column (B) must agree w			4	,830	27	3,245
	art III Statement of Program Service Accomplis						3,23
تستنا	Check if the organization used Schedule O to respond to	-		· · · · · · · · ·			Expenses
Wha	at is the organization's primary exempt purpose? YOUTH SCHOOL					1 ' '	uired for section
				- 			c)(3) and 501(c)(4)
Des as r	cincipe the organization's program service accomplishments for each neasured by expenses. In a clear and concise manner, describe the	e services provided, the	ogram service ie number of	s,	'	_	nizations, optional for
pers	sons benefited, and other relevant information for each program title	9				for of	thers)
28	SCHOLARSHIPS						
						Ì	
	(Grants \$ 4,085) If this amount inc	cludes foreign grants, o	check here .		D	28a	0
29					i		
	(Grants \$) If this amount inc	cludes foreign grants, o	check here .	<u> </u>	<u> </u>	29a	
30							
						ļ	
	(O1- C	-1]	
44		cludes foreign grants, o				30a	
31							
42		cludes foreign grants, c				31a	
	Total program service expenses (add lines 28a through 31a)	 	· · · · · · ·			32	0
	art 14. List of Officers Directors Trustees and Key Employ	voes (list each one eve	n if not comp	prested (see the	inctrud	liona f	for Dart IVA
£ F 9	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to			•			, c
	List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to	o any question in this F	Part IV	······	· · · · ·	• • •	, c
			compensati	on contributor	h benefits,	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	o any question in this F (b) Average	Part IV	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	í <u>.</u>
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
_	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of
	Check if the organization used Schedule O to respond to	(b) Average hours per week	(c) Reportation compensation (Forms W-2/109	on (d) Health on contribution 9-MISC) benefit	h benefits, ns to empl plans, and	oyee	(e) Estimated amount of

Page 3

Par	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • • •		<u>. D</u>
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	r	Yes	No
33	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		<u> </u>
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	İ		
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<u> </u>		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	х	ļ
ь	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	X	
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		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	:		
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		ŧ	
39	Section 501(c)(7) organizations. Enter:		‡	
	Initiation fees and capital contributions included on line 9	1	ŧ	-
	Gross receipts, included on line 9, for public use of club facilities	1	[
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		‡	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		1	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		ŧ	-
	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	<u> </u>	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		Ī	·
	on organization managers or disqualified persons during the year under sections 4912,		•	
د.	4955, and 4958		Î	
a			ŧ	
_	40c reimbursed by the organization		ŧ	
e	transaction? If "Yes," complete Form 8886-T	40e	İ	х
41	List the states with which a copy of this return is filed	400	L	
	The organization's books are in care of ▶ DANA MARETT Telephone no. ▶			
71 a	Located at ▶ 2420 W IRVING BLVD, IRVING, TX ZIP+4 ▶ 75061			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Τ	Yes	No
_	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b		X
	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		1	
	Financial Accounts (FBAR).		Ī	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	. 1	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	Γ
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	"	_	
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1	-
	completed instead of Form 990-EZ	44b	}	Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<u> </u>	
	explanation in Schedule O	44d		L
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	-
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-	1	
_	Form 990-EZ (see instructions)	45b	L	X

Form 9	90-EZ (201	4) CHA	RLES NOLAND	SCHOLARSHIP FUND			46-	048242	2	Р	age 4
										Yes	No
46	•	•	•	n political campaign activit	ies on behalf of or in	opposition	1				
		dates for public office?			· · · · · · · · · · · · · · · · · · ·		 	• • • •	46		X
Par		Section 501(c)(3)		must answer questi	ons 47-49h and	52 and	complete the	tahles f	or lin	ec	
		50 and 51.	, organization	musi amonor quosi	one in too and	oz, ana	complete the	100.00	O		
			zation used Scl	hedule O to respond	to any question	in this F	Part VI				. 🗌
										Yes	No
47				r have a section 501(h) el	ection in effect during	the tax					
	-	"Yes," complete Schedu							47		
48		-		170(b)(1)(A)(ii)? If "Yes,"	•	Ε			48		Х
49a		-		npt non-charitable related	•			· -	49a		
b		was the related organiz		-					49ь		
50	•		-	est compensated employe	•			y			
	employe	ees) who each received	more man \$100,00	0 of compensation from the	T		Health benefits,				
		(a) Name and title of each em	nlwee	(b) Average hours per week	(c) Reportable compensation	cont	nbutions to employee	1 '''	timated		
		(2) 110110 2112 220 21 2221 211	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	devoted to position	(Forms W-2/1099-MIS		fit plans, and deferred compensation	Oti	her com	pensat	ion
											
NON	B										
					İ	ł					
		 									
	· · · · · · · · · · · · · · · · · · ·										
						1					
		 			 			-			
]	1		1			
f	Total nu	ımber of other employee	s paid over \$100,0	00▶	1 		 	k			
51				est compensated independ	lent contractors who	each rece	ived more than				
	\$100,00	00 of compensation from	the organization.	f there is none, enter "Nor	ne."						
	(a)	Name and business address of	f each independent cont	ractor	(b) Type of s	service	}	(c) Compe	nsation		
					(2) 7,2						
			·····								
							ł				
							ŀ				
				······································							
d	Total no	mber of other independe	ent contractors eac	th receiving over \$100,000							
52		· · · · · · · · · · · · · · · · · · ·		All section 501(c)(3) organ		<u></u>					
								▼ X	Yes		No
Under	penalties o	f penjury, I declare that I have ex	xamined this return, incli	uding accompanying schedules a	nd statements, and to the b	est of my kn	owledge and belief, it				
true, co	orrect, and	complete. Declaration of prepa	rer (other than officer) is	based on all information of which	preparer has any knowled	ge					
	- 1										
Sig		Signature of officer	h.			_	Date -				
Her	e	May				>	-415				
		Type or print name and to		D				1			
		Print/Type preparer's name		Preparer's signature	Date		Check ı	. 1			
Paid		JUDY ROBERTS	W 202=2=================================	T dans	04-29	-2015	self-employed	P01!	5178	95	
Prep			Y ROBERTS TA				Firm's EIN ▶				
use (Only	Firm's address ► 381	9 TOWNE CROS		U 3		Bhoos 07	2.002.0	דחכנ		
May	the IRS			above? See instructions	· · · · · · · · · · · · · · · · · · ·		Phone no. 97:	2-907-8	Yes	区	No
EEA			property or or or			<u> </u>		For	m 99 (_==	
								. 0		\	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Employer Identification number

2014

Department of the Treasury internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

CHARLES NOLAND SCHOLARSHIP FUND 46-0482422 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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 4 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 5 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). 6 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 il.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 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. 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. 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 nn Ein (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 fisted in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

T'al	(Complete only if you chec Part III. If the organization	ked the box o	on line 5, 7, or 8	of Part I or if t	the organization	failed to qualify	
Sec	tion A. Public Support	idiid to quain	y diligor tire toot	o noted below,	picase comple	te i ait iii.j	
	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.")					(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by				7 / /		
	each person (other than a		1		1		
	governmental unit or publicly				1 .		
	supported organization) included on		1			, ,	
	line 1 that exceeds 2% of the amount	. <u>:-</u> -	· .				
	shown on line 11, column (f)		<u></u>		1		
6	Public support. Subtract line 5 from line 4			,	<u> </u>	•	
Sec	tion B. Total Support					<u> </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .		7:				
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's firs	t, second, third, four	th, or fifth tax year	as a section 501(c)	0(3)	▶□
Sec	tion C. Computation of Public Su	pport Perce	entage				<u> </u>
14	Public support percentage for 2014 (line 6, c	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2013 Sched	iule A, Part II, line	e 14			15	%
16a	33 1/3% support test - 2014. If the organiza	ation did not ched	ck the box on line 13	, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualified	es as a publicly s	supported organizati	on			▶ □
b	33 1/3% support test - 2013. If the organization	ation did not ched	ck a box on line 13 o	r 16a, and line 15	is 33 1/3% or more	•	_
	check this box and stop here. The organiza	ition qualifies as	a publicly supported	organization			▶ 🔲
17a	10%-facts-and-circumstances test - 2014. 10% or more, and if the organization meets the "fact Part VI how the organization meets the "fact organization."	the "facts-and-cı ts-and-circumsta	rcumstances" test, onces" test, onces" test. The organized	theck this box and inization qualifies a	stop here. Explain	in ted	
b	organization	. If the organizatineets the "facts-and- ts the "facts-and-	on did not check a b ind-circumstances" tes -circumstances" tes	ox on line 13, 16a test, check this book t. The organization	, 16b, or 17a, and li x and stop here. i qualifies as a publi	icly	
18	supported organization					• • • • • • • • •	▶ □

instructions

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.)

	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
				1			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			3,000	1,620	500	5,120
2	Gross receipts from admissions, merchandise		 	3,000	1,020		5,120
_	sold or services performed, or facilities						
	furnished in any activity that is related to the					j	
	organization's tax-exempt purpose			 			
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513				2,200	200	2,400
4	Tax revenues levied for the				1		
	organization's benefit and either paid)]	Ì	Ì	
	to or expended on its behalf						
5	The value of services or facilities	İ]	
•	furnished by a governmental unit to the		}]	Ì)	
	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5			3,000	3,820	700	7,520
7a	Amounts included on lines 1, 2, and 3		1		j		
	received from disqualified persons	`		<u> </u>			
h	Amounts included on lines 2 and 3		1				
U	received from other than disqualified		Ì		Ì		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			<u> </u>			
8	Public support (Subtract line 7c from		1		·	- 1	
	line 6)		<u> </u>	<u> </u>			7,520
	ction B. Total Support	() 0040	T "\\0044	T (10040	(n aa (a		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		 	3,000	3,820	700	7,520
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		ĺ				
	royalties and income from similar sources			 			
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975		 				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					Į.	
	or not the business is regularly carried on						· · · · · · · · · · · · · · · · · · ·
12	Other income. Do not include gain or						
-	loss from the sale of capital assets	ļ				ł	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)	L		3,000	3,820	700	7,520
14	First five years. If the Form 990 is for the or	ganization's first,	second, third, fourth	, or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here			<u></u>		· · · · · · · · · · · · · · · · · · ·	▶ 🔲
	ction C. Computation of Public St					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2014 (line 8, or	• •	-	f))		15	100.00 %
_	Public support percentage from 2013 Schedu			<u></u>	<u> </u>	16	100.00 %
Se	ction D. Computation of Investme				-		
17	Investment income percentage for 2014 (line		•	olumn (f))		17	0.00 %
18	Investment income percentage from 2013 Sc	chedule A, Part III,	, line 17		[18	%
19a	33 1/3% support tests - 2014. If the organiz						_
	17 is not more than 33 1/3%, check this box	and stop here. The	ne organization qua	lifies as a publicly su	pported organizati	ion	▶ 🏻
b	33 1/3% support tests - 2013. If the organiz						
	line 18 is not more than 33 1/3%, check this		-	•		ization	▶ 🔲
20	Private foundation, If the organization did n	ot check a box on	line 14, 19a, or 19t	b, check this box and	see instructions		▶ 🔲

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.

▶ Attach to Form 990 or 990-EZ.

Ope

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

CHARLES NOLAND SCHOLARSHIP FUND 46-0482422 01. List of grants and similar amounts paid (Part I, line 10) Activity SCHOLARSHIPS RICHLAND COLLEGE Grantee 500 Amount SCHOLARSHIP Activity RICHLAND COLLEGE Grantee 500 Amount SCHOLARSHIP Activity NORTH TEXAS UNIVERSITY Grantee 835 Amount SCHOLARSHIP Activity Grantee HILL COUNTRY COLLEGE 2,000 Amount Activity SCHOLARSHIP NORTH TEXAS UNIVERSITY Grantee 250 Amount SCHOLARSHIP Activity BROOKHAVEN JUNIOR COLLEGE Grantee

Schedule O (Form 990 or 990-EZ) (2014)	Page	2
Name of the organization	Employer Identification number	_
CHARLES NOLAND SCHOLARSHIP FUND	46-0482422	
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