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Form 990-EZ

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)

2014

Inspection

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calendar	year, or tax year beginning , 2014, and	d ending			, 20			
_	Check if ap		Name of organization		D Emple	over id	entification number			
	Address change Lake Quivira Foundation Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Tele									
=							6-4039992			
	Initial retur	с.ср.								
	Final retur		30 Lakeshore Dr. W. http://dx.distribution.com/state-or-province, country, and ZIP or foreign postal code		r 0		3-631-3440			
=	Amended	return			F Grou	•	•			
	Application		ake Quivira, KS 66217-8525			ber				
		-	✓ Cash				f the organization is not			
	Vebsite		kequivirafoundation.org		•		ach Schedule B			
			only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	<u></u> 527 (Form 99	30, 99	D-EZ, or 990-PF).			
		-	☑ Corporation ☐ Trust ☐ Association ☐ Other							
			to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor		assets	_				
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	<u>► \$</u>				
Р	art I		Expenses, and Changes in Net Assets or Fund Balances							
			ne organization used Schedule O to respond to any question in t				<u> </u>			
	1	Contribution	s, gifts, grants, and similar amounts received		[1	\$10,000			
	2	Program ser	vice revenue including government fees and contracts		[2	0			
	3	Membership	dues and assessments		[3	0			
	4	Investment ii	ncome		[4	\$849			
	5a	Gross amou	nt from sale of assets other than inventory 5a		o					
	b	Less: cost or	other basis and sales expenses		0					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)		5c	0			
	6		fundraising events	,	1		<u>-</u>			
	a	-	ne from gaming (attach Schedule G if greater than							
ē	_				۸					
Revenue	Ь	•	Table	ontribution	_ 					
<u></u>	-		sing events reported on line 1) (attach Schedule G if the			1				
u.			gross income and contributions exceeds \$15,000) 6b		0					
	C		expenses from gaming and fundraising events 6c							
	d		or (loss) from gaming and fundraising events (add lines 6a and 6	Sh and sub	tract					
	-	line 6c) .				6d				
	7a	•	of inventory, less returns and allowances 7a		٠ .					
	Ь,	Less: cost o			0					
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	•			
	8					8	0			
	9	Total revenu	ue (describe in Schedule O)				0			
_	10				. •	9	\$10,489			
			similar amounts paid (list in Schedule O)			10	0			
	11	•	d to or for members	:		11	0			
Ses	12	Salaries, our	er compensation, and employee benefits	. ? ?	• •	12				
Expenses	13	Professional	fees and other payments to independent contractors			13	\$5000			
옸	14		rent, utilities, and maintenance			14	0			
			olications, postage, and shipping			15	\$24			
罢	16	Other expenses (describe in Schedule O)				16	\$870			
2015	17	Total expen	ses. Add lines 10 through 16	<u> </u>	. ▶	17	\$5094			
Net Assets	18		eficit) for the year (Subtract line 17 from line 9)			18	(5395)			
- <u>8</u>	19		or fund balances at beginning of year (from line 27, column (A)) (r							
Z₹	1	-	figure reported on prior year's return)			19	\$105,000			
<u>=</u>	20		es in net assets or fund balances (explain in Schedule O)			20	\$4956			
	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	\$109,956			

9

						rage 🛋
Par						
	Check if the organization used Schedul	e O to respond to ar	ny question in this			
22	Cook source and investments		-	(A) Beginning of year	00	(B) End of year
22 23	Cash, savings, and investments			\$105,000	23	\$109,956
24	Other assets (describe in Schedule O)		-		24	0 0
25	Total assets			\$105,000	-	\$109,956
26	Total liabilities (describe in Schedule O)				26	<u>\$109,936</u>
27	Net assets or fund balances (line 27 of colum		_	\$105,000	_	\$109,906
Par		<u> </u>				4.00,000
	Check if the organization used Schedul	-		•	١.	Expenses
What	is the organization's primary exempt purpose?	To enhance the beau	ity and livability of th	e Lake Quivira.		uired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accomp easured by expenses. In a clear and concise in ons benefited, and other relevant information for e	manner, describe the	f its three largest p e services provided	rogram services, I, the number of		nizations; optional for
28	No program services were completed in 2014 due to	the organizational an	d promotional mater	ial costs		
	expended to establish and promote the foundation.				ĺ	
					1	
	(Grants \$ 0) If this amoun	t includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	28a	0
29						
	•••••					
	(Grants \$) If this amoun	t includes foreign are	ento obook boro		29a	
30					234	0
-						
					İ	
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	30a	0
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amoun	it includes foreign gra	ints, check here .	▶ 🗆	31a	0
1	Total program service expenses (add lines 28a				32	0
Par					nstruc	ctions for Part IV)
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part IV		· · · · <u>U</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	(Estimated amount of other compensation
Brad	Botteron					
Presi	dent	<1			0	0
	(Goodger					
	president	<1	- 0		0	0
	R Neill					_
Treas Beth		<1	<u> </u>		0	0
Secre		<1	(,	0	0
	Best				ᠲ	<u></u> U
Mem		 <1	(,[0	0
	e Hidalgo				一	······································
Mem	ber	 <1	1	,	0	0
Jim \	Vright					
Mem	ber	<1)	0	0
			<u> </u>			
		<u> </u>		<u> </u>	-	
		· · · · · · · · · · · · · · · · · · ·		 	+	
	······					
	 			 	\dashv	

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \		
00	Did the apparient as a great in any significant activity and appariently appared to the IDCO If West I apparies		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		\
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		_
38a	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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa		V
39	Section 501(c)(7) organizations. Enter:	ļ		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► Kansas			
42a		913-63		
b		66217	-8525 Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	√
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	D
44-			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			l
AFo	explanation in Schedule O	44d 45a	-	1
45a b	Did the organization race a controlled entity within the meaning of section 312(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	134	 	 *
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		/

Form 99	90-EZ (2014)						F	age 4
							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political o	ampaign activities on	behalf of or i	n opposit	tion		
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46		1
Part	VI Section 501(c)(3) organizations	only						
	All section 501(c)(3) organization	s must answer que	estions 47-49b and	52, and con	plete the	e tables f	or line	es
	50 and 51.	•		•	•			
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
			- 10 cm // Holosies				Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(b) electro	n in effect d	iring the	tay 🗀	1.03	
	year? If "Yes," complete Schedule C, Par				_	ī		1
48	Is the organization a school as described in							V
	-		· ·				├	1
49a	Did the organization make any transfers t		_			<u> </u>	-	V
p	If "Yes," was the related organization a se					49b	1	<u> </u>
50	Complete this table for the organization's	s five nignest comper	sated employees (otr	ner than office	ers, direct	ors, truste	es an	d key
_	employees) who each received more than	1 \$ 100,000 or compe	nsation from the orga			e, enter "N	ione."	
		(b) Average	(c) Reportable	(d) Health b		(e) Estimate	ed amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, a	nd deferred	other con		
		devoted to position	(1 Omis 11 22 1005 11100)	compens	ation			
None								
				<u></u>				
					}			
	7							
			<u> </u>				-	
	······································							
		1						
f	Total number of other employees paid ov	rer \$100 000	<u> </u>	<u> </u>		<u> </u>		
51	Complete this table for the organization			contractors	who oook			
31	\$100,000 of compensation from the organization	anization. If there is n	one enter "None"	Contractors	WIID Eaci	received	more	unan
			110, 6/10/10/10/10/10/10/10/10/10/10/10/10/10/	· · · · · · · · · · · · · · · · · · ·				
	(a) Name and business address of each independent	dent contractor	(b) Type of sen	vice	(c)	Compensati	on	
None			†					
140110								
			 					
			•					
						· · · · · ·		
			 					
			· 	}				
			 					
				1				
			1					
d	The state of the s	_	•	<u> </u>				
52	Did the organization complete Sched	ule A? Note . All se	ection 501(c)(3) orga	ınızatıons mı	ıst attacl	h a_		
	completed Schedule A		<u> </u>	<u> </u>		.► ✓ Yes		No
Under	penalties of perjury, I declare that I have examined this	return, including accompan	nying schedules and statem	ents, and to the b	est of my ki	nowledge and	d belief,	, rt is
true, co	prect, and complete Declaration of preparer (other that	in officer) is based on all inf	ormation of which preparer	has any knowled	ge			
	Verry K. Heil			5	-12-1	5		
Sign	Signature of officer			Date				
Here	Jerry R Neill Treasurer							
	Type or print name and title			·				
Paid	Pnnt/Type preparer's name	Preparer's signature	D	ate	Check	, PTIN		
	,				self-emplo			
•	Only Firm's name	l		Firm'	s ElN ▶	<u> </u>		
USE	Only Firm's name ► Firm's address ►			Phon		 -		
May t	he IRS discuss this return with the prepare	er shown above? See	instructions			► ☐ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Manne (or the organization					Employer identification	number	
Lake (Quivira Foundation					46-40		
Par	Reason for Public Cha	rity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.	
	rganization is not a private founda							
	A church, convention of church			bed ın se	ction 17	D(b)(1)(A)(i).		
	A school described in section							
	A hospital or a cooperative hos							
4	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:							
5	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.)							
6	☐ A federal, state, or local govern	nment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).		
	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				the general public	
	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F					
9	✓ An organization that normally							
	receipts from activities related							
	support from gross investme acquired by the organization a						x) from businesses	
10	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).		
	☐ An organization organized and						out the purposes of	
	one or more publicly supported	d organizations d	escribed in section 50	09(a)(1) o	section	509(a)(2). See secti	i on 509(a)(3). Check	
	the box in lines 11a through 11	d that describes t	the type of supporting	organizat	ion and c	complete lines 11e, 1	1f, and 11g.	
а	Type I. A supporting organiz							
	the supported organization(s organization. You must con			ct a majo	rity of the	e directors or trustee	es of the supporting	
b	☐ Type II. A supporting organi:	zation supervised	d or controlled in conr	nection w	ith its suj	oported organization	n(s), by having	
	control or management of th							
	organization(s). You must co	omplete Part IV,	, Sections A and C.					
C	☐ Type III functionally integrated its supported organization(s)	ated. A supporting (see instructions	ng organization operat s). You must comple t	ed in cor te Part IV	nection v	with, and functionally	y integrated with,	
d	☐ Type III non-functionally in						ed organization(s)	
_	that is not functionally integr							
	requirement (see instructions						u u	
е	☐ Check this box if the organiz						I. Type III	
	functionally integrated, or Ty						, 21	
f	Enter the number of supported	organizations .						
g	Provide the following information		oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1-9 above or IRC section	listed in you docur	r governing nent?	support (see instructions)	other support (see instructions)	
			(see instructions))			msa acaons)	ilisu uctions)	
				Yes	No			
(A)								
	······································				_			
(B) ——								
(C)								
(D)								
(E)								
Total								

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		,		·		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")				<u> </u>		ļ
2	Tax revenues levied for the					İ	
	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	 					
	- i		 				
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly					1	}
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources						
9	Net income from unrelated business						}
	activities, whether or not the business is regularly carned on						
40		1	<u> </u>	<u> </u>			
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)			ĺ			
11	Total support. Add lines 7 through 10	. ,	· · · · · · · · · · · · · · · · · · ·	-	,		
12	Gross receipts from related activities, etc	. (see instructi	ions)	·	·	12	
13	First five years. If the Form 990 is for the			nd, third, fourth	n, or fifth tax y	1 1	on 501(c)(3)
	organization, check this box and stop he				·		▶ □
Secti	on C. Computation of Public Suppor	t Percentag	je				
14	Public support percentage for 2014 (line	6, column (f) d	livided by line	11, column (f))		14	%
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua	-	• • •	_			
b	331/3% support test—2013. If the organ				•		•
	check this box and stop here. The organ	•					
17a							
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			_	*	•	··
	organization						
b	10%-facts-and-circumstances test – 2						
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization in supported organization						· · · -
18	Private foundation. If the organization di						
	iodiiddaoiii ii the Olganization d	S HOL DIRECK a		, iou, iou, i <i>i</i>	ه, ۱، ۱، ۵, ۱، ۱۵ (m una box allo	300

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.)

Section	on A. Public Support	under the tes	sta liated bein	w, piease co	impiete i ait i	1.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(-) (-)	(0) = 0 1 1	(0) =0 1=	(4, == 10	(9/ = 5 : .	(7)
	received. (Do not include any "unusual grants.")	o	o	0	\$105,000	\$10,000	\$115,000
2	Gross receipts from admissions, merchandise		· · · · · · · · · · · · · · · · · · ·			V.U,000	<u> </u>
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	o	o	o	o	o	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	0	o	0
4	Tax revenues levied for the		<u>_</u>			<u> </u>	
	organization's benefit and either paid			-			
	to or expended on its behalf	o	o	اه	o	o	0
5	The value of services or facilities						<u>_</u>
	furnished by a governmental unit to the						
	organization without charge	o	o	ol	o	اه	0
6	Total. Add lines 1 through 5	0	0	0	\$105,000	\$10,000	\$115,000
7a	Amounts included on lines 1, 2, and 3				Ţ.,,,,,,,,	3,19,000	
	received from disqualified persons .	اه	o	o	o	o	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	ļ					
	or 1% of the amount on line 13 for the year	o	o	o	95,000	o	95,000
С	Add lines 7a and 7b	0	0.	0	95,000	0	95,000
8	Public support (Subtract line 7c from				-		
	line 6.)					·	20,000
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	\$105,000	\$10,000	\$115,000
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					į	
	royalties and income from similar sources .	0	0	О	0	\$849	\$849
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	00
С	Add lines 10a and 10b	0	0	0	0	\$849	\$849
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part VI.)		0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)	0	0		\$105,000		\$115,849
14	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he			· · · · ·	· · · · ·		· · > 🗸
	ion C. Computation of Public Suppor					1 - 1	
15	Public support percentage for 2014 (line 8						<u>%</u>
16	Public support percentage from 2013 Sch			<u></u>	<u></u>	16	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2014 (17	%
18	Investment income percentage from 2013					18	<u>%</u>
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 organiz				•		
20	line 18 is not more than 331/3%, check this		_	-		• •	_

Part IV **Supporting Organizations**

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

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

determine whether the organization had excess business holdings.)

10b

Part I	Y Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		ļ . <u></u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secu	on B. Type I Supporting Organizations		V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		i	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	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	İ		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	
Section	on C. Type II Supporting Organizations		1	1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}	1	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		1
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>	I	
	,,, , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	ļ
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		ŀ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ł	1
	supported organizations played in this regard.	3	ŀ	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetn	otion	c).
		nsu u	CUOII	S).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	etn icti	ionel
		,00 111		<u> </u>
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	1	1	ł
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	 	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	i		1
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>	†	<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u>L</u> _
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this magni-	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jani</u>	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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) 7 Other expenses (see instructions)	6					
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):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6	 				
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-int	tegrated Type III support	ing organization (see			

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

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