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Form 990-E

_	Short Form	
Z	Return of Organization Exempt From Income Tax	

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

201412

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.

Open to Public Inspection

QMB No. 1545-1150

		1	ar year, of tax year beginning , 2014, and en	ding			, 20
B	Zhock d ap	plicable:	C Name of organization		D Emplo	yer ide	ntification number
=	Address d	-	Antique and Classc Boat Society No Cal Tahoe Chapter			77	-0466692
_	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address) Room/	sulte	E Telepi	none nu	mber
_	initial retur		C/O 25 Citrus Court		i	650	348 5794
$\overline{}$	rinas mituri Amendedi	Marminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou		
=	Application		Hillsborough, CA 94010-6569			ber ▶	
G	Account	ing Method:	☐ Cash	H	Check P	- □iŧ	the organization is not
	Vebsite	•		- '''			ch Schedule B
J T	ax-exen	not status (che	ack only one) - ✓ 501(c)(3)	27			-EZ, or 990-PF).
			Corporation Trust Association Other	21	(, , , , , , , , , , , , , , , , , , ,		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if tota	Lassets		
(Pa	rt II. coli	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ .	105 200
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			tions	185,388
	GI V		the organization used Schedule O to respond to any question in this				
_	1						
	1		ons, gifts, grants, and similar amounts received			1	53,113
	2		ervice revenue including government fees and contracts		٠ . ١	2	98,242
	3		ip dues and assessments		· ·	3	13,867
	4	Investmen		, .		4	4,305
	5a		ount from sale of assets other than inventory 5a				
	Ь		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>
	6		nd fundraising events		j		
9	a	Gross inc	ome from gaming (attach Schedule G if greater than				
Ĕ	١.		1	** **			
Revenue	Ь		ome from fundraising events (not including \$ of control	ributio	ns	.	
Œ	i		raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b				
	l _		\ <u></u>				
	C		et expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundralsing events (add lines 6a and 6b a	and su	Diract		
	_	line 6c)				6d	· · · · · · · · · · · · · · · · · · ·
	7a		s of inventory, less returns and allowances		11,324	Į	
	b		of goods sold ,		6,794		
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	4,530
	8	Other reve	nue (describe in Schedule O)			8	4,537
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. >	9	178,594
	10		d similar amounts paid (list in Schedule O)			10	14,000
	11		ald to or for members			11	
89	12		ther compensation, and employee benefits			12	
Expenses	13	Profession	all fees and other payments to independent contractors \ldots			13	
ĝ	14	-	y, rent, utilities, and maintenance			14	
ŵ	"		ublications, postage, and shipping			15	
	16	Other expe	enses (describe in Schedule O)			16	159.536
_	17		enses. Add lines 10 through 16			17	173,536
Ø	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	5,058
둋	19		s or fund balances at beginning of year (from line 27, column (A)) (mus		e with		
Ą	1	end-of-yea	ar figure reported on prior year's return)			19	119,400
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20	1,439
Ž	21		or fund balances at end of year. Combine lines 18 through 20		. •	21	125,897
Fo			tion Act Notice, see the separate instructions Cat. No. 10	18421		لنتا	Form 990-EZ (2014)
			Cat. No. 10				

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Form 9	90-EZ (2014)					Page 2
Par						
	Check if the organization used Schedule	O to respond to a	ny question in this F	Part II		🛭
				A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[105,646	22	104,383
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[16,579		28,163
25	Total assets		[122,225		132,546
26	Total liabilities (describe in Schedule O)		[2,825		6,649
27	Net assets or fund balances (line 27 of column			119,400	27	125,897
Par	——————————————————————————————————————					_
	Check if the organization used Schedule		ny question in this f	Part III 🔲	ļ ".	Expenses guired for section
What	is the organization's primary exempt purpose?	Education				(c)(3) and 501(c)(4)
	ribe the organization's program service accompleasured by expenses. In a clear and concise r					anizations, optional for ers.)
	ons benefited, and other relevant information for e					
28	Four in the water instructional displays of 35 to 70 h	istoric, antique and c	lassic wood boats att	ended by		T
	approximately 2,000 members of the public and 250					
	historic, antique and classic wood boats, their resto	ration and safe use.]	
	(Grants \$ 14,000) If this amoun	t Includes foreign gra	ants, check here .	▶ 🗆 _	28	a <u>128,163</u>
29						

	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> ▶ □</u>	29	a
30	02400 06					

	(Grants \$) If this amoun	t includes foreign gr	ants, check here .	<u> ▶ □</u>	30	a
31	Other program services (describe in Schedule O)				1	
	(Grants \$) If this amoun	t Includes foreign gra	ants, check here .	<u> ▶ □</u>	31	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke				nstr	actions for Part IV)
	Check if the organization used Schedul	e O to respond to a			÷	<u> </u>
	(a) No see and other	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ree (c) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	- [other compensation
		<u> </u>	(if not paid, enter -0-)	deferred compensatio	<u>"</u> -	
*****	y Chase, President					
	5 Citrus Court, Hillsborough, CA 94010-6569	3 hours per week	0		익	
	rt Mullarkey, 1st V.P.					_
	5 Citrus Court, Hillsborough, CA 94010-6569	1 hours per week	0		의	0
	ara Foster, 2nd V.P.					
	5 Citrus Court, Hillsborough, CA 94010-6569	.5 hours per week			9	0
*****	a Dobbins, 3rd V.P.	·•				
	5 Citrus Court, Hillsborough, CA 94010-6569	.5 hours per week	· •		이	0
	Bane, Secretry	. -{				
	5 Citrus Court, Hillsborough, CA 94010-6569	.25 hours per wek	0		9	0
	I J. Hein, Treasurer		İ		- [
25 Ci	trus Court, Hillsborough, CA 94010-6569	3 Hours per week	0		ᅀ	0
					- 1	
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	***************************************	.4		1		
		-		<u> </u>		orn 990-EZ (2014)

	D-EZ (2014)			age 3
Part	- was the same of the same of the same particular particular desiration of the same of the			
	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	_	res	NO
	detailed description of each activity in Schedule O	33	ŀ	. ✓
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			
35a	change on Schedule O (see instructions)	34	_	✓
- COU	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	:	1
ь	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		<u> </u>
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		ļ	
b	Did the organization file Form 1120-POL for this year?	37b	ļ	\checkmark
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?			1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	308	├	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
39	Section 501(c)(7) organizations. Enter:	1	}	1
a	Initiation fees and capital contributions included on line 9]	1	
р	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	, , , , , , , , , , , , , , , , , , ,	<u> </u>	·	.
	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			1
	on organization managers or disqualified persons during the year under sections 4912,			İ
	4955, and 4958	1	l	1
đ	40c reimbursed by the organization	1	1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Jared J. Hein Telephone no. ▶		48 579	
b	Located at ≥ 25 Citrus Court, Hillsborough, CA ZIP + 4 ≥ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9401	0-656	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42t		7
	If "Yes," enter the name of the foreign country: ▶			1
	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.? If "Yes," enter the name of the foreign country: ▶	420		✓
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	•		▶ □
			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	448	!	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	44t		1
C		44	:	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	440	_	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	_	17
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)	451	<u> </u>	

Form 99	90-EZ (21	014}						F	ege 4
46		ne organization engage, directly or in ndidates for public office? If "Yes," o						Yes	No
Part	VI	Section 501(c)(3) organizations	only				1 46	٠	
		All section 501(c)(3) organization 50 and 51.	·				ables t	or lin	es _
		Check if the organization used Scl	hedule O to respond	to any question in	this Part \	<u>/I</u>	· · · · ·		
47	Did t	he organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a :	section 501(h) electi			× 47	Yes	No /
48	ls the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule	E	48		7
49a		ne organization make any transfers to		_			49a		V
þ		is," was the related organization a se plete this table for the organization's			 Har than a	fficer diseases	49b		L kov
50		oyees) who each received more than							
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Hei contribution benefit pla	alth benefits,) Estimation	ed amo	unt of
Organ	ization	has no employees							
					-				
					 -				
					+				
51	Com	number of other employees paid ov plete this table for the organization, ,000 of compensation from the orga	's five highest comp	ensated independen	t contract	ors who each r	eceived	mon	than
		Name and business address of each independ		(b) Type of se	rvice	(c) C	ompensat	ion	
Organ	ization	has no contractors receiving more the	ın \$100,000.		···				
									
									
	T -4: 4			1					
52	Did	number of other independent contra the organization complete Schedu bleted Schedule A	•	•	. ▶ anizations		a ☑ Ye		No
		of penury, I declare that I have examined this is discomplete. Declaration of preparer (other than				the best of my know			
Sign		Schature of officer		 _		//-/Z-/	5		
Here		Type or print name and title	n Treas	urer					
Paid	<u>_</u> _	Print/Type preparer's name	Preparer's signature	10	Date	Check i			
Prep	arer				—	seif-employe	<u> </u>		
Use	Only	Firm's name ▶	· · · · · · · · · · · · · · · · · · ·	<u></u>		Firm's EIN ▶ Phone no.			
May t	he IRS	discuss this return with the prepare	r shown above? See	Instructions		>	☐ Ye		No
							Form 99	#U-EZ	_ (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

10(10)	or tria organization				ı	Employer identification	numper
	ue and Classic Boat Society No Cal 1		 			77-046	
Par							ns.
1 ne o	rganization is not a private founda						
	A school described in section	170/b)(1)(A)(ii) (Attach Schodulo E)	oeo in se	Cuon I/C	/(D)(1)(A)(I).	
	A hospital or a cooperative hos			section	170(b)(1	MANGIN.	
	A medical research organization hospital's name, city, and state	n operated in co					ii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally	receives a subst	tantial part of its supp				the general public
۵	described in section 170(b)(1)		•	5-4 II S			
	An organization that normally					المستحدين ومردات والس	hin face and auces
3	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt to it income and	functions—subject to unrelated business t	certain axable in	exception ncome (le	ns, and (2) no more	than 331/3% of its
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported	operated exclusiv	vely for the benefit of,	to perfor	n the fun	ctions of, or to carry	
	the box in lines 11a through 11a						
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 organize control or management of the organization(s). You must control to the organization organ	e supporting org	anization vested in th				
C	☐ Type III functionally integration its supported organization(s)						y integrated with,
d	☐ Type III non-functionally int that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
0	Check this box if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	functionally integrated, or Ty Enter the number of supported of		onally integrated supp	corting or	gamzatioi	n .	
a			orted organization(s).				
	(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 c	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vf) Amount of other support (see instructions)
			(Yes	No		
(A)							
(B)	_						
(C)							
(D)							
(E)							-
Total	·						

18

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

Schodule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part	Support Schedule for Organiza	tions Descri	bed in Secti	on 509(a)(2)			
	(Complete only if you checked th				zation failed t	o qualify unde	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
Section	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			ŀ			
•	received. (Do not include any "unusual grants.")	31,475	38,350	50,310	60,514	71,980	252,629
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	129,554	169,900	141,170	124,066	109,566	674,256
3	Gross receipts from activities that are not an			l i			_
	unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the					l	
	organization's benefit and either pald to or expended on its behalf			اء	_	ا	•
5	The value of services or facilities	0	0	- 9	0		0
3	furnished by a governmental unit to the					i	
	organization without charge		0	ا	o	0	0
6	Total. Add lines 1 through 5	161,029	208,250	· · · · · · · · · · · · · · · · · · ·	184,580	181,546	926,885
-	Amounts included on lines 1, 2, and 3	101,025	200,230	131,480	10-7,580	101,340	320,000
	received from disqualified persons .	a	o	اما	0	o	0
Ъ	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	0	. 0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		ļ				
	line 6.)		<u> </u>			Ll	926,885
	on B. Total Support				4.7.2042		
Calen 9	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	Amounts from line 6	161,029	208,250	191,480	184,580	181,546	926,885
IVa	payments received on securities loans, rents,			!	!		
	royalties and income from similar sources .	1,057	1,512	10,382	12,770	5,744	31,465
ь	Unrelated business taxable income (less	1,037	1,512	10,302	12,770	3,744	31,403
-	section 511 taxes) from businesses					1	
	acquired after June 30, 1975	0	ا ا	0	o	اه ا	0
C	Add lines 10a and 10b	1,057	1,512	10,382	12,770	5,744	31,465
11	Net income from unrelated business	•					
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	<u> </u>	0	. 0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ļ					
	(Explain in Part VI.)	0		0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	į			į		
44	and 12.)	162,086					958,350
14	First five years. If the Form 990 is for the organization, check this box and stop he						
Socti	on C. Computation of Public Suppo			· · · · ·	• • • • •	• • • • •	🟲 📋
15	Public support percentage for 2014 (line			13 column (f)		15	96.71 %
16	Public support percentage from 2013 Sc					16	97.08 %
	on D. Computation of Investment In			· · · · ·	• • • • •	1	37.00 70
17	Investment income percentage for 2014			ov line 13. colu	mn (f))	17	.03 %
18	Investment income percentage from 201					18	.03 %
19a	331/5% support tests - 2014. If the organ	•	•			nore than 331/21	
	17 is not more than 331/2%, check this box	and stop here	. The organizat	tion qualifies as	a publicly supp	orted organizat	ion . 🕨 🗹
ь	331/3% support tests - 2013. If the organization						
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization d	ld not check a	box on line 14	4, 19a, or 19b,	check this box	and see instru	ctions 🕨 🗌

5016000 × (1 0111 850 C1 850-C2) 2014

Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations		Var	N-
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	Yes	No
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.	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.	48		
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.	40		
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).	4c		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) Individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5b 5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	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. 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	9c		
b	organizations)? If "Yes," answer (b) below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

	e A (Form 990 or 990-EZ) 2014		Р	age 5
Part l	Supporting Organizations (continued)			
11	Hen the complexion accorded with a second state of the second stat		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			i
-	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		
h	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		
	on B. Type I Supporting Organizations	116		
0000	51 5. Typo Toupporung 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	ļ	<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	<u></u>	
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.			
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	Щ_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
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 (see the organization supported as government entity). 	see in:	structi	ions).
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.	28		
ь	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.	QL.		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	\vdash	
8	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	_	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 	T	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

see instructions).

6 Multiply line 5 by .035

2 Enter 85% of line 1

7 Recoveries of prior-year distributions

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

8 Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions)

4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

5

6

7

8

1

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2014

Current Year

greater than zero, see instructions).

instructions).

Breakdown of line 7:

d Excess from 2013 .
e Excess from 2014 .

and 4c.

b

Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (If amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2014

* * ***

Schedule A (F	этп 990 ог 990-EZ) 2014
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.)
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	Schedule A (Form 990 or 990-EZ) 2014

**SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2015

Department of the Treasury Internal Revenue Service

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

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