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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2014

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	ĀF	or the	2014 calendar year, or tax year beginning July 1st , 2014, and ending	June :	30th , 20 15
	В	Check if ap			ridentification number
		Address c	hange Redmond Region Orchestra Boosters	i	26-1741577
	\sqcup	Name cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone	e number
		initial retu	110041 Redmond way, PMB 385C		425-836-9437
	=	Final retur Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group E	xemption
			n pending Redmond, WA, 98052	Number	•
				Check > [If the organization is not
		Vebsite			attach Schedule B
	JТ	ax-exen		•	990-EZ, or 990-PF)
			organization Corporation Trust Association Other Educational	(
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	l assets	
			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	>	¢
		artl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instructio	ns for Part I)
			Check if the organization used Schedule O to respond to any question in this Part I		
		1	Contributions, gifts, grants, and similar amounts received	. 1	
		2	Program service revenue including government fees and contracts	2	
		3	Membership dues and assessments	3	
		4	Investment income	4	
		5a	Gross amount from sale of assets other than inventory	3.8	,
		ь	Less: cost or other basis and sales expenses		M2.1
		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	*
		6	Gaming and fundraising events		<u></u>
	Revenue	а	Gross income from gaming (attach Schedule G if greater than	J. de	
		_	\$15,000) 6a		
		ь	Gross income from fundraising events (not including \$ of contribution	ns .	&
			from fundraising events reported on line 1) (attach Schedule G if the		
			sum of such gross income and contributions exceeds \$15,000) 6b		
മ		С	Less: direct expenses from gaming and fundraising events 6c		
2016		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract	
		İ	line 6c)	60	
©		7a	Gross sales of inventory, less returns and allowances	38	<u> </u>
		b	Less cost of goods sold		*
JAN		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	!
~_		8	Other revenue (describe in Schedule O)	. 8	
0		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	
THE		10	Grants and similar amounts paid (list in Schedule O)	. 10	
委		11	Benefits paid to or for members	11	
a	Ś	12	Salaries, other compensation, and employee benefits	12	
S	Se	13	The series of th	-	
1193	Expense	14	Professional fees and other payments to independent contractors	13	
	Ä	15	Printing, publications, postage, and shipping	. 15	
	_	16	Other expanses (decayle an Schedule O)	<u> </u>	
		17	Total expenses. Add lines 10 through 16	16	
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	▶ 17	
	ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	18 & #!was diwa	
	lss.	•••	end-of-year figure reported on prior year's return)	a color es	
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	19	
	ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. 20	
	For			. ▶ 21	1 12045.00 Form 990-EZ (2014)
		· abela	vork Reduction Act Notice, see the separate instructions. Cat No 10642		FORM 330-E4 (2014)

Pai				David II		r—
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
<u>2</u> 2	Cook sevence and investments				00	, -'
23	Cash, savings, and investments			10901.00	23	10704.00
23 24	Land and buildings				24	0
	Other assets (describe in Schedule O) Total assets			10901.00		10704.00
25 26	Total liabilities (describe in Schedule O)			10901.00	26	10704.00
27	Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·		10901.00		10704
Par					21	10704
	Check if the organization used Schedule	•				Expenses
\A/hai	is the organization's primary exempt purpose?	e O to respond to a	ly question in this	Faitiii .	(Re	equired for section
						1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the				ganizations, optional for ners)
28	Benefits Concert: For the educational benefit of stud	dents, Mr.Brett Deubn	er was engaged to o	oach and		
	conduct a concert.				l	
	Number of persons benefited: 75	•••••				
		t includes foreign gra			28	a 4000.00
29	Concert festival support- To assist the Orchestra Di		produce a compreh	ensive school		
	orchestra program with value to the students, school	ol and community.				
	Number of persons benefited:200	*-**			ļ	
		t includes foreign gra			29	a 2540.00
30	Back-to-school BBQ: To promote comunity bonding		tudents and parents	/volunteers		
	in the orchestra families by organizing a Back-to-sc	hool BBQ.				
		t includes foreign gra	ants, check here .	<u> </u>	30	a 318.00
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	t includes foreign gra			31	
32	Total program service expenses (add lines 28a				32	
Par					nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u>.</u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	benefit plans, and	- 1	e) Estimated amount of other compensation
Vicki	Krum	8				
Pres	dent			0	0	0
David	i Sheehy	8				
Vice	President			0	0	0
Mon	ka Tracy	5				
Secr	etary			0	0	0
Arun	a Turaga	4				
Trea	surer		L	0	0	0
	***				-	
	·	_	}			
		_]				
					\top	-
					L	
		7				
					\dashv	
		-1				

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part_	v Yes	No
3 3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	\(\sigma\)
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		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30 P	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Mi.
b	Did the organization file Form 1120-POL for this year?	37b	- NOT-18	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	200	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	سير. دشه
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Q 8 2 2 4	136
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	3	337	3
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1. 1.	2 G ()	1
a b	Initiation fees and capital contributions included on line 9		~~~.``	13
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ , section 4955 ▶			<u> </u>
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	5		
	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	e * effective ou	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			1
e	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		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
h	Located at ZIP + 4 At any time during the colondar year did the average that have a set of the colondar to t		T.,—	T
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	2.00	14.	19/24
	Financial Accounts (FBAR).	* \$ 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 4 5
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		k
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	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	,42.A	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	S	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	7.36	\ \ \
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
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		1

Form 99	0-EZ (2	014)						,	age 4
46	Did t	he organization engage, directly or in	directly, in political c				tion	Yes	No
Part \		ndidates for public office? If "Yes," c Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	estions 47-49b ai		d complete th	• 46 e tables	for lin	l ✓ es
	-	Check if the organization used Sch	nedule O to respond	to any question	in this Par	t VI	• •	Yes	. L
47	Did t	he organization engage in lobbying Pif "Yes," complete Schedule C, Part	activities or have a	section 501(h) elec		ect during the	tax . 47	1.50	✓
48 49a	Did t	e organization a school as described in he organization make any transfers to	an exempt non-cha	ırıtable related orga	anızatıon?		49a	+	√
50	Com	es," was the related organization a se plete this table for the organization's oyees) who each received more than	five highest compen	sated employees	 (other than roanization	officers, direct	. 49b tors, truste e. enter "l	es an	d ke
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	(d) F contribu	lealth benefits, itions to employee plans, and deferred empensation	(e) Estimat other cor	ed amoi	unt of
			<u>-</u>						
				-					
51	Com \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ Name and business address of each independ	s five highest compenies for the second of t	ensated independent			received		thai
				-					
				-					
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	_		. ▶rganızatıor		n a ▶	 	No
Under pe	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan	ving schedules and stat	tements, and	to the best of my kr			
	12 28 2						28 2	015	5
Sign Here		Signature of officer ARUNA TUR	AGA - TS	reasurer		Date `	· · · · · · · · · · · · · · · · · · ·		_
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Prepa Use C		Firm's name ▶	- 			Firm's EIN ▶	· · · · · · · · · · · · · · · · · · ·		
	,								

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

2014

Name of the organization Employer identification number **Redmond Region Orchestra Boosters** 26-1741577 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 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. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 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). 11 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. 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 III 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 III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Par		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	T		1		· _I	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	The state of the	ye * \	3,3	20048 8		
Secti	ion B. Total Support					*	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc			•		12	
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
Secti	organization, check this box and stop he			· .	• •		> [
14	on C. Computation of Public Suppor			1 anti (0)			
15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch	o, column (t) di nedule A. Do≠	vided by line 1			15	%
16a	331/3% support test—2014. If the organization			on line 13, and			% heck this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			► [
b	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33½%	or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization".	014. If the orga	inization did no and-circumsta	ot check a box nces" test, che	on line 13, 16	nd stop here. E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	facts-and-ci and-circumst	rcumstances" tances" test. T	test, check th	ns box and st	and line op here. i publicly
18	Private foundation. If the organization durinstructions		 box on line 13,		 ı, or 17b, chec	k this box and	· ► □

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	Section A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	6619	6316	17313	7119	4974	42341
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	67879	1884	149525	63233	13269	295790
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid		ì				
	to or expended on its behalf .	o	o	o	0	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	74498	8200	166838	70352	18243	338131
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified		İ				
	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
8	Public support (Subtract line 7c from	170	U	U A SA		ETSHE SECRET SEE	0
	line 6.)	the state of					338131
Secti	on B. Total Support			***************************************	A CARLO	SHEET SHEET STORY OF THE SHEET STORY OF THE SHEET STORY OF THE SHEET SHEET STORY OF THE SHEET SHEET STORY OF THE SHEET S	330131
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	74498	8200	166838	70352	14743	334631
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	o	o	o	0	o	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or					İ	
	loss from the sale of capital assets						
40	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	74400	2000	400000	70050		224224
14	First five years. If the Form 990 is for the	74498	8200	166838	70352	14743	334631
• •	organization, check this box and stop he						
Section	on C. Computation of Public Suppor				<u> </u>	- 	> 🗸
15	Public support percentage for 2014 (line to			3 column (fl)		15	%
16	Public support percentage from 2013 Sch		•			16	%
Section	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·	<u> </u>	1.01	
17	Investment income percentage for 2014 (/ line 13, colun	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organ	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . ▶ 🗆
b	331/3% support tests—2013. If the organiz	ation did not ch	neck a box on t	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions >

No

Part IV Supporting Organizations

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

Section A. All	Supporting (Organizations

- Yes 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. 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). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 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. 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. 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. 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. c 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
- 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).

to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)

- **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?
- c 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.
- 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).
- B 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).
- 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.**
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **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.)

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Part	IV Supporting Oversighting (continue)			
Part	V Supporting Organizations (continued)		1	T
11	Has the organization accepted a settler contribution from any of the fall and a second		Yes	No
`a	Has the organization accepted a gift or contribution from any of the following persons?			,
a	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?			
h	A family member of a person described in (a) above?	11a 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	 	
Sect	ion B. Type I Supporting Organizations	1110	L	<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.03	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	14.	<u>ا</u> . ا	٠,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1.3	, ,	,
	controlled the organization's activities. If the organization had more than one supported organization,	1.3	, ¿	, .
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	, . L.	*2.3%	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	- 	1
2	Did the organization operate for the benefit of any supported organization other than the supported	, <u>%</u> ,		7,
	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.	33,5	`	1
	supervised, or controlled the supporting organization.	2	<u> </u>	
Secti	ion 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	7		
	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	ion 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	A-L		*
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	*	,	-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	** .	٠ م ٩٤	
	significant voice in the organization's investment policies and in directing the use of the organization's	· .	, n	
	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.			
<u> </u>		3		
	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	instru	ction	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ 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.			
b		2a		
U	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	٠,	*	
	activities but for the organization's involvement.	ا بير ا		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
а	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>	;		
h	-	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	<u>mpı</u>	(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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	;	The state of the s	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1,0		
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	•	The state of the s	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	-12.50 40.000 24.50	
2 Enter 85% of line 1	2	The second second	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	200 100 100 100 100 100 100 100 100 100	
4 Enter greater of line 2 or line 3	4	The same of the sa	
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).	ly-ir	itegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
<u>. 1</u>	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	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 which	h the organization is res	soonsive	
_	(provide details in Part VI). See instructions	The organization is rec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Enro Carrock divided by Enro Carrock		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2014:	•		
a	,		,	
b			, ,	
С		,	44	,
d			*	***************************************
e	From 2013		31,	*
f	Total of lines 3a through e		*:	· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount		· 44 -	
i	Carryover from 2009 not applied (see instructions)	,	, , , ,	•
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f		, , ,	7 7,84
4	Distributions for 2014 from Section		·	* /
•	D, line 7:	,	, ,	
a	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			40. 1
٠	any. Subtract lines 3g and 4a from line 2 (if amount	*		, ,
	greater than zero, see instructions).			,
6	Remaining underdistributions for 2014. Subtract lines 3h		<u> </u>	
•	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>a</u> b				
			* *	•
	Evenes from 2012			•
d	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	
е	Excess from 2014	<u> </u>		

SCHEUUIB A (F	rage C
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 O (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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Redmond Region Orchestra Boosters 26-1741577 Line 16: Other expenses (Total \$5051) Back-to-school BBQ:318 Postage and PO Box yearly fees.288 Coaching assistance.400 Instrumental repair: 470 Concert food and supplies:3056 Insurance:745 Celebration and concert trophies.224