

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



# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service  $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

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

| A          | or the              | 2014 calend            | ar year, or tax year beginning July 1, 2014, and endi  | ng         |              | June 30                               | , 20 15                      |
|------------|---------------------|------------------------|--|------------|--------------|---------------------------------------|------------------------------|
| В          | Check if ap         | plicable               | C Name of organization   | D Emp      | loyer Identi | fication number                       |                              |
|            | Address c           | hange                  | 30-0233145   |            |              |                                       |                              |
|            | 1 ' ' I I I         |                        |  |            |              | phone numb                            | per                          |
| =          | Initial retui       |                        | PO Box 505   |            |              | 413-5                                 | 86-5860                      |
| =          |                     | n/terminated           | up Exemp   | tion       |              |                                       |                              |
| _          | 7 4 Horiood Totalii |                        |  |            | nber 🕨       |                                       |                              |
| G /        | Account             | ing Method:            | ✓ Cash   | H (        | Check        | ▶ ☑ if th                             | e organization is <b>not</b> |
| 1 V        | Vebsite             | e: ► www.              | northamptonrotaryclub.org  |            |              |                                       | Schedule B                   |
| J T        | ax-exen             |                        | eck only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527  | 1          | •            |                                       | Z, or 990-PF).               |
|            |                     |                        | ✓ Corporation ☐ Trust ☐ Association ☐ Other  |            |              |                                       | <del> </del>                 |
|            |                     | •                      | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if                               | total      | assets       |                                       |                              |
|            |                     |                        | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |            |              | <b>▶</b> \$                           |                              |
| Р          | art I               | Revenu                 | e, Expenses, and Changes in Net Assets or Fund Balances (see   | the        | nstru        | ctions fo                             | r Part I)                    |
|            |                     |                        | the organization used Schedule O to respond to any question in this P  |            |              |                                       |                              |
|            | 1                   |                        | ons, gifts, grants, and similar amounts received   | <u> </u>   | • •          | 11                                    | • • • • • •                  |
|            | 2                   |                        | ervice revenue including government fees and contracts   | •          |              | 2                                     |                              |
|            | 3                   | -                      | ip dues and assessments  | •          |              | 3                                     | 7965                         |
|            | 4                   | Investment             | ·  | •          | • •          | 4                                     | 17903                        |
|            |                     |                        |  | •          |              | G + 11                                | <u> '</u>                    |
|            | 5a                  |                        | · · · · · · · · · · · · · · · · · · ·  |            |              |                                       |                              |
|            | b                   |                        | or other basis and sales expenses  |            |              | <u> </u>                              |                              |
|            | 6<br>6              | Gaming an              | •  | 5c         |              |                                       |                              |
| e          | а                   | Gross inc. \$15,000) . |  |            |              |                                       |                              |
| 20A§venue  | b                   |                        | me from fundraising events (not including \$ of contribution)  | ution      | <br>S        |                                       |                              |
| 100 E      | ~                   |                        | aising events reported on line 1) (attach Schedule G if the  | _ ,, _ , , |              | 571                                   |                              |
| 20.        |                     |                        | h gross income and contributions exceeds \$15,000)   6b  |            | 5704         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                              |
| · 2        | c                   |                        | t expenses from gaming and fundraising events 6c   |            |              | 134                                   |                              |
| C3         | ď                   |                        | e or (loss) from gaming and fundraising events (add lines 6a and 6b and  | d sub      | tract        | 3.3                                   |                              |
| ت          | -                   | line 6c)               |  |            |              | 6d                                    | 5704                         |
| 出          | 7a                  | •                      | s of inventory, less returns and allowances   7a   |            |              | 3775                                  | 0.01                         |
|            | b                   |                        | of goods sold  |            |              | 7.35                                  |                              |
|            | C                   |                        | it or (loss) from sales of inventory (Subtract line 7b from line 7a)   |            |              | 7c                                    |                              |
| Z          | 8                   | •                      | nue (describe in Schedule O)   | •          | • •          | 8                                     |                              |
| SOANNED    | 9                   |                        | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | •          |              | 9                                     | 13670                        |
| ਠੋ         | 10                  |                        | similar amounts paid (list in Schedule O)  | •          | • ,          | 10                                    | 3537                         |
| S          | 11                  |                        | aid to or for members  |            | • •          | 11                                    |                              |
| c)         | 12                  | •                      |  | 7          | • •          | 12                                    |                              |
| Expenses   | 13                  | Profession             | ther compensation, and employee benefits   | 13         | • •          | 13                                    |                              |
| en en      | 14                  | Occupance              | /, rent, utilities, and maintenance  | 51         |              | 14                                    |                              |
| X          | 15                  |                        | ublications, postage, and shipping   | 31         |              | 15                                    |                              |
|            |                     |                        | enses (describe in Schedule O) OGDEN, UT   | 10         | • •          | 16                                    | 8416                         |
|            | 16                  | •                      | rises (describe in schedule O)   |            |              |                                       |                              |
|            | 17                  |                        | enses. Add lines 10 through 16   | •          | . •          | 17                                    | 11953<br>1717                |
| sts        | 18                  |                        | (deficit) for the year (Subtract line 17 from line 9)  | arac       | · ·          | 18<br>(be*                            | 1/1/                         |
| SSE        | 19                  |                        | or fund balances at beginning of year (from line 27, column (A)) (must a<br>ir figure reported on prior year's return) | ıyı ee     | WILLI        | -                                     | 24047                        |
| ţ          | 00                  | -                      |  | •          | • •          | 19                                    | 24946                        |
| Net Assets | 20                  |                        | ges in net assets or fund balances (explain in Schedule O)   | •          |              | 20                                    | 0///0                        |
|            | 21                  | Nat seeate             | or fund balances at end of year. Combine lines 18 through 20   |            | . •          | 21                                    | 26663                        |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2014)



| Pa       | ·  | •                                  |   |  |                |  |
|----------|--|------------------------------------|---|--|----------------|--|
|          | Check if the organization used Schedule  | O to respond to a                  | ny question in this                     |  | <del></del>    | <u></u> 🗆                                |
|          |  |                                    |   | (A) Beginning of year                            | <del></del>    | (B) End of year                          |
| 22       | Cash, savings, and investments   |                                    |   | 24946  |                | 26663                                    |
| 23<br>24 | Land and buildings   |                                    |   | <del> </del>                                     | 23             | <del></del>                              |
| 25       | Total assets   |                                    | • • • • • •                             | 24946  |                | 26663                                    |
| 26       |  |                                    |   | 24740  | 26             | 20003                                    |
| 27       | Net assets or fund balances (line 27 of column   |                                    |   | 24946  |                | 26663                                    |
| Par      | Statement of Program Service Accom   | <b>plishments</b> (see th          | e instructions for                      | Part III)  |                |  |
|          | Check if the organization used Schedule  |                                    |   | Part III   | /5             | Expenses                                 |
| What     | is the organization's primary exempt purpose?  | Community Non-Pro                  | fit Support                             |  |                | uired for section<br>c)(3) and 501(c)(4) |
| as m     | ribe the organization's program service accompli<br>easured by expenses. In a clear and concise mons<br>ons benefited, and other relevant information for ea | nanner, describe the               | f its three largest pe services provide | orogram services,<br>d, the number of            | organ<br>other | nizations; optional for<br>s.)           |
| 28       | Assist various non-profit organizations in the Northa  | ampton Community w                 | ith their missions th                   | rough  |                |  |
|          | donations direct from Northampton Rotary   |                                    |   |  |                |  |
|          |  |                                    |   | . –  |                |  |
| 00       | (Grants \$ ) If this amount  | includes foreign gra               | ints, check here .                      | <u> ▶ ⊔</u>                                      | 28a            | 3537                                     |
| 29       |  |                                    |   |  | }              |  |
|          |  |                                    |   |  |                |  |
|          | (Grants \$ ) If this amount  | includes foreign gra               | ints, check here .                      | ▶ □  | 29a            |  |
| 30       | <u></u>  |                                    |   |  |                |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   | _  |                |  |
|          |  | includes foreign gra               |   |  | 30a            |  |
| 31       | Other program services (describe in Schedule O)  |                                    |   |  |                |  |
| 32       | (Grants \$ ) If this amount Total program service expenses (add lines 28a  | includes foreign gra               | ints, check here .                      | ···  | 31a<br>32      | 3537                                     |
| Par      |  |                                    |   |  |                |  |
|          | Check if the organization used Schedule  |                                    |   |  |                |  |
|          |  | (b) Average                        | (c) Reportable compensation             | (d) Health benefits, contributions to employ     | (0)            | Estimated amount of                      |
|          | (a) Name and title   | hours per week devoted to position | (Forms W-2/1099-MISC                    | benefit plans, and                               | 01             | ther compensation                        |
|          |  |                                    | (if not paid, enter -0-)                | deferred compensation                            | <u> </u>       |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   | <del>                                     </del> | +              |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  | $\top$         |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    | ļ                                       | <del> </del>                                     | +              |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   | -  |                | <del></del>                              |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  | $\bot$         |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  | +              |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    | <del></del>                             | <del> </del>                                     | +-             |  |
|          |  |                                    |   |  |                |  |
|          |  |                                    |   |  | $\neg$         |  |
|          |  | 1                                  | 1                                       | 1  | 1              |  |

| Part                     |  |            |  |   |
|--------------------------|--|------------|--|---|
|                          | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | 3 Part     | V<br>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         | Tes  | NO                                      |
| 34                       | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   | 34         |  | v                                       |
| 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<br>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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  | 35b<br>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<br>b<br>38a          | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?  | 37b<br>38a | 4  | · · · · · · · · · · · · · · · · · · ·   |
| b<br>39<br>a<br>b<br>40a | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  |            | A Company of the Comp |   |
| b                        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b        |  |   |
| С                        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |            | # :<br>- 15 :<br>- 14 : /  | 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| d                        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |            | A Part of the state of the stat |   |
| 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        | <u> </u>   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| 41                       | List the states with which a copy of this return is filed ▶  |            |  |   |
| 42a                      | The organization's books are in care of ▶ Telephone no. ▶  |            |  |   |
| b                        | Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b        | Yes  | No 🗸                                    |
| С                        | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c        | Mail ata Sa  | الموسية مختوم                           |
| 43                       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  | • •        | . I  | ► □<br>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        | . U  | \(\frac{1}{\sqrt{1}}\)                  |
| 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                                       |
| d                        | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>    | , .  | \ \frac{1}{2}                           |
|                          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a<br>45b |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |

| to candidates for public office? If "Yes," complete Schedule C, Part I    Part VI   Section 501(c)(S) organizations only   All section 501(c)(S) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   | 46                 | Did t                                     | he organization engage, directly or in  | ndirectly, in political c    | ampaign activities  | on behalf of              | or in opposi                           | tion                                  | Yes              | No                                    |
|---|--------------------|---|---|------------------------------|---|---------------------------|--|---------------------------------------|------------------|---------------------------------------|
| Ves   No year?     'Yes, 'complete Schedule C, Part   |                    | VI  | Section 501(c)(3) organizations<br>All section 501(c)(3) organization<br>50 and 51.   | s only<br>is must answer que | stions 47–49b ar  | nd 52, and c              | complete th                            | <b>-</b>                              |                  | es                                    |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶  2D Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☑ Yes ☐ No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type or print name and title  Preparer  Use Only  Firm's name ▶  Firm's name ▶  Firm's saddress ▶  Phone no. | 48<br>49a<br>b     | Did tyear? Is the Did till "Ye Complement | he organization engage in lobbying of if "Yes," complete Schedule C, Pare organization a school as described in the organization make any transfers the organization a seplete this table for the organization's oyees) who each received more than | activities or have a still   | section 501(h) electric section 501(h) electric section 501(h) electric section 501(h) electric section from the organization from the organization from the compensation | te Schedule Is anization? | t during the                           | 47 48 49a 49a tors, trust le, enter " | ees an<br>None." | v v v v v v v v v v v v v v v v v v v |
| d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Print/Type preparer's name  Preparer's signature  Date  Check □ if PTIN self-employed  Firm's name ▶ Firm's EIN ▶  Phone no.  |                    | Com                                       | plete this table for the organization   | 's five highest compe        |   | ent contracto             | rs who eacl                            | n received                            | d more           | thar                                  |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  |                    | (a)                                       | Name and business address of each independent   | dent contractor              | (b) Type of s   | service                   | (c                                     | ) Compensa                            | tion             |                                       |
| Sign Here    Signature of officer   Date  | <b>52</b> Under pe | Did 1<br>comp                             | the organization complete Scheduleted Schedule A  | ule A? Note. All se          | ection 501(c)(3) or   | ements, and to t          | he best of my k                        | .► ✓ Ye                               |                  |                                       |
| Paid Preparer Use Only Firm's name ► Firm's address ► Phone no.   | Sign               | ieut, an                                  | Signature of officer  Julee Clement, Treasurer  | <del></del>                  | mination of which prepar  |                           | 11/30/15                               |                                       |                  |                                       |
| May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No  | Prepa<br>Use (     | Only                                      | Firm's name ► Firm's address ►  |                              |   |                           | Check ☐ if self-employed  Firm's EIN ▶ |                                       |                  |                                       |

#### **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. Name of the organization

OMB No. 1545-0047

**Open to Public** Inspection

Employer Identification number

Northampton Rotary Foundation Inc. 30-0233145 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported organization (I) EIN (iii) Type of organization (v) Amount of monetary (vI) Amount of (described on lines 1-9 listed in your governing other support (see support (see document? above or IRC section. Instructions) instructions) (see instructions)) Yes Νo (A) (B) (C) (D) (E) Backetic

| ,        | (Complete only if you checked to<br>Part III. If the organization fails to  |                                     |  |                                     |                                    |  | alify under                                   |
|----------|---|-------------------------------------|--|-------------------------------------|------------------------------------|--|---|
| Secti    | ion A. Public Support   | o quality und                       | er the tests in  | sted below, p                       | lease comple                       | te Fart III.)                                  |   |
|          | 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.")  | (4) 2010                            | (5) 2011   | (9) 20 12                           | (4) 2010                           | (6) 2014                                       |   |
| 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) |                                     | the second secon |                                     |                                    |  |   |
| _6       | Public support. Subtract line 5 from line 4.  | 419 English Spirit Tall Inches      | sayin the wind got girden  | Affal or aft stratum with this !!   | The tre training the states        | <ul> <li>१९४० इन्द्रे, विश्वेषिक्षे</li> </ul> |   |
|          | on B. Total Support   |                                     |  |                                     |                                    | ····   |   |
| _        | dar year (or fiscal year beginning in)  | (a) 2010                            | (b) 2011   | (c) 2012                            | (d) 2013                           | (e) 2014                                       | (f) Total                                     |
| 7        | Amounts from line 4   |                                     |  |                                     | <u> </u>                           |  |   |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                                     |  |                                     |                                    |  |   |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on  |                                     |  |                                     |                                    |  |   |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                                     |  |                                     |                                    |  |   |
| 11       |   | Processor Published Selfs           |  |                                     |                                    |  |   |
| 12       | Gross receipts from related activities, etc   |                                     |  |                                     |                                    | 12   |   |
| 13       | First five years. If the Form 990 is for the  | •                                   |  |                                     | •                                  |  |   |
| Casti    | organization, check this box and stop he  |                                     |  | <u> </u>                            |                                    |  | ▶ 🗆   |
|          | on C. Computation of Public Support Public Support percentage for 2014 (line  | <u> </u>                            |  | 1 column (f)                        |                                    | 14   | %   |
| 14<br>15 | Public support percentage for 2014 (inter-  |                                     |  |                                     |                                    | 15   | <del></del>                                   |
| 16a      | 331/3% support test—2014. If the organi   |                                     |  |                                     |                                    |  |   |
|          | box and stop here. The organization qua   |                                     |  |                                     |                                    |  | . ▶ □   |
| b        | 331/3% support test—2013. If the organ check this box and stop here. The organ  |                                     |  |                                     | •                                  | 15 is 33 <sup>1</sup> / <sub>3</sub> %         |   |
|          | 10%-facts-and-circumstances test—2<br>10% or more, and if the organization me<br>Part VI how the organization meets the "in<br>organization   | eets the "facts-<br>facts-and-circu | and-circumsta<br>umstances" tes  | inces" test, che<br>st. The organiz | eck this box ar<br>ation qualifies | nd <b>stop here.</b> E<br>as a publicly su     | line 14 is<br>ixplain in<br>upported<br>. ► □ |
| b        | 10%-facts-and-circumstances test—2<br>15 is 10% or more, and if the organiza<br>Explain in Part VI how the organization m<br>supported organization   | tion meets the<br>neets the "fact   | facts-and-ci   | ircumstances"<br>tances" test. T    | test, check th                     | nis box and ste                                | op here.                                      |
| 18       | Private foundation. If the organization di  | id not check a                      | box on line 13   | 16a, 16b, 17a                       | a, or 17b, chec                    | k this box and                                 | see   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

## 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  |  |             |                         |                     |                   |           |
|--------|---|--|-------------|-------------------------|---------------------|-------------------|-----------|
| 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.")  | 8360   | 16074       | 5553                    | 7287                | 7965              | 45239     |
| 2      | Gross receipts from admissions, merchandise   |  | -           |                         |                     |                   |           |
|        | sold or services performed, or facilities<br>furnished in any activity that is related to the |  |             |                         |                     | 1                 |           |
|        | organization's tax-exempt purpose   | 1  |             |                         |                     |                   |           |
| 3      | Gross receipts from activities that are not an  |  |             |                         |                     |                   |           |
|        | unrelated trade or business under section 513   | 5302   | 20427       | 11107                   | 4322                | 5704              | 46862     |
| 4      | Tax revenues levied for the   |  |             |                         |                     | 5.0.              |           |
|        | organization's benefit and either paid  | 1  |             |                         |                     |                   |           |
|        | to or expended on its behalf  | i i  |             |                         |                     |                   |           |
| 5      | The value of services or facilities   |  |             |                         | -                   |                   |           |
| •      | furnished by a governmental unit to the   | 1  |             |                         |                     |                   |           |
|        | organization without charge   | 1  |             |                         |                     |                   |           |
| 6      | Total. Add lines 1 through 5  | 13662  | 36501       | 16660                   | 11609               | 13669             | 92101     |
| 7a     | <del>_</del>  | 10002  | 30301       | 10000                   | 11007               | 13007             | 72101     |
|        | received from disqualified persons .  | 1  |             | ļ                       |                     |                   |           |
| L      | · ·   | <del></del>  |             |                         |                     |                   |           |
| b      | Amounts included on lines 2 and 3 received from other than disqualified                       | 1  |             |                         |                     |                   |           |
|        | persons that exceed the greater of \$5,000  | ( l  |             | ļ                       |                     |                   |           |
|        | or 1% of the amount on line 13 for the year   |  |             |                         |                     |                   |           |
| _      |   |  |             |                         |                     |                   |           |
| С<br>8 | Add lines 7a and 7b   | 14 of 100 mt 25 of 150 l   | N W Y       | 5. 11 . p = +5 c *u . 1 | S. St. 10 - S.      | 2.50 6 .5 24.0 25 |           |
| •      | line 6.)  | And the state of t |             |                         |                     |                   | 92101     |
| Sacti  | on B. Total Support   | 1.6 1.72 - 1.53  | ( * 1)      | 120 10 10 x (21 x x     | 2 8 2 12 13 A 2 4 1 | 1, 4, 4, 4, 5     | 92101     |
|        | dar year (or fiscal year beginning in)  | (a) 2010   | (b) 2011    | (c) 2012                | (d) 2013            | (e) 2014          | (f) Total |
| 9      | Amounts from line 6   | 13662  | 36501       | 16660                   | 11609               | 13669             | 92101     |
| 10a    |   | 15002  | 30301       | 10000                   | 11007               | 13007             | 72101     |
| 104    | payments received on securities loans, rents,   | İ  |             |                         |                     |                   |           |
|        | royalties and income from similar sources .   | 32   | 10          | 2                       | 3                   | 1                 | 48        |
| b      |   | <del></del>  |             |                         |                     |                   |           |
|        | section 511 taxes) from businesses  | 1  |             |                         |                     |                   |           |
|        | acquired after June 30, 1975  | }  |             |                         |                     |                   |           |
| С      |   | 32   | 10          | 2                       | 3                   | 1                 | 48        |
| 11     | Net income from unrelated business  | - 32   |             |                         |                     |                   |           |
| '''    | activities not included in line 10b, whether  | {  |             |                         |                     |                   |           |
|        | or not the business is regularly carried on   |  |             |                         | ļ                   |                   |           |
| 10     | Other income. Do not include gain or  | <del>  </del>  |             |                         |                     |                   |           |
| 12     | loss from the sale of capital assets  | <b>\</b>   |             | 1                       | ļ                   |                   |           |
|        | (Explain in Part VI.)   |  |             |                         | ]                   |                   |           |
| 13     | Total support. (Add lines 9, 10c, 11,   | <del>  </del>  | <del></del> | <del></del>             |                     | <del></del>       |           |
|        | and 12.)  | 13694  | 36511       | 16662                   | 11612               | 13670             | 92149     |
| 14     | First five years. If the Form 990 is for the  |  |             |                         |                     |                   |           |
|        | organization, check this box and stop he  |  |             |                         | •                   |                   |           |
| Secti  | on C. Computation of Public Suppo   |  |             |                         |                     |                   |           |
| 15     | Public support percentage for 2014 (line  | <del></del>  |             | 3, column (f))          |                     | 15                | 99.95 %   |
| 16     | Public support percentage from 2013 Sci   | • •  | •           |                         |                     | 16                | 99.95 %   |
|        | on D. Computation of Investment In  |  |             |                         | <del></del>         | <del></del>       |           |
| 17     | Investment income percentage for 2014   |  |             | / line 13. colun        | nn (f))             | 17                | .05 %     |
| 18     | Investment income percentage from 2013  |  |             |                         |                     | 18                | .03 %     |
| 19a    | 331/3% support tests—2014. If the organ   |  |             |                         |                     |                   |           |
|        | 17 is not more than 331/3%, check this box  |  |             |                         |                     |                   |           |
| b      | 331/3% support tests—2013. If the organiz   |  |             |                         |                     |                   |           |
|        | 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.)

| c | ection A. | AII  | Cuppa  | dina ( | 7     | inations    |
|---|-----------|------|--------|--------|-------|-------------|
| v | CCHOII A. | AII. | Suppoi | ung    | Jiyan | ızalıvi i s |

|     |   |   | Yes  | No           |
|-----|---|---|--|--------------|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1<br>1  | , ; à '<br>  |              |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   | 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |              |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a  | ig set   | <u></u>      |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  | , (°)  | N I          |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c  |  |              |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   | 4a  |  |              |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   | 4b  | K.   |              |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c  | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |              |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |  |              |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5b<br>5c  |  | اعدادا       |
| 6   | 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.  | 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | production of the second of th | はない。         |
| 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   | )<br>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |              |
| 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 <b>Part VI.</b>   | 9a  | 4,1  | 1 40<br>2 87 |
| b   | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b  | 7.1  |              |
| С   | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9c  | - i,   | نند          |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.  | 10a   |  |              |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b   | , f <sub>g</sub>   | أنث          |

| Part     | IV Supporting Organizations (continued)  |          |             |          |
|----------|--|----------|-------------|----------|
| •        |  |          | Yes         | No       |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?  | 談。       | ă,          |          |
| а        | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a      |             | 1        |
|          | A family member of a person described in (a) above?  | 11b      |             |          |
| C        | 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    | ion B. Type I Supporting Organizations   |          |             | ,        |
| 1        | Did the directors trustees or membership of one or more supported executations have the account.   | 7.7      | Yes         | No       |
| •        | 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,  | 1        | , ,         |          |
|          | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |          | . 4         | 3-734    |
|          | 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  | 100 ÷    | * *A .      | , ,      |
|          | 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,   |          |             | 35       |
|          | supervised, or controlled the supporting organization.   |          |             |          |
| Secti    | on C. Type II Supporting Organizations   | 2_       |             |          |
|          | over the mean of t |          | Yes         | No       |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   | 140      |             | 450      |
|          | 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).  | 4 5      | -1-1-1      |          |
| D = =4:  |  | 1 1      |             |          |
| secu     | on D. All Type III Supporting Organizations  |          |             |          |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | 177.3    | Yes         | No       |
| •        | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax  | 4 12     |             |          |
|          | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the  | 100      | 13          |          |
|          | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1        |             | استند    |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | 1,70     | Υ, ,        |          |
|          | 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   |          | 1           | <i>p</i> |
|          | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |          | 100         |          |
|          | supported organizations played in this regard.   | 3        |             | لعنست    |
| 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   | instru   | tions       | .).      |
| 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.  |          |             |          |
| C        | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s   | see ins  | tructio     | ons).    |
| 2        | Activities Test. Answer (a) and (b) below.   | Г        | Yes         | No       |
| a        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | 7(***)   | 165         | NO       |
| -        | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |          | . [18]      |          |
|          | those supported organizations and explain how these activities directly furthered their exempt purposes,   | 1.7 3    |             | F 8      |
|          | how the organization was responsive to those supported organizations, and how the organization determined  | *1- /2 _ | <u> </u>    | -        |
| _        | 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  | 200      | 131         | 112      |
|          | 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  | 37.3     |             | Ja 13    |
|          | activities but for the organization's Involvement.   | Min.     | Ġe ,        | 22.1     |
| 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  |          |             | . 4      |
| <b>.</b> | trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | 3a       | <del></del> |          |
| b        | Did the organization exercise a substantial degree of direction over the policles, 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  | jan     | izations   |  |
|---|---------|--|--|
| Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop |         |  |  |
| Section A - Adjusted Net Income   |         | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1 Net short-term capital gain   | 1       |  |  |
| 2 Recoverles 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       |  | (2)  |
| Section B - Minimum Asset Amount  |         | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1 Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):  | \$ 10 m | विकास स्थापिक क्षेत्रकार स्थापिक स्थापना ।<br>१ क्षेत्रकार स्थापना स्थापना स्थापना स्थापना स्थापना ।   | San Chapter by Control of the Contro |
| 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):  |         | The state of the s | 4 1 2 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2       |  |  |
| 3 Subtract line 2 from line 1d  | 3       |  |  |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).   | 4       |  |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5       |  |  |
| 6 Multiply line 5 by .035   | 6       |  |  |
| 7 Recoveries of prior-year distributions  | 7       |  |  |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8       |  |  |
| Section C - Distributable Amount  |         |  | Current Year   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1       | 自动建筑器 医二甲腺素 医肾   | ···  |
| 2 Enter 85% of line 1   | 2       | Control of the contro | · · · · · · · · · · · · · · · · · · ·  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  |         | The state of the s | ·  |
| 4 Enter greater of line 2 or line 3   | 4       | of Broughtime sale, Dr. Ja   |  |
| 5 Income tax imposed in prior year  | 5       | roll (f. ) The substanting of the grand of   |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6       | independent of the second of t |  |
| 7   | y-in    | tegrated Type III supporting   | organization (see  |

| Part  |  | s) Supporting Organi   | zations (continuea)  |  |
|-------|--|--|--|--|
| Secti | on D - Distributions   |  |  | Current Year   |
| 1_    | Amounts paid to supported organizations to accomplish  | exempt purposes  |  |  |
| 2     | Amounts paid to perform activity that directly furthers exe  | empt purposes of suppo   | orted  |  |
|       | organizations, in excess of income from activity   |  |  |  |
| 3     | Administrative expenses paid to accomplish exempt purp   | nizations  |  |  |
| 4     | Amounts paid to acquire exempt-use assets  |  | - <del></del>  | <u></u>  |
| 5     | Qualified set-aside amounts (prior IRS approval required)  |  |  |  |
| 6     | Other distributions (describe in Part VI). See instructions.   | <u></u>  | ····   |  |
| 7     | Total annual distributions. Add lines 1 through 6.   | <del></del>  |  |  |
| 8     | Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.   | h the organization is res  | sponsive   |  |
| 9     | Distributable amount for 2014 from Section C, line 6   | <del></del>  |  |  |
| 10    | Line 8 amount divided by Line 9 amount   | <del> </del>   | <del></del>  |  |
|       | Elifo o amount divided by Elifo o amount   |  | (ii)   | (ili)  |
| Se    | ction E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions  | Underdistributions<br>Pre-2014   | Distributable Amount for 2014  |
| 1     | Distributable amount for 2014 from Section C, line 6   | Car of Bills 200. R.   | But Frein Strain !   |  |
| 2     | Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)   |  |  | Brain and selection of the selection of  |
| 3     | Excess distributions carryover, if any, to 2014:   | की हो है। हुए होते हैं के कोई है है ।  | Mile of Billing Company  | 3 mg + 1 12 mg + 1 13 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2  |
| a     | Professional and the medical medical professional and the state of the professional security for the second second   | ings of the public subseques the filter better   |  | eagles to Shi was fill a ye separation   |
| b     | PART COME OF MERCHANICA STATES OF THE STATES OF THE STATES OF THE  | LINATE STATE STATES  |  | Later Till State of State of   |
| С     | man (1975) (1975) (1975) (1976)   | 是一张了一个一种 10 · 14 · 14 · 14 · 14 · 14 · 14 · 14 ·   | William of the time  | Mark Stranger 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| d     | the second the post of a conservation of the   | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  |  | Part days of Lines   |
| е     | From 2013  | And the second second  | 引きなり、作品のなっている。 ハロイイ・   | 7774 A. C. W. M.   |
| f     | Total of lines 3a through e  | <u> </u>   | 古書になるといるにもかんし  | 最为3年为人的第二  |
| g     | Applied to underdistributions of prior years   | तिकार देवा स्टेबर्न्स स्टेबर्ट्स स्टेबर्ट्स  |  | (A) 10 (A) 11 (A) 11 (A)   |
| h     | Applied to 2014 distributable amount   | ·马克·河域(南海中等美洲)   | El Martin Committee  |  |
| i     | Carryover from 2009 not applied (see instructions)   | 10 MART 11 11  |  | - 12 Jack 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  | arm Milad parish paris   | unday to the on the  |
| 4     | Distributions for 2014 from Section  |  | The state of the s |  |
|       | D, line 7: \$  |  | موسو الهيارية وأمارة ويتواكم فيرسونه   |  |
| a     | Applied to underdistributions of prior years   | 明年4月1日1日日日   |  | A Committee Wall   |
| b     | Applied to 2014 distributable amount   | Takitaki kanantu firibis   |  |  |
| _с    | Remainder. Subtract lines 4a and 4b from 4.  |  | , स्थितिक स्थानिक स्था |  |
| 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).  | The other of the state of the s |  |  |
| 6     | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).   |  | They have to the second of the |  |
| 7     | Excess distributions carryover to 2015. Add lines 3j and 4c.   |  |  | The same of the sa |
| 8     | Breakdown of line 7:   | and many a section of the  | E - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | 34.55 B 2 TE 145   |
| a     | The state of the s | The factor of the file of the file of  | · 100 1 (数据 17 17 18 17 18 17 18   | و المارية المارية المواقعة الم |
| b     | न्यारिक बाहिरी ने रहे हिरामी होने बाहेरीकर पानी तही विकास नार र ही देश नेका मानका कार्य  | 4. 第. 4. 高速的網絡。  | · · · · · · · · · · · · · · · · · · ·  |  |
| c     | A STATE OF THE AND   | ्रहेर्द्वास्त्रमाल कर राज्यस् देखेल्ला ह   |  | 4915 - 1 G12 92 (2000 10) 100  |
| d     | Excess from 2013   | 115 327 477 11. 1.   | मीर्ट्स महिला हो। सर्ट्य ह   |  |
| e     | Excess from 2014   | हार्याक्षात्र वर्गाता स्थापिता   | The fall of the first of   | Stranger C. C. C. St. is an  |
|       |  |  |  |  |

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.)