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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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

A	For the	2014 calend	ar year, or tax year beginning , 2014, a	and ending			, 20
В	Check if ap	plicable	C Name of organization		D Empl	loyer ident	bfication number
	Address c	hange	The Delta Chapter of the American Petroleum Institute			72-0	0822554
	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	hone num	
	Initial retui		PO Box 50110				
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	up Exemp	ntion
H	Amended Application		New Orleans, LA 70150		1	nber ▶	7000
		ting Method:	✓ Cash Accrual Other (specify) ►				ne organization is not
	Website	•	Gasii Grootua Gine Openiy	^r			h Schedule B
			eck only one) — 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or	527			Z, or 990-PF).
_				<u> </u>	(1 01111 3	30, 330-E	.2, 01 330-7 1).
		organization	7b to line 9 to determine gross receipts if gross receipts are \$200,000 or n	nore or if to	tal accate		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	nore, or ir to	iai asseis		
				a = /= = = Ala		\$	D 1\
	Part I		e, Expenses, and Changes in Net Assets or Fund Balance				
_			the organization used Schedule O to respond to any question i		<u> </u>		<u> U</u>
	1		ons, gifts, grants, and similar amounts received			1	
	2	-	ervice revenue including government fees and contracts			2	
	3		up dues and assessments			3	4100
-	4	Investmen				4	4847
-	5a		ount from sale of assets other than inventory 5a				
J	b		or other basis and sales expenses				
Ð	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from li	ne 5a)		5c	
9	6	Gaming ar	nd fundraising events			1	
:	а	Gross inc	ome from gaming (attach Schedule G if greater than				
) E		\$15,000)	· · · · · · · · · · · · · · · · · · 6a				
Revenue	Ь	Gross inco	ome from fundraising events (not including \$ of	contribution	ons	1 1	
هُ ا		from fundraising events reported on line 1) (attach Schedule G if the					
, .	' 		ch gross income and contributions exceeds \$15,000) 6b		116280	ŀ	
é	C	Less: direc	ct expenses from gaming and fundraising events 6c		61395	1	
5	d		e or (loss) from gaming and fundraising events (add lines 6a and	1 6b and s		1	
9						6d	EARRE
	7a	Gross sale	s of inventory, less returns and allowances 7a				54885
	b		of goods sold			1	
			it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7.	
	8 8		nue describe in Schedule O)			7c 8	
	9		nue. Add lines-1, 2, 3, 4, 5c, 6d, 7c, and 8				
_	10	Cranta 6	d'similar amounts paig (list in Schedule O)	• • •	· · •	9	63,832
	4					10	57,590
	11	Benefits	aid toprzorzigej belsz.			11	
ď	12	Salaries, o	ther compensation, and employee benefits			12	
Frnense	13	Profession	nal fees and other payments to independent contractors			13	
Š	14		ý, rent, utilities, and maintenance			14	
ú	i 15	Printing,*p	ublications, postage, and shipping			15	13524
	16	Other expe	enses (describe in Schedule O)			16	5406
_	17	Total expe	enses. Add lines 10 through 16		🕨	17	76,520
	, 18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	(12,688)
ģ	19	Net assets	s or fund balances at beginning of year (from line 27, column (A))	(must agr	ee with		
Not Accete	<u> </u>	end-of-yea	ar figure reported on prior year's return)			19	167775
t	20		nges in net assets or fund balances (explain in Schedule O)			20	
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21	155.087

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2014)



						- tage =
Pa	Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			167775		155087
23	Land and buildings		· · · · ·		23	
24 25	Other assets (describe in Schedule O)				24	
26	Total assets			167775		155087
27	Net assets or fund balances (line 27 of column	(D) must paras with	· · · · · ·		26	
Par				1667775	27	155087
	Check if the organization used Schedule			- · · · · -	Ì	Expenses
Wha	t is the organization's primary exempt purpose?					juired for section
					,	c)(3) and 501(c)(4) nizations; optional for
as n	cribe the organization's program service accomplish neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	e services provide	d, the number of	othe	•
	Provided scholarships to students from region to end					T
20	education while increasing awareness of oil & gas in	courage Science tech	inology, engineering	and main	1	
	education write frice asing awareness of on a gas in	BUSU Y			ĺ	
	(Grants \$) If this amount	ıncludes foreign gra	ints check here	• 🗇	28a	19500
29	Contributions to Children's Museum of New Orleans,				-00	19300
_	Children's Museum to encourage STEM activities					ł
						1
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ □	29a	25,000
30	Provided awards to outstanding teachers in 7 parish					1
	encourage STEM.				ł	Ì
			······		Ì	j
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🔲	30a	8000
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here	▶ 🗆	31a	5,090
32	Total program service expenses (add lines 28a t				32	57,590
Par					nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar				_ <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS((if not paid, enter -0-		0	Estimated amount of other compensation
Rick	Fowler				Ţ	
Chai	rman	8	<u></u>	0	0	0
Barn	ey Paternostro		}	1	İ	
<u>1st V</u>	ice Chairman	6		0	0	0
	a Wiggins	}]		1	
	Chairman	4	ļ	<u>o </u>	0	0
	ı Tymkiw	Į			į	
Treas	surer	4		0	0	0
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
•	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V	
			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		1
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		
¢	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
þ	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		Ž
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	50a		_
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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		1
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			٠
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		7
41	List the states with which a copy of this return is filed ► Louisiana			
42a	The organization's books are in care of ▶ Douglas Tymkiw Telephone no. ▶			
	Located at N DO Box 50110 New Orleans LA		-0110	
b	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)?	42b	Yes	No.
	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> </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			T .:
			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		✓
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	44.4		
AE-	,	44d 45a	-	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	754	1	+
b	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		1

Form 99	90-EZ (2Q14)							P	Page 4
								Yes	No
46		organization engage, directly or in							
	to candid	dates for public office? If "Yes," of	complete Schedule C,	Part I			46		✓
Part	VI Se	ction 501(c)(3) organizations	only						
	— All	section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and con	nplete the	tables f	or line	es
	50	and 51.							
	Ch	eck if the organization used Scl	hedule O to respond	to any question in t	hıs Part VI				. 🗆
								Yes	No
47	Did the	organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect di	urina the t	ах 🗀		
		"Yes," complete Schedule C, Par				-			1
48	-	ganization a school as described in							
49a		organization make any transfers t						-	-
		•	· ·	_			-		-
b		was the related organization a se							d kov
50		te this table for the organization's							
	employe	es) who each received more than	r \$100,000 or comper	rsation from the orga			, enter iv	ione.	
			(b) Average	(c) Reportable	(d) Health b		(e) Estimate	d amo	unt of
	(a) Nan	ne and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a	nd deferred	other com	npensat	tion
				,	compens	ation			
None									
					1				
					1				
-									
]					
						ŀ			
f	Total nu	mber of other employees paid ov	er \$100 000	b	<u> </u>				
51		te this table for the organization			contractors	who each	received	more	than
31		0 of compensation from the orga			Contractors	******	1000,100	111010	, a.a.,
					Ι.				
	(a) Nar	me and business address of each independ	dent contractor	(b) Type of ser	vice	(C)	Compensati	ion	
None									
NOTIE				1					
					-			-	
				 	-				
				1					
				 		_	_ · ·		
				4					
				 					
				4					
				0400.000					
d		imber of other independent contr							
52		e organization complete Sched	ule A? Note . All se	ection 501(c)(3) orga	anizations mi			_	
	complet	ted Schedule A		· · · · · · · · · · · · · · · · · · ·	<u> </u>		.► ✓ Yes	<u>} </u>	No
Under	penalties of	perjury, I declare that I have examined this	return, including accompar	lying schedules and statem	ents, and to the i	oest of my kn	owledge and	d belief	, it is
true, co	orrect, and c	omplete Declaration of preparer (other tha	in officer) is based on all info	ormation of which preparer	has any knowled	ge//			
	T	- Houdas / Twh			5	114/15			
Sign		Signature of officer	-29x	·~	Date	1			
Here	. .	Drulas/Um/ 2	1 TRIMSUN	EK.					
		Type or print name and type	/ /						
<u></u>	P P	rint/Type preparer's name	Preparer's signature	D	ate	Check	PTIN		
Paid)	An a feet of a contra				self-employ			
	parer -	imi's name			Firm	s EIN ▶			
Use	Only	im's name		· · · · · · · · · · · · · · · · · · ·	Phor				
May		rm's address >	er shown above? See	instructions	1 1101		► □ Ye		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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2014

Open to Public Inspection

Name (of the organization					Employer identification	number		
The Delta Chapter of the American Petroleum Institute						72-0822554			
Par							ns.		
1	rganization is not a private founda A church, convention of church A school described in section	nes, or association	on of churches descri		-	•			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a government	al unit described in		
	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				the general public		
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete f	Part II.)					
	An organization that normally receipts from activities related support from gross investme acquired by the organization a	I to its exempt nt income and fter June 30, 197	functions—subject to unrelated business t 75. See section 509(a	certain e taxable in 1)(2). (Com	exception come (le oplete Pa	ns, and (2) no more ess section 511 tax art III.)	than 331/3% of its		
	 ☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusions de organizations de	vely for the benefit of, escribed in section 50	to perforn 09(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 organize the supported organization(sorganization. You must company to the support of the support) the power to re	gularly appoint or ele						
b	☐ Type II. A supporting organize control or management of the organization(s). You must control to the organization organ	e supporting org	janization vested in th						
C	Type III functionally integra its supported organization(s)						y integrated with,		
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distribut	on requirement and			
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III		
f g	Enter the number of supported or Provide the following information		onted organization(s)						
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	Y	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			(588 (1151/10010115))	Yes	No				
(A)						" "			
(B)									
(C)				i					
(D)						-			
(E)									
Tota	I								

18

instructions

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts. grants. contributions. membership fees received. (Do not include any "unusual grants.") . . . for the revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 % 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support					_/	
	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	(4) 2010	(0) 2011	(0) 2012	(u) 2015	(e) 2014	(i) Total
•	received. (Do not include any "unusual grants.")		2705	40			40.040
2	Gross receipts from admissions, merchandise	5455	8735	1350	300	4100	19,940
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	117392	142565	124206	124080	116280	924,523
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	1					
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	152,847	151,300	125556	124380	120380	944,463
7a	Amounts included on lines 1, 2, and 3	132,047	701,300	123330	124300	120300	344,403
	received from disqualified persons .	:					
	· · ·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)]					944,463
<u>Secti</u>	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	152847	151300	125556	124380	120380	944463
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	ol	o	o	o	o	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				· · · · · · · · · · · · · · · · · · ·		***************************************
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on			1			
10	Other income. Do not include gain or						
12	loss from the sale of capital assets			1			
	(Explain in Part VI.)	1	1				
40							
13	Total support. (Add lines 9, 10c, 11, and 12)		1				
	and 12.)	152847	151300	125556	124380	120380	944463
14	First five years. If the Form 990 is for the	_	's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>			▶ ∐
<u>Secti</u>	on C. Computation of Public Support	<u>_</u>					
15	Public support percentage for 2014 (line	• • •	•	3, column (f))		15	100 %
16	Public support percentage from 2013 Sc				<u> </u>	16	100 %
<u>Secti</u>	on D. Computation of Investment In						
17	Investment income percentage for 2014 (17	o %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2014. If the organ	nization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on . ▶ 🗸
b	331/3% support tests - 2013. If the organiz	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		-		-		

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		,	**
			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		
	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	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 c	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		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	-	_
10a	(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		

				-3
Part	Supporting Organizations (continued)		1	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
''	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ļ	ĺ
_	below, the governing body of a supported organization?	11a	-	
b	A family member of a person described in (a) above?	11b	-	<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		· · · · ·
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	İ		İ
	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,	ļ		
	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.	١.,	İ	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		ļ
_	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			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			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	١.,		
Socti	on D. All Type III Supporting Organizations	1	L	
30011	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		163	110
	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	**	<u></u>
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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	c)·
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			٠,٠
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
•				
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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> </u>
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.	Зь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations	
1 .☐ Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must con			
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):			
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).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		<u> </u>
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	w-sugar	
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 instructions).	y-ın	itegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Secti	on D - Distributions	-		Current Year		
1						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted				
3	Administrative expenses paid to accomplish exempt purp	nizations				
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 whice (provide details in Part VI). See instructions.	th the organization is res	ponsive			
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
а						
b						
С						
d						
e	From 2013					
f	Total of lines 3a through e					
9	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2014 distributable amount					
i	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	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:					
a						
<u>b</u>						
c						
<u>d</u>	Excess from 2013					
_е	Excess from 2014	<u> </u>		<u> </u>		

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