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# Foith 990

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

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

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

20 14 For the 2014 calendar year, or tax year beginning Check if applicable C Name of organization Camelback Ventures D Employer identification number Doing business as 46-3169470 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 215-341-1601 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return ew Orleans LA 76130 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No 643 Magazine Street, SUHe 206, New Orleans, LA 70130 If "No," attach a list (see instructions) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ www camelhackventures org H(c) Group exemption number ▶ Form of organization Corporation Trust M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of frior than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Fart Vi-line) 15 4 2 Total number of individuals employed in calendar year 2014 (Part V, line-2a) 5 2 Total number of volunteers (estimate if necessary) . . 6 Û Total unrelated business revenue from Part VIII, column (Chaire 12NU.V 7a 7a Û Net unrelated business taxable income from Form 990-T, line 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 681,329 9 Program service revenue (Part VIII, line 2q) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 151 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 681,480 SCANNED DEC 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 10.609 96.780 19 Revenue less expenses. Subtract line 18 from line 12 8.958 584,700 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 615,968 21 Total liabilities (Part X, line 26) . 22,310 22 Net assets or fund balances. Subtract line 21 from line 20 8,958 593,658 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Mun Sign 11.3.15 Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Check I if self-employed Preparer

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

Firm's address ▶

**Use Only** 

Cat No 11282Y

Phone no

☐ Yes ☐ No Form 990 (2014)

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Part I	Checklist of Required Schedules			
1	1s, the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
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		,
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		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		v
b	Schedule D, Parts XI and XII	12a		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		-
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		7
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

Part	V Checklist of Required Schedules (continued)			<del>-</del>
		·	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	1.	~
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .	24d 25a		v
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		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part III</i>	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	*		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<i>'</i>
С	Schedule L, Part IV	28b 28c		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> , <i>Part I</i>	30		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		v
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		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a section of controlled entity within the meaning of section 512(b)(13)?	35a		v
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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	35b		~
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,	36		
38	Part VI	37		•
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	,	<u></u>

Párt	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			I
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			)
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>/</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		-
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			ļ <u>.</u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C Ea	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b> </b>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	C-		<b>,</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		-
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, v	*	-38%
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,	
	and services provided to the payor?	7a	`	V
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	L	~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		, ,
9	Sponsoring organizations maintaining donor advised funds.		ļ	V
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	-	1
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter.	ĺ		
а	Gross income from members or shareholders		İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	l	ļ	]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		1	ļ
_		-	Ì	1
C	Enter the amount of reserves on hand	44-	<del> </del>	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		, , , , , , , , , , , , , , , , , , ,

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	•	,	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 3	**	, w ,	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			~ · ·
b	Enter the number of voting members included in line 1a, above, who are independent  1b			4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	\(\frac{1}{2}\)	 
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	_	<b>V</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	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		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	807~	~ <del></del> ~ ~	
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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		67.
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		,
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
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		~
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	**********		
_	with a taxable entity during the year?	16a		-
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C = -4.	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶  Louisians			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	า 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	. ▶	
	August Wallon 643 Magnetine Street State 206 Nan Orleans 1 A 70130 215-341-1601			

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Form 990 (2014)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
	(C)									
(A)	(B)	(do n	ot ch	Pos		than c	nna.	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		rano		rect	or/trust		compensation from	compensation from related	amount of other
	hours for	or c	Inst	Officer	Key	Hıgi	Former	the	organizations	compensation
	related organizations	vidu	tut	e e	em	nest	Пer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor tr	onal		Key employee	e con		(11 27 1000 111100)		and related
	line)	Individual trustee or director	Institutional trustee		99	pen		ļ		organizations
	Ì	ď	itee			Highest compensated employee				
	<del> </del>	_	-			_ a				
(1) Auron Walker	40					!				
Founder & CEO					~			28,269	0	0
(2) ifes innwa Walker	5									
Director		~						0	0	0
(3) Lloyd Johnson	5									
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(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)					,	7		
	(A)	(B) Position (do not check more than o				one	(D)			F),*				
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	le from		nated unt of		
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		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	휲호	Former	the	organizatio			ensatior n the	1
		related organizations	rect	utio	œ,	E S	est o	<u>ĕ</u>	organization (W-2/1099-MISC)	(44-271099-14	1130)		ızatıon	
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(24)		ļ	-			ļ								
(OE)		<del> </del>		<del>├</del> ─	<del> </del> —	<del> </del>	<u> </u>	+-						
(25)		<del> </del>	1											
1b	Sub-total		L	<u> </u>		L	L	<u> </u>	<del> </del>	<del></del>				
C	Total from continuation sheets to Part	VII. Section	n A				•	•	28,269					
d	Total (add lines 1b and 1c)			·				<b>•</b>	28,269	<del> </del>	0			0
2	Total number of individuals (including bu							e) w	<del> </del>	<del></del>	00.000	of.		
	reportable compensation from the organ							-,		• • • • • • • • • • • • • • • • • • • •				
							-						Yes	No
3	Did the organization list any former or							emį	ployee, or high	nest compe	nsated			<u> </u>
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ına	ivid	ual					3		1
4	For any individual listed on line 1a, is the											1		[
	organization and related organizations	greater th	an \$	150	,000	)? [	f "Ye	es, "	complete Sci	nedule J fo	r such			ļ. <u>.</u> .
	ındıvıdual	•			-	•		•				4		~
5	Did any person listed on line 1a receive of									zation or inc	lividual			
	for services rendered to the organization	7 If "Yes," (	comp	iete	Sci	nea	ule J	tor .	sucn person		· ·	5		~
	on B. Independent Contractors	<del></del>			_									
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	nsau	OH I	Or t	ne c	alenc	Jai	year ending wi	ui or within	trie orga	amzauc	on S ta	1X
	year.							т-	(D)		Γ	(0)		
	(A) Name and business add	dress							(B) Description of:	services	С	(C) compens	ation	
N / 1		<u> </u>						+	<del></del>					
N/A							-	+						
								+						
								$\dagger$						
								╁╌						
2	Total number of independent contraction	ors (ıncludı	ng bi	ut n	not	lımı	ted t	o ti	hose listed ab	ove) who	<del></del>			n
-	received more than \$100,000 of compen									,				

Part VIII		Statement of Revenue								
	*,	Check if Schedule O contains a response or	note to	any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function	(C) Unrelated business revenue	. (D) Revenue excluded from tax under sections			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d			revenue		512-514			
	e f	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$	81 329							
	h	Total. Add lines 1a-1f	. ▶	681,329						
ne		Business	Code							
Program Service Revenue	2a b c d									
Ë	е									
G	f	All other program service revenue								
ā	3 4 5	Total. Add lines 2a–2f	. ▶	151						
	6a b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	onal				,			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses (i) Securities (ii) Oth	ner							
	d	Gain or (loss)	. ▶							
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a								
Other	С	Less: direct expenses	<b>•</b>							
	с	Less. direct expenses . b  Net income or (loss) from gaming activities  Gross sales of inventory, less	. ▶							
	b	returns and allowances a  Less cost of goods sold b  Net income or (loss) from sales of inventory .	. •			-				
		Miscellaneous Revenue Business	Code							
	11a b c	All other revenue								
	e	Total. Add lines 11a–11d	. ▶	0						
	12	Total revenue. See instructions	<b>⊢</b>	681.480						

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	l other organization	s must complete co	lumn, (A)
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		, . <u>.</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				* * .
	and domestic governments See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals See Part IV, line 22			* * * * * * * * * * * * * * * * * * *	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	30,432	15,216	12,173	3,043
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9 635	9,635		
9	Other employee benefits				
10	Payroll taxes	737	737		
11	Fees for services (non-employees)				
а	Management			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
b	Legal	6 2 7		627	
С	Accounting	8,704		8,704	· · · · · · · · · · · · · · · · · · ·
d	Lobbying			<del></del>	
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
10	· -	19,146	19 146		
12	Advertising and promotion	1,797	1 (07	1,797	<u> </u>
13 14	Office expenses	2,500 7,133	1,607	893	<u> </u>
15	Royalties	7,133		7,133	
16	Occupancy			<del></del>	
17	Travel	15,713	15,713		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			·	
20	Interest			·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1.8		18	
24	Other expenses. Itemize expenses not 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 O)	<b>3</b>	*	· · · · · · · · · · · · · · · · · · ·	α ,
_	` ' ' ' '				·
a	Bank Charges	167		167	
b	Dues & Subscriptions	105	100	6	
۲ C	Meeting Expense Meals	60	105		
d	Postage All other expenses	60		60	
e 25	Total functional expenses. Add lines 1 through 24e	96.780	62,159	31,578	3,043
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)	70,740	02,137	31,378	3,043

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P			
	'ι		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	-542	1	304,335
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	9 500	3	311 633
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	····
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13 14	
	14	Intangible assets		15	
	15	Other assets See Part IV, line 11	0.050	<del> </del> -	(15.04)
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	8,958	17	615,968
	18	Grants payable		18	22,310
	19			19	
	20	Tax-exempt bond liabilities		20	<del>.</del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
s	22	Loans and other payables to current and former officers, directors,	"		
ij		trustees, key employees, highest compensated employees, and	1		
Liabilities		disqualified persons Complete Part II of Schedule L		22	
Ľ.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	22,310
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ an	d		
ë		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
Pu	29	Permanently restricted net assets		29	·
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	1		
ō		complete lines 30 through 34.		_	
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	8,958	-	593,658
	34	Total liabilities and net assets/fund balances	8,958	34	615,968

		Pa	ge <b>12</b>							
			•							
	. <u> </u>									
		. 68	1 480							
96 780										
	584 700									
			8.958							
_			0							
			0							
ļ										
593,658										
		Yes	No							
ı ın			2 <sup>3</sup>							
	2a	-	~							
or	,		,							
	2b		~							
na		*	,							

**Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI . Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 2 3 Revenue less expenses Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments R 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . Accounting method used to prepare the Form 990: 
Cash
Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both. Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited o separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За 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. Form 990 (2014)

Form 990 (2014)

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

Department of the Treasury

# **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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Camelback Ventures 46-3169470 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.) 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.) 8 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.) 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 1 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 II, Type III, Typ 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) (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (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)

18

Scriedu	e A (FURIT 990 OF 990-EZ) 2014						rage Z
Part							
	(Complete only if you checked th						lity under
C A:	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	iease compie	te Part III )	*
	on A. Public Support	(-) 0040	(1-) 0044	(-) 0040	(-0.0040	4-1-0044	/O Total
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						700.004
•		<u> </u>			19,567	681,329	700 896
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.				ļ		
•	<b>'</b>		<del></del>				
3	The value of services or facilities					ì	
	furnished by a governmental unit to the organization without charge						
		- "					
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by		4			,	
	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).				,		
c							700 000
Secti	Public support. Subtract line 5 from line 4 on B. Total Support		<u> </u>	<u> </u>		1	700 896
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	(a) 2010	(6) 2011	(0) 2012	19,567	681,329	700.896
8	Gross income from interest, dividends,			-	17,507	001,317	700,070
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						151
9	Net income from unrelated business	<del></del>	<u> </u>	<del> </del>			
•	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						701,047
12	Gross receipts from related activities, etc	(see instructi	ons)			12	
13	First five years. If the Form 990 is for the			d, third, fourth	n, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he						ि ं 🗸
Secti	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2014 (line	6, column (f) d	vided by line	11, column (f))		14	%
15	Public support percentage from 2013 Sci	hedule A, Part	II, line 14			15	%
16a	331/3% support test-2014. If the organi	zation did not	check the box	on line 13, and	d line 14 is 331	3% or more, cl	neck this
	box and stop here. The organization qua	difies as a pub	licly supported	dorganization			▶ □
b	331/3% support test-2013. If the organ					15 is 33 <sup>1</sup> /3%	or more,
	check this box and stop here. The organ	ıızatıon qualıfıe	s as a publicly	supported org	ganızatıon .		. ▶ 🛚
17a	10%-facts-and-circumstances test-2	014. If the orga	anızatıon dıd n	ot check a box	on line 13, 16	a, or 16b, and	ine 14 is
	10% or more, and if the organization me	_					
	Part VI how the organization meets the "I	facts-and-circi	ımstances" te	st. The organız	ation qualifies	as a publicly si	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test - 2	<b>013.</b> If the org	anization did n	ot check a box	x on line 13, 16	a, 16b, or 17a.	and line
-	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization .						▶ □

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.)

	, if the organization falls to quality	under the te	soro lipred pel	Jw, piease co	implete rait	11. <i>)</i>	
	on A. Public Support		·				<del></del>
	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants")						
2	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		ļ				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		-			ļ	
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					[	
_	or 1% of the amount on line 13 for the year		1			<b></b>	
С 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from		<del> </del>				
0	line 6.)	. 4 55	* * .	* ; ·	`		
Cooti	on B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(6) 2014	(i) Total
10a	Gross income from interest, dividends,						<del></del>
104	payments received on securities loans, rents,						ļ
	royalties and income from similar sources						
b	Unrelated business taxable income (less						<del></del>
-	section 511 taxes) from businesses						
	acquired after June 30, 1975	ı					ł
С	Add lines 10a and 10b						
11	Net income from unrelated business		T				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets		İ				1
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )					1	<u> </u>
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		<del> </del>				🕨 🗌
Secti	on C. Computation of Public Suppo			<u>.</u> .		<del></del>	
15	Public support percentage for 2014 (line		-			<del></del>	<u>%</u>
16	Public support percentage from 2013 Sc			<u> </u>		.   16	%
	on D. Computation of Investment In			<del></del>			<del></del>
17	Investment income percentage for 2014			•			%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
_	17 is not more than 331/3%, check this box		-				· · · · · · · · · · · · · · · · · · ·
Ь	331/3% support tests—2013. If the organization 18 to get more than 321/8%, shock this						
	line 18 is not more than 331/3%, check this		=		-		
20	Private foundation. If the organization d	ia not check a	DOX on line 14	, 19a, or 19b, (	Check this box	t and see instru	uctions 🕨 🔲

#### 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.)

Secti				orting Organi	<del></del>		11,00			, , <u>, , , , , , , , , , , , , , , , , </u>		
1	Are a	all of	the	organization's	supported	organizations	listed	by name	in the	organizatio	n's governing	

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	*	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		* .
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		*
ь с 6	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?  Substitutions only. Was the substitution the result of an event beyond the organization's control?  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 Part VI.	5b 5c		
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 disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10a

10b

	•			
Schedule	A (Form	990 or	990-EZ1	2014

Page 3
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Part	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) below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			!
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			i
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Sacti	on C. Type II Supporting Organizations	2		
36011	on o. 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			1
	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		
Secti	on D. All Type III Supporting Organizations		V	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	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	L		1
	supported organizations played in this regard.	3		
Secti	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 it	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			
С	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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a	l	-
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<del></del>		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			İ
	reasons for the organization's position that its supported organization(s) would have engaged in these			ļ. <u>.</u>
	activities but for the organization's involvement.	2b	ļ	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
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? <i>Provide details in Part VI.</i>	3a		1
b		Ja	<del>                                     </del>	<del> </del>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	· · · · · · · · · · · · · · · · · · ·
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must collect the second	trus mple	st on Nov. 20, 1970 <b>See in</b> ete Sections A through E.	structions. All
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	<del></del>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		*	\$v
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		*	•
factors (explain in detail in Part VI):	2	· · · · · · · · · · · · · · · · · · ·	
2 Acquisition indebtedness applicable to non-exempt-use assets	3		
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)	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035	7		· · · · · · · · · · · · · · · · · · ·
7 Recoveries of prior-year distributions	_		
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		<u>.</u>
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	»	
7 Check here if the current year is the organization's first as a non-functional	ـــــــــــــــــــــــــــــــــــــــ	tegrated Type III supporting	n organization (eoo
instructions)	.y 111	rogration Type in aupportin	g organization (See

Part		s) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6_	Other distributions (describe in Part VI) See instructions.		<del></del>	
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	T		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b	No. of the second secon			
c	<u> </u>			-
<u>d</u>				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u> _	Applied to 2014 distributable amount			
<u>_</u>	Carryover from 2009 not applied (see instructions)		-a-aill-na-aalVinica-Vi	
	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>b</u>	Applied to 2014 distributable amount			
<u>C</u>	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015 Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
a				
b				
d	Excess from 2013	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
e	Excess from 2014			
		.*		

Schedule A (F	Form 990 or 990-EZ) 2014	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Part III, line 12. Also complete this part for any additional information. (See instructions.)	b; and
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# SCHEDULÈ 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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Camelback Ventures	46-3169470
Part VI - Section C - Line 18	
Upon Request	
Part VI - Section C - Line 19	
7 att v1-3(ttim t - Lint 17	
Upon Request	
Parr IX - Line 11g	
Program Consultant, assisted in program development	
-	·

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