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SCANNED MAR 0 9 2015

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

OMB No. 1545-1150

Open to Public Inspection

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

Internal Revenue Service			► Information about Form 990-EZ at			issu.			
AF	or the	2014 calenda	r year, or tax year beginning Jan.	, 2014,	, and ending	<u>Dec</u>	<u>. 3</u>		_
Вс	heck of ap	opticable:	Greenwood Soup Kitch	/ M. I	. Inc	D Emplo		entification number	
	Address cl	hange	<u> 57-</u>	- <i>09</i>	77851				
	Name cha	-	Number and street (or P O. box, if mail is not delivere	ed to street address)		E Teleph			
=	nitial retur	m m/terminated	929 Phoenix Stre	et		४७५	-2	27-342	<u></u>
=	√mended		City or town, state or province, country, and ZIP or for	oreign postal code		F Grou	p Exer	nption 4.20	
_		n pending	Greenwood SC	29646		Num	ber 🕨	437	Y
G A	ccount	ing Method:	☐ Cash ☐ Accrual Other (specify) ▶		нс	heck >	· 🗆 1	the organization is	not
	/ebsite	~	_					ach Schedule B	
J Ta	ax-exem	not status (che	ck only one) - 501(c)(3) 501(c) ()	 (insert no) ☐ 4947(a)(1) o 	or □527 (Form 99	0, 990)-EZ, or 990-PF).	
				Association Other					
			b to line 9 to determine gross receipts. If gross		more, or if total	assets			
			are \$500,000 or more, file Form 990 instead of			. 1	▶ s		
	art I		e, Expenses, and Changes in Net As		ces (see the i	nstruc	tions	for Part I)	
			the organization used Schedule O to re					,	П
	1		ns, gifts, grants, and similar amounts rece		· · · · ·	` 	<u> </u>	71.008.4	浸
	1		rvice revenue including government fees			F	2	11,000,9	
	2	-				}	3		
	3	· ·	p dues and assessments			, ,	4	207	12
	4	Investment					 +	307.1	یک
	5a		unt from sale of assets other than invento	-					
	b		or other basis and sales expenses s) from sale of assets other than inventory				- I		
	6 6	Gain or (los Gaming and	• • •	5c					
	а	Gross inco		ŀ					
Revenue		\$15,000) .		6а					
ě	b	Gross incor	ne from fundraising events (not including	\$	of contributions	3			
æ		from fundra	asing events reported on line 1) (attach s	Schedule G if the			- 1		
		sum of sucl	n gross income and contributions exceed	s \$15,000) 6b			l		
	C	Less: direct	expenses from gaming and fundraising e	events 6c					
	d	Net income	e or (loss) from gaming and fundraising	events (add lines 6a ar	nd 6b and sub	tract			
		line 6c) .					6d		
	7a	Gross sales	s of inventory, less returns and allowances	s 7a		Ţ			
	Ь	Less: cost of	of goods sold	7b			- 1		
	C	Gross profit	t or (loss) from sales of inventory (Subtrac	t line 7b from line 7a)			7c		
	8	_				[8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶	9	71.315.55	5
	10		similar amounts paid (list in Schedule O)			1	10		
	11		id to or for members			[11		
ģ	12	•	her compensation, and employee benefits			[12		
Expenses	13		al fees and other payments to independer			1	13	3013.60	0
夏	14		, rent, utilities, and maintenance			. • . 1	14	24,821,9	
ă	15		blications, postage, and shipping			'.'"	15		
	16		nses (describe in Schedule O)				16	45,931.5	3
	17	•	nses. Add lines 10 through 16				17	72 7/7	5.3
	18		deficit) for the year (Subtract line 17 from				18	73750. 1	沅
eta	19		or fund balances at beginning of year (f					(~1301 B	
SS						ŀ	19	71,008.4	3
Net Assets	20	-	ges in net assets or fund balances (explai				20	14000.1	<u> </u>
ž	21		or fund balances at end of year. Combine				21	18 100 0	7 2
							(Form 990-EZ (2	2014
ror	rapen	work Heauct	on Act Notice, see the separate instructions	s. Ca	t No 106421			10mm 930-L2 (4	EU 14)

Pa	rt II · Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
	•			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments				22	(8,250.85
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	10 -0 53
25	Total assets		<u></u>		25 (<u>68,250.83</u>
26	Total liabilities (describe in Schedule O)				26	1
27	Net assets or fund balances (line 27 of column				27	(X, 250,85
Par	Statement of Program Service Accom	-		•		Evnesson
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III L	(Regu	Expenses ired for section
Wha	t is the organization's primary exempt purpose?				501(c))(3) and 501(c)(4)
as m	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the		- 3	organ others	izations; optional for s.)
28	Feed local residents + transie	nts 6 days 1	week, 52 u	ceks per		
	year, Serve approx. 130 people	per day o	c approx	40,000		11728855
	not meals flr year.				ł	42,388.55
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □ </u>	28a	
29						
	***************************************				ı	
	·					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	· · · P []	29a	
30						
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1	
	(O				20-	
04	<del></del>		ints, check here .		30a	
31	Other program services (describe in Schedule O)		nts, check here		31a	
22	(Grants \$ ) If this amount Total program service expenses (add lines 28a t				_	42,388,55
	List of Officers, Directors, Trustees, and Key					
T CIT	Check if the organization used Schedule					<del>-</del>
	Official tito organization according and		(c) Reportable	(d) Health benefits,	ΤĖ	<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		stimated amount of her compensation
	.,	devoted to position	(if not paid, enter -0-)	deferred compensation		ner compensation
No	man Fawcutt	Chairman	<del>                                     </del>		+	<del></del>
100	Wind ammer Greenwood, SC	10 hours	0			ථ
DI.	iss Zuchke	Vice Cheir			1	
127	Des Court Green row S/	5 hours		එ		0
H	North North	Secretory			+-	~
107	Tage Court Comments	Cherry	0		1	0
	ord Alama	Traverer	<del></del>		+	·
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2	1 Coder Drive Greenwood SC	3 hours.	0			0
50	while that a	Cemm. Rel.		6	1	
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To	xy fawcelt	Coord.		_		
10	6 Windiamner Greenwood SC	15 hours			-	$\sim$
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No
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 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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		V
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b c	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 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,	40b		~
d e	4955, and 4958			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	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 a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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).	42b	Yes	No
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt chantable 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		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	1.03	/
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		~
ď	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
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 Form 990-EZ (see instructions)	45b		

Form 99	90-EZ (2014)						F	age 4
					-		Yes	No
46	Did the organization engage, direct	tly or indirectly, in political of	campaign activities on	behalf of or	n opposit	ion		
	to candidates for public office? If "	Yes," complete Schedule C	, Part I			- 46		1
Part	VI Section 501(c)(3) organiza	ations only	<u> </u>					
	All section 501(c)(3) organiz		estions 47-49b and	52, and con	plete the	e tables f	or lin	es
	50 and 51.	·			•			
	Check if the organization us	ed Schedule O to respond	d to any question in t	his Part VI				. $\square$
		<u> </u>	- 10 111/7 400011011		<del></del>		Yes	No
47	Did the organization engage in lot	holying activities or have a	section 501(h) electio	n in effect di	iring the	tax 🗀	1.00	<del></del>
••	year? If "Yes," complete Schedule				annig the	. 47		W
48	Is the organization a school as described				• • •	48	-	<del>                                     </del>
						. 49a	-	
49a	Did the organization make any tran	· ·	_					V
b	If "Yes," was the related organization					. 49b		<u> </u>
50	Complete this table for the organization							
	employees) who each received mo	re than \$100,000 of compe	risation from the organ			e, enter iv	one.	
	AND THE RESERVE AND THE STATE OF THE STATE O	(b) Average	(c) Reportable	(d) Health b		(e) Estimate	d amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, ar	nd deferred	other com	pensa	tion
		devoted to position	(1 011110 11 22 1000 111100)	compens	ation			
					İ			
				<u> </u>				
	A sel							
	Nov							
	10000							
	Total number of other employees p	aid over \$100,000	▶	· <u>·</u>			-	
51	Complete this table for the organi			contractors	who each	received	more	than
٠.	\$100,000 of compensation from the	e organization. If there is no	one, enter "None."					
			1					
	(a) Name and business address of each in	ndependent contractor	(b) Type of serv	/ice	(C)	Compensati	on	
			<del> </del>					-
				<del></del>				
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	100		<u> </u>	<del> </del>				
	N			i				
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	<i>/</i>		{	İ				
	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
		***************************************						
		<del></del>	A100.000					
	Total number of other independent		•	<u> </u>				
52	Did the organization complete S	Schedule A? <b>Note</b> . All s	ection 501(c)(3) orga	nızations mu	ıst attacı			
	completed Schedule A	· · · · · · · · ·	· · · · · · · · ·	<del> </del>	· · ·	.► Yes	<u>. ப</u>	No
	penalties of perjury, I declare that I have examin					nowledge and	belief,	, it is
urue, co	prect, and complete Declaration of free are to	ener utanionicer) is based on all int	ormation of which preparer i	nas any knowied		<del></del>		
۵.		Some-			2/10	5/LŠ		
Sign		Colo	Treasurer	_ Date		•		
Here	1 George =	Coleman,	11 caswel					
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check	If PTIN		
Prep			1		self-emplo	yed		
•	Only Firm's name		<u> </u>	Firm's	EIN ▶			
OSE.	Firm's address ▶			Phon				
May ti	he IRS discuss this return with the p	reparer shown above? See	instructions	<u> </u>	<u> </u>	► ☐ 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.

Name of the organization

▶ 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

Employer identification number Greenwood Ministries Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type ill functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 d in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) No Yes (A) (B) (C) (D) (E)

Part	Support Schedule for Organization							
	(Complete only if you checked the						alify unde	r
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)		
	on A. Public Support	I (100/0				( ) 00/4	<b>70</b> = .	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014_	(f) Tota	<u></u>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,019.16	56,165,20	64,04.51	72,425,70	71,08.43	333,6	39.9
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	70019.16	56 KS, 20	C4,021:51	72,425,70	71,008.43	33363	9.9
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			
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	
7	Amounts from line 4	20,04.16	56,165,20	4021.51	72,425,72	71,08.43	333,63	<u>57.</u> /
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5'79.66	960.95	242.58	194.08	307.12	2284	1,39
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10			l				
12	Gross receipts from related activities, etc					12 335,9		
13	First five years. If the Form 990 is for the					ear as a sectio	in 501(c)(3)	)
<u> </u>	organization, check this box and stop he					· · · · ·	· · ·	
	on C. Computation of Public Suppo			14	<del> </del>	44 60		
14 15	Public support percentage for 2014 (line Public support percentage from 2013 Sc					14 99. 15 98.		<u>%</u> %
າວ 16a	331/3% support test—2014. If the organi					3% or more c	heck this	70
·vu	box and <b>stop here.</b> The organization qua							
b	331/a% support test-2013. If the orga check this box and stop here. The organ	nization did no	ot check a bo	x on line 13 o	r 16a, and line		or more,	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts- facts-and-circi	and-circumsta umstances" te	inces" test, ch st. The organiz	eck this box ar	id <b>stop here. I</b> as a publicly s	Explaın in	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. 1	test, check the The organizatio	iis box and <b>st</b> n qualifies as a	top here. a publicly	
18	Private foundation. If the organization d							_

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

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

Secti	on A. Public Support	under the te	, <u>oto 1101.00 Do</u> .	ow, picaco o	ompioto i ait	,	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	· · · · · · · · · · · · · · · · · · ·		1			
	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			l	]	•	
3	Gross receipts from activities that are not an				ļ		]
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		ļ	]	]		
	to or expended on its behalf			<u> </u>			
5	The value of services or facilities			1			
	furnished by a governmental unit to the			1	]		]
	organization without charge		<b>_</b>			L	ļ
6	Total. Add lines 1 through 5		ļ		ļ	<b></b>	
7a	Amounts included on lines 1, 2, and 3		1	1	]	ŀ	
_	received from disqualified persons .		1	<b></b>			ļ
Ь	Amounts included on lines 2 and 3			1	ļ		
	received from other than disqualified persons that exceed the greater of \$5,000		ļ	Į.	1	}	
	or 1% of the amount on line 13 for the year		ľ	ļ		1	
_	Add lines 7a and 7b		<del> </del>	<del> </del>		<del> </del>	<del> </del>
8	Public support (Subtract line 7c from		,				
	line 6.)				ļ		1
Secti	on B. Total Support		.L		<u> </u>	l	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securties loans, rents,						
	royalties and income from similar sources .			i	<u> </u>		
b	Unrelated business taxable income (less				[	1	
	section 511 taxes) from businesses			ł	1	1	ļ
	acquired after June 30, 1975			L			
C	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	activities not included in line 10b, whether		1	1		1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1	1	1	1	]
	loss from the sale of capital assets				[	1	
40	(Explain in Part VI.)		<del> </del> -		ļ	<b></b>	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		1	1	Į.	1	1
14	and 12.)	o organizatio	n'e first sees	d third found	or fifth toy	par as a soction	501(c)(2)
14	organization, check this box and stop he	~			=		
Secti	on C. Computation of Public Suppor			<del></del>			· · · <u>P</u> <u> </u>
15	Public support percentage for 2014 (line	<del>`</del>		13. column (fi)		15	%
16	Public support percentage from 2013 Sci		-			16	<del></del>
_	on D. Computation of Investment In			<u> </u>			
17	Investment income percentage for 2014 (			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2014. If the organ						%, and line
	17 is not more than 331/3%, check this box						
Ь	331/3% support tests - 2013. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 10	6 is more than :	331/3%, and
	line 18 is not more than 331,0%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗍

### 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	on A. All Supporting Organizations		<i></i> -	
			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		
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 <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.	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 <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		
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		
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.	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		
<b>9</b> a	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.)	10b		

determine whether the organization had excess business holdings.)

Part	V 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?  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> .	11b	<u> </u>	
	on B. Type I Supporting Organizations	116		<u> </u>
0001	on on type reapporting engineering		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	ł		İ
	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		
Section	on C. Type II Supporting Organizations			L
	· · · · · · · · · · · · · · · · · · ·		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	ĺ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	لا	<u> </u>
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	i		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the pnor 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	i		
	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	<b></b>		
_	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).			
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		<u> </u>	
	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	L	L
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 i	nstru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	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	ee 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		<u> </u>	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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	ļ	<u> </u>
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 <b>Part VI</b> the	Ì		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OF-	l	ł
2	-	2b	<del> </del>	
3 a	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		[	
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	l	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del></del> -	1	<del>                                     </del>
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3ь	L	

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	r age C
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	<u>.                                    </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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):	1		
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	1		
factors (explain in detail in Part VI):	L.		
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-functional	lly-in	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Current Year							
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted					
	organizations, in excess of income from activity		<del></del>	 				
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets		<u>,</u>	<u> </u>				
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.		<del> </del>					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.	<del> ·</del>	<u>-</u>					
9_	Distributable amount for 2014 from Section C, line 6		<del></del>					
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:							
<u>a</u>			· · · · · · · · · · · · · · · · · · ·					
<u> </u>				· · · · · · · · · · · · · · · · · · ·				
<u>c</u> _								
d								
<u>e</u>	From 2013		·					
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years		<del> </del>	<del></del>				
_ <u>h</u> _	Applied to 2014 distributable amount		<del></del>					
<u>i</u>	Carryover from 2009 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section D, line 7: \$							
	Applied to underdistributions of prior years							
<u>a</u>	Applied to underdistributions of prior years  Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	···				
	Remainder, Subtract lines 4a and 4b from 4.			<u> </u>				
<del></del> 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								
С								
<u>d</u>	Excess from 2013							
е	Excess from 2014							

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