

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2014

Open to Public Inspection

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 calenda	ar year, or tax year beginning January I , 2014, and ending		emper				
Во	heck if ap	plicable	ployer identification number						
	Address ct	ess change College Park Nursery School 52-085428 e change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number							
<u></u>	Name char	nge	E Telep	phone number					
=	initial retur		P O. Box 122	L	301-864-5355				
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exer	nption			
_	Amended i Application		College Park, MD 20740	Num	ber 🕨	•			
		ing Method:	✓ Cash Accrual Other (specify)	H Check	▶ [7] ₁	the organization is not			
	Vebsite:		cpnsk.com			ach Schedule B			
			eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	•)-EZ, or 990-PF).			
			☐ Corporation ☐ Trust ☐ Association ☐ Other	`					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets					
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see	he instruc	tions	for Part I)			
	ai t I		the organization used Schedule O to respond to any question in this Pa						
	1		ons, gifts, grants, and similar amounts received		1	405			
	l		ervice revenue including government fees and contracts		2	403			
	2		nip dues and assessments		3	171717 70			
	3				4	171315.29			
	4	Investment	, , ,		-	31.42			
	5a		ount from sale of assets other than inventory	Ų.					
	b		or other basis and sales expenses	<u> </u>	_	_			
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	<u>.</u> <u>.</u>			
6)	6	_	nd fundraising events						
	а		ome from gaming (attach Schedule G if greater than						
Ž		\$15,000)							
Revenue	b		ome from fundraising events (not including \$of contribu	itions	1				
æ			raising events reported on line 1) (attach Schedule G if the						
			ch gross income and contributions exceeds \$15,000) 6b	14325.03	1 1				
	C	Less: direc	ct expenses from gaming and fundraising events 6c	3347 60	.				
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract					
	ĺ	line 6c)			6d	10977.43			
	7a		es of inventory, less returns and allowances						
	b		of goods sold 7b						
	С		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<u> </u>			
	8		enue (describe in Schedule O)		8				
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	182,729.14			
	10	Grants and	d similar amounts paid (list in Schedule O)		10	8663 00			
	11	Benefits p	aid to or for members		11				
es	12	Salaries, o	other compensation, and employee benefits		12	123575.89			
Expense	13	Profession	nal fees and other payments to independent contractors		13	2650.15			
be	14	Occupano	cy, rent, utilities, and maintenance		14	19,770.38			
Щ	15	Printing, p	publications, postage, and shipping		15	2088.18			
	16		enses (describe in Schedule O)		16	19392.19			
	17		enses. Add lines 10 through 16		17	176,450,77			
10	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	6.278.37			
ë	19		s or fund balances at beginning of year (from line 27, column (A)) (must a	gree with					
155			ar figure reported on prior year's return)		19	136.606			
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)		20	6,278			
ž	21		s or fund balances at end of year. Combine lines 18 through 20		21	142.883			
_			tion Act Nation son the congrete instructions Cat No. 10643			Form 990-EZ (2014)			



Par	rt II	Balance Sheets (see the instructions for					
		Check if the organization used Schedule	O to respond to ar	ny question in this			(B) End of year
	_			-	(A) Beginning of year	00	(B) End of year
22		sh, savings, and investments			113.717	22	110,659
23		d and buildings	•	+	3 123	24	3 123
24 25		al assets		· · · · ·	116,840		113,782
25 26		al liabilities (describe in Schedule O)			-19,765	26	-29,102
27		assets or fund balances (line 27 of column		line 21)	136,605		1/12.883
		Statement of Program Service Accomp				 '	
		Check if the organization used Schedule					Expenses
Wha	t is the	e organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as m pers	neasur	he organization's program service accomplised by expenses. In a clear and concise material and other relevant information for each	anner, describe the	f its three largest pe services provided	rogram services, I, the number of	orga	anizations, optional for ers.)
28							
	(Gran	ts \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	ints check here	▶ □	288	
29	Caran) ii tiis attioure				 	
						1	
						1	
	(Gran	ts\$) If this amount	includes foreign gra	ints, check here .	▶ □	298	a
30						}	
	(Gran	to \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign gra	inte check here		30	
31		r program services (describe in Schedule O)				1	-
٠.	(Gran		includes foreign gra			31:	a
32		program service expenses (add lines 28a t				32	
Par	t IV	List of Officers, Directors, Trustees, and Key			•	ınstru	ictions for Part IV)
		Check if the organization used Schedule	O to respond to a	, • • • • • • • • • • • • • • • • • • •			<u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and	yee (e	Estimated amount of other compensation who diaucha
Chris	tine N	ickel, President				T	
			3		0	0	\$900
Julie	Beave	ers, Vice-President and Membership Chair	-				
			3	ļ	<u>ئ</u>	3	<u> </u>
Gary	Cardii	io, Secretary	r				A 50
	ITOT K I	IDIT PROGUEST	2	· · · · · · · · · · · · · · · · · · ·		<u> </u>	\$450
Seiiii	iiei Ku	ioit, ireasurer	2		n	e	\$ 675
Clair	e Beth	Director and Lead Teacher 8/1/14-12/31/14			~		
			20	\$16,046 1	8 \$281.	.29	
Joan	Siche	r, Director and Lead Teacher 1/1/14 - 7/31/14					
			37.5	\$37,907.2	0		0
						- }	
				ļ	· · · · · · · · · · · · · · · · · · ·	+	
			1				
				 	+	-+	·
			†				
						\dashv	**
			1				
						\dashv	
						\perp	
			1				
			1	1	1	- 1	

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

0-FF 001/04/10/ 0/3 10/10/10/10/10/10/10/10/10/10/10/10/10/1	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part	II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

Secti	on A. Public Support						
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.")						
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				_		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		•				
4	Tax revenues levied for the						
	organization's benefit and either paid			Ì	1		
	to or expended on its behalf			1			
5	The value of services or facilities		-				
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	• • • • • • • • • • • • • • • • • • • •			 		
7a	Amounts included on lines 1, 2, and 3				 		
	received from disqualified persons .		İ				
h	Amounts included on lines 2 and 3						-
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					1	
С	Add lines 7a and 7b	•					
8	Public support (Subtract line 7c from				<u> </u>		-
·	line 6.)					ļ	
Secti	on B. Total Support	<u> </u>	<u> </u>	<u> </u>	·I	٠	.l
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(4) 2010	(5) 25	(0, 20.2	(4) 20.0	(0) 20	(1)
10a	Gross income from interest, dividends,						
104	payments received on securities loans, rents,					ļ	
	royalties and income from similar sources .				ļ		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	1					ŀ
С	Add lines 10a and 10b		†		<u> </u>	 	
11	Net income from unrelated business		<u> </u>	 	 		
• • •	activities not included in line 10b, whether		İ				
	or not the business is regularly carried on			ļ		1	
10	· · · · · · · · · · · · · · · · · · ·		 	 	 		
12	Other income. Do not include gain or loss from the sale of capital assets						Ì
	(Explain in Part VI.)		1		1		1
13	Total support. (Add lines 9, 10c, 11,		 		+	 	
10	and 12.)						1
14	First five years. If the Form 990 is for the	ne organizatio	n's first secon	nd third fourt	h or fifth tax v	lear as a section	on 501(c)(3)
. ~	organization, check this box and stop he						► 🗀
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2014 (line			13 column (fl)		. 15	%
16	Public support percentage from 2013 Sc	• • • • • • • • • • • • • • • • • • • •	-				%
	on D. Computation of Investment In					·	
17	investment income percentage for 2014			ov line 13. coli	umn (f))	. 17	%
18	Investment income percentage from 201	•		-		18	%
19a	331/3% support tests—2014. If the organ						
.Ja	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organization	-					_
J	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	_	_				
<u></u>				· · · · · · · · · · · · · · · · · · ·			

Form 99	90-EZ (2014)						F	age 4
							Yes	No
46	Did the organization engage, directly or i	ndırectly, in political o	campaign activities o	n behalf of c	r in opposit	ion 🗀		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46	i	1
Part	VI Section 501(c)(3) organization	s only						
u en c	All section 501(c)(3) organization		estions 47-49h and	152 and co	molete th	e tables f	or lin	es
	50 and 51.	io made anomor que	3000113 41 405 WIN	2 OL, and ot	inpicto in	0 10.0.0		-
		bodulo O to roopone	d to only myontion in	this Dort VI				
	Check if the organization used Sc	nedule O to respond	a to arry question in	this Part VI	_ -:-:		Yes	
							res	No
47	Did the organization engage in lobbying					1	1	
	year? If "Yes," complete Schedule C, Par	rt II				. 47	L	✓
48	Is the organization a school as described i	n section 170(b)(1)(A)((ii)? If "Yes," complete	e Schedule E		. 48	✓	
49a	Did the organization make any transfers t	to an exempt non-cha	antable related organ	nization? .		. 49a		√
b	If "Yes," was the related organization a s	-	_					
50	Complete this table for the organization's						es an	d kev
	employees) who each received more than							
	empleyees, time each received mere and	T	T		n benefits.			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		to employee	(e) Estimate	d amo	unt of
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC		, and deferred	other com	pensa	tion
				compe	ensation			
None		<u>j</u>		ļ				
		}		1				
			T					
		1						
	 	<u> </u>			-			
		1	1					
		4	Ì		'	ł		
						<u> </u>		
		4			,			
		<u> </u>	<u> </u>			l		
f	Total number of other employees paid or	ver \$100,000	▶ <u></u>					
51	Complete this table for the organization			nt contractor	s who eacl	n received	more	than
	\$100,000 of compensation from the organization	anızatıon. If there is n	one, enter "None."					
	(a) Name and business address of each indepen	dont contractor	(b) Type of se		,) Compensati	-	
	(a) Name and business address of each indepen	den contractor	(b) Type of Si	er vice	, "	, Compensan	OIL	
None								
140110					\			
				· · · · · · · · · · · · · · · · · · ·	+			
					-			
	***************************************				1			
					1			
					1			
			-					
	Total number of other independent conti	ractore each receiver	Over \$100 000					
				·	· · · · · · · · · · · · · · · · · · ·			
52	Did the organization complete Sched	ule A? Note . All s		-			-	
	completed Schedule A	<u> </u>	<u> </u>	<u> </u>	· · · ·	.► ✓ Yes	<u> </u>	No
	penalties of perjury, I declare that I have examined this					nowledge and	d belief	, rt is
true, co	prect, and complete Declaration of preparer (other than	an officer) is based on all in	formation of which prepare	er has any know	ledge.			
	1 Sommet VI	WIT			7 20 1	5		
Sign	Signature of officer		 	Da	ate -			
Here	Jennifer Kupit, Treasurer							
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·						
	12 2	Preparer's signature		Date		ı PTIN		
Paid	Print/Type preparer's name	reparer 5 signature	İ	Date	Check L	J #		
Prep	oarer				self-empl	Jyea		
	Only Firm's name			Fi	rm's ElN ▶			
	Firm's address ▶			Pì	none no.			
May t	he IRS discuss this return with the prepare	er shown above? See	instructions	· · · ·	<u> </u>	Yes 🗌 Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name •	of the organization					Employer identification	number
Collec	ge Park Nursery School and Kinderg	arten				52-085	4280
Par	Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
The o	rganization is not a private founda	tion because it is	s: (For lines 1 through	11, chec	k only on	e box.)	
1	A church, convention of church	nes, or association	on of churches descri	bed in se	ction 170)(b)(1)(A)(i).	
2	✓ A school described in section						
3	A hospital or a cooperative hos						=
4	A medical research organization hospital's name, city, and state	e:	•				
5	An organization operated for the section 170(b)(1)(A)(iv). (Complete Complete	college or university	owned or	operate	d by a governmenta	al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public
8	A community trust described in			Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) more to its exempt on the income and	re than 331/3% of its : functions—subject to unrelated business t	support f certain c axable ir	exceptior ncome (le	ns, and (2) no more ess section 511 tax	than 331/3% of its
10 11	An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusions de company de	vely for the benefit of, escribed in section 50	to perforr)9(a)(1) or	n the fun section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I . A supporting organiz the supported organization(s organization. You must com) the power to re	gularly appoint or ele				
b	☐ Type II. A supporting organized control or management of the organization(s). You must control to the control organization (s). You must control to the control of t	e supporting org	janization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
đ	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi s). You must co i	zation generally must mplete Part IV, Secti	satisfy a ons A an	distributi d D, and	on requirement and Part V.	an attentiveness
е	Check this box if the organiz					• • • • • • • • • • • • • • • • • • • •	I, Type III
	functionally integrated, or Ty	-	onally integrated supp	orang or	yanızano	11.	
f g	Enter the number of supported or Provide the following information	-	orted organization(s)				• •
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		· · · · · · · · · · · · · · · · · · ·
(A)							
(B)							
(C)							
(D)							
(E)							

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	€ 5, 7, or 8 of	Part I or if th	e organizatioı	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support		r 	-			
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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by 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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		T	·	I		
	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 carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organizatioi	n's first, secor	id, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
Secti	organization, check this box and stop he on C. Computation of Public Support	rt Porcontag		· · · · ·	 	 	· · · · · ·
14	Public support percentage for 2014 (line (11 column (fl)		14	%
15	Public support percentage from 2013 Sci		-			15	/6
16a	33 ¹ / ₃ % support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 33	3% or more,	check this
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts- facts-and-circ	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	nd stop here.	l line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the	e "facts-and-c s-and-circums	ercumstances" stances" test.	' test, check t The organization	his box and <mark>s</mark> on qualifies as	a, and line top here. a publicly
18	Private foundation. If the organization di						

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	- art	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	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		\
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
38a	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	-		_
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b 40=	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 ► iviarylang			
42a	The organization's books are in care of ► Telephone no. ►			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	1
	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	<u>L</u> .	✓
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		1,, -	Т
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	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 d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	_	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			Ť
	Form 990-EZ (see instructions)	45b	Ш	⊥✓

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.)

ecu	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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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 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 5c		
6 6	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.	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 . Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	(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.)	10b		

Part	IV Supporting Organizations (continued)			_ <u></u> _
			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		
b	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 Part VI.	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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.	2		
Secti	on C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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			
•			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
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 supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1 -,	л	·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetni	ction	el·
a b c	☐ 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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (sometimes).			•
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule .	A	Form	990	or	990-	EZ)	2014
------------	---	------	-----	----	------	-----	------

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	j tru:	st on Nov. 20, 1970. See	instructions. All
Section A - Adjusted Net Income	при	(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	1 !		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
Instructions for short tax year or assets held for part of year):	4-		
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	ļ		
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).	5		···
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 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	10		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	1		
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functional	lly-ın	tegrated Type III suppor	ting organization (see
instructions)	•	J	3 8 ==== (666

<u> </u>	e A (Form 990 or 990-EZ) 2014			Page 7			
Part		3) Supporting Organi	zations (continued)	Current Year			
	Section D - Distributions						
1_	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp						
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.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (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							
b							
C				· · · · · · · · · · · · · · · · · · ·			
d							
e	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						
i	Carryover from 2009 not applied (see instructions)						
j_	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						
b	Applied to 2014 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
b							
C							
d	Excess from 2013						
е	Excess from 2014						

SCHEDULE E (Form 990 or 990-EZ)

Schools

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

ь.	e Park Nursery School and Kindergarten 52-0854		
			YES
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	1
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2	✓
	during the period of solicitation for students, or during the registration period if it has no solicitation program,	Į	
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		
	email advertisements, website en ollment forms	3	1
	eman advertisements, website embliness 1017/5		
	Does the organization maintain the following?		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	1
	nondiscriminatory basis?	4b	1
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		
	with student admissions, programs, and scholarships?	4c	1
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1
	if you allowered. No to any of the above, please explain. If you need more space, use if air in.		1
	Does the organization discriminate by race in any way with respect to:		
	Students' rights or privileges?	5a	
	Admissions policies?	5b	ļ
	Employment of faculty or administrative staff?	5c	
	Scholarships or other financial assistance?	5d	-
	Educational policies?	5e	
			<u> </u>
	Use of facilities?	5f	ļ
		5g	
	Athletic programs?	J	
	Athletic programs?		
	Other extracurricular activities?	5 <u>h</u>	
	Other extracurricular activities?		
	Other extracurricular activities?		
	Other extracurricular activities?	5h	
	Other extracurricular activities?		

Name of the organization	(2014)			 Employer identification number		
College Park Nursery School				52-08541		
Line 24: Otner assc 5			*	 		
Due from Bank of America	\$50			 		
Line 26: Total Liabilities				 		
Accounts payable	\$295					
		<u></u>		 		
Federal withholding	\$241.65			 		
Payroll Taxes	-\$29,828.29			 		
Worker's Comp	\$190			 		

		~		 		
		·		 		

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
College Park Nursery School and Kindergarten	52-0854280
Line 10. Grants and similar amounts	
Scholarship/tinancial aid: \$8,663.00	
Line 16. Other expenses	
Line to Other expenses	
Insurance \$6,050	
01	
Classroom Supplies \$4,382.50	
Cleaning supplies 464.06	
Camp supplies 375 14	
Bank service charges \$396	
	·
Groceries 174.04	
Field trip expense \$234	
1 Kild dip expense	
License and permits \$572.03	
December 11 and 12 and 13 and 14 and	
Reconciliation expenses \$12	
Substitute pay \$189	
Weals and Entertainment \$3,188.62	
Miscellaneous \$1.453.80	
Line 20: Other changes in net assets or fund balances \$6,278 37	