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DLN: 93491045002297

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

2014

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue

eiv	ice							
or	cale	ndar year 2014, or tax year beginni	ng 07-0	01-2014	, a	nd ending 0	6-30-2015	
		undation				A Employer id	entification numbe	er
		HALL OF FAME CHAPTER N PAYROLL ASSOCIATION				34-1794125		
Num	ber and	street (or P O box number if mail is not delivered to stre	et address) Room/suite		B Telephone nu	mber (see instruction	ns)
	BOX 26			, ,		(617) 895-7531		
City	or town	n, state or province, country, and ZIP or foreign postal code				C If exemption	application is pendin	a check here
		44319	-					_{у,}
- C F	nock a	II that apply	turn of a	former public charit	.,			
J C1	iccka	Final return Amende		Torrier public charic	у	D 1. Foreign of	ganizations, check h	ere •
		Address change Name ch					rganizations meeting	
	1. 4.			+- £			k here and attach co Indation status was t	
		ype of organization			n n	under sectio	n 507(b)(1)(A), chec	k here 🕨 📙
		ket value of all assets at end J Accounting r		✓ Cash		F If the founda	ation is in a 60-montl	n termination
		from Part II, col (c), Other (sp				under sectio	n 507(b)(1)(B), chec	k here ▶ □
IIII	2 16)▶	(Part I, column	(d) must	be on cash basis)				
Pa	rt I	Analysis of Revenue and Expense total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(d)	Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (atta	ach					
		schedule)						
	2	Check ▶						
Φ.		Sch B	[
	3	Interest on savings and temporary cash inves	tments					
	4	Dividends and interest from securities						
	5a	Gross rents						
	b	Net rental income or (loss)	Ī					
) K	6a	Net gain or (loss) from sale of assets not on lir	ne 10					
Revenue	b	Gross sales price for all assets on line 6a						
œ	7	Capital gain net income (from Part IV, line 2)						
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)		9 6,028			6,028	
	12	Total. Add lines 1 through 11		6,028		0	6,028	
	13	Compensation of officers, directors, trustees,						
	14	Other employee salaries and wages						
Expenses	15	Pension plans, employee benefits Legal fees (attach schedule)	F					
96 12	16a b	Accounting fees (attach schedule)						
EX	c	Other professional fees (attach schedule)		-				
Ne Ne	17	Interest						
Administrative	18	Taxes (attach schedule) (see instructions)						
<u>=</u>	19	Depreciation (attach schedule) and depletion						
<u> </u>	20	Occupancy						
	21	Travel, conferences, and meetings		701				701
and	22	Printing and publications	-	00.1				
	23	Other expenses (attach schedule)	• • •	6,794				6,794
at II	24	Total operating and administrative expenses. Add lines 13 through 23		7,495		0		7,495
Operating	25	Add lines 13 through 23	}	7,493		J		7,493
)		· · · · ·						
	26	Total expenses and disbursements. Add lines 2	!4 and	7 405				7 405
	27	Subtract line 26 from line 12		7,495		0		7,495
	2/ a	Excess of revenue over expenses and disburse	ments	-1,467				
	ь	Net investment income (If negative, enter -0-)		·		0		
	٦ ا	Adjusted net income (if negative, enter -0-)					6,028	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Pook Value		(a) Fair Market Value
	1	Cash—non-interest-bearing	(a) Book Value 2,847	(b) Book Value 1,380	(c) Fair Market Value
	_		,	, 	
	2	Savings and temporary cash investments	2,000	2,000	
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
Şi	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	4,847	3,380	0
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here ▶			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
an	24	Unrestricted	4,847	3,380	
Bal	25	Temporarily restricted			
Þ	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			
٥		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
556	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ă	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	30	Total net assets or fund balances (see instructions)	4,847	3,380	
	31	Total liabilities and net assets/fund balances (see instructions)	4,847	3,380	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agi	ree	
		with end-of-year figure reported on prior year's return)		1	4,847
2		Enter amount from Part I, line 27a		2	-1,467
3		Other increases not included in line 2 (itemize)		_ 3	
4		Add lines 1, 2, and 3		4	3,380
5		Decreases not included in line 2 (itemize) ▶		_ 5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), lin	e 30 . 6	3,380

Part I	V Capital Gains a	and Losses for Tax on Inv	estment	Income			
		the kınd(s) of property sold (e g , ouse, or common stock, 200 shs		2,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a							
		(6) Depresention allow	ua d	(m) Coot	or other basis	(h) Caun	or (loop)
(e)	Gross sales price	(f) Depreciation allow (or allowable)	veu		or other basis sense of sale		or (loss)) mınus (g)
а		,					(3)
b							
С							
d							
e							
Con	nplete only for assets s	showing gain in column (h) and ow	ned by the	foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
	M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Exc	ess of col (ı) ol (j), ıf any	col (k), but not	less than -0-) or om col (h))
a							
b							
С							
d							
e							
2	Capital gain net incor	me or (net capital loss)	Ifgain, a If (loss)	also enter i , enter -0 -	in Part I, line 7 In Part I, line 7	2	
3	Net short-term canita	al gain or (loss) as defined in sect	ione 1222	(5) and (6)	,	2	
,	·	Part I, line 8, column (c) (see inst					
					• •	3	
Part \	Qualification L	Jnder Section 4940(e) for	Reduced	l Tax on	Net Investme	nt Income	
For opti	onal use by domestic p	private foundations subject to the	section 49	40(a) tax (on net investment	ncome)	
fsectio	n 4940(d)(2) applies, l	leave this part blank					
		·					
		e section 4942 tax on the distrib ot qualify under section 4940(e)				rıod?	│ Yes │ No
1 Ente	er the appropriate amoi	unt in each column for each year,	see instruc	ctions befo	re making any entr	ies	
	(a) penod years Calendar r tax year beginning in)	(b) Adjusted qualifying distributions	Net valu	(c) e of nonchan	table-use assets	(d) Distribution (col (b) divided	
, ca. (c.	2013					(55) (2) (3)	2, 23. (2,)
	2012						
	2011						
	2010						
	2009						
2		n (d)			<u> </u>	2	
3		ratio for the 5-year base period—				3	
4	· ·	the foundation has been in exister f noncharitable-use assets for 20				4	
5	Multiply line 4 by line		1111011111	re x, inic 3	⊢	7	
		stment income (1% of Part I, line			_	5	
6	Add lines 5 and 6	Sament meome (1 % of Fait 1, fille	~ / U)· ·			6	
7						7	
8		ibutions from Part XII, line 4			[8	
		greater than line 7, check the bo			_	part using a 1% tax	rate See

that conflict with the state law remain in the governing instrument?.

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

If "Yes," complete Part XIV

and addresses

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?

6

7

8b

Yes

No

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4b

	n 990-PF (2014)									Page (
					ich Form 4720	May	Be Required (cont	inued	1)	
5a	During the year did the foundation		•		valation (apation 40	45/2		_		
	(1) Carry on propaganda, or other		·	_	·		165	∕ No ∣		ļ Ī
	(2) Influence the outcome of any			•	• •	o car	·	_		
	on, directly or indirectly, any	votei	registration drive?				· · · · · Yes No	~		1
	(3) Provide a grant to an individ	ual for	travel, study, or oth	ners	mılar purposes?		☐ Yes ☐	√ No	ļ	ļ
	(4) Provide a grant to an organiz	ation	other than a charita	ble, e	etc , organization de	scrit	ped			
	in section 4945(d)(4)(A)? (s	see ins	structions)				· · · · · ˈ Yes No	▽		
	(5) Provide for any purpose other educational purposes, or for		- :				· · · · · · T	▽		
h	If any answer is "Yes" to 5a(1)-	.(5) d	id any of the transac	tion	s faul to qualify unde	rthe	No		1	1
	Regulations section 53 4945 or instructions)?		•				•		5b	
	Organizations relying on a curre	nt not	ice regarding disast	eras	sistance check her	e		_		
С	If the answer is "Yes" to question	n 5a(-	4), does the foundat	ion c	laım exemption fror	n the	ı			1
	tax because it maintained exper	•	**		,		· · · · · T Yes	Е		
							No			
	If "Yes," attach the statement req	uired E	y Regulations sectio	n 53	4945-5(d)					
6a	Did the foundation, during the ye			-			miums on			
	a personal benefit contract?						· · · · TYes	√ No		ļ
b	Did the foundation, during the year If "Yes" to 6b, file Form 8870	ar, pa	y premiums, directl	yorı	ndırect ly , on a pers	onal	benefit contract?		6 b	No
7a	At any time during the tax year,	was tl	ne foundation a part	y to a	prohibited tax she	lter t	ransaction? Yes	_ No │		
ь	If yes, did the foundation receive	e any	proceeds or have an	y ne	: income attributabl	e to t	the transaction?		7 b	
Da		ıt Of	ficers, Directors	s, Tı	ustees, Founda	atio	n Managers, Highly	Paid	Emplo	yees,
	and Contractors List all officers, directors, trustee	for	ındation managore s	nd +	hoir componention (instructions)			
	List all officers, directors, truste		Title, and average		c) Compensation (see i	(d) Contributions to			
	(a) Name and address		hours per week evoted to position	-	f not paid, enter -0-)		mployee benefit plans deferred compensation		xpense ner allow	account, vances
See	Additional Data Table									
	Compensation of five highest-pa	d emp	oloyees (other than	those	included on line 1-	-see	· · · · · · · · · · · · · · · · · · ·	nter "N	IONE."	
(a)	Name and address of each emplo paid more than \$50,000	yee	(b) Title, and aver hours per week devoted to positi		(c) Compensati	on	(d) Contributions to employee benefit plans and deferred compensation	1	xpense ner allow	account, vances
NON	NE .									
			1							
	al number of other employees paid	over	<u> </u> 50 000							

Part VIII Information About Officers, Directors, Tru and Contractors (continued)	stees, Foundation Managers, High	ly Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		
otal number of others receiving over \$50,000 for professional service	25	>
Part IX-A Summary of Direct Charitable Activities		. 1
st the foundation's four largest direct charitable activities during the tax year Include rganizations and other beneficianes served, conferences convened, research papers p		Expenses
1 HOLD MONTHLY MEETINGS FOR PAYROLL PROFESSIONALS WAS NETWORKING OPPORTUNITIES, AND THE OPPORTUNITY TO		5,397
2 PROVIDE SCHOLARSHIP MONEY TO COVER THE COST OF ST DESIGNATION OR TO COVER THE COST OF ATTENDING THE		594
3		
4		
Part IX-B Summary of Program-Related Investment		<u> </u>
Describe the two largest program-related investments made by the foundation dur	ing the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		

Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

7,495

5

	Chart of the control	actions			
		(a)	(b)	(c)	(d) 2014
	D	Corpus	Years prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
	Total for prior years 20				
	Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 7,495				
_	Applied to 2013, but not more than line 2a				
	• Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see				
ıns	tructions)				
	Applied to 2014 distributable amount				
	Remaining amount distributed out of corpus	7,495			
	Excess distributions carryover applied to 2014				
Ī	(If an amount appears in column (d), the				
	same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,495			
	Prior years' undistributed income Subtract	.,,			
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
-	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
e	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				
7	A mounts treated as distributions out of				
′	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
٥	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015.				
٠	Subtract lines 7 and 8 from line 6a	7,495			
10	Analysis of line 9				
а	Excess from 2010				
b	Excess from 2011				
c	Excess from 2012				
d	Excess from 2013				
e	Excess from 2014 7,495				

ori	m 990-PF (2014)					Page 10
	art XIV Private Operating Foun	*			n 9)	
.a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20			' -		
>	Touridation, and the raining is elective for 20	714, enter the date	or the runing.			
b	Check box to indicate whether the organiza	ition is a private or	erating foundation	described in sectio	n	r
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for each year listed				, ,	
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
a	A mounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Informatio			the organization	on had \$5,000 d	r more in
	assets at any time during		instructions.)			
a	Information Regarding Foundation Manage List any managers of the foundation who ha before the close of any tax year (but only if	ve contributed moi				lation
_	Last constant of the Constant				l l	
D	List any managers of the foundation who ow ownership of a partnership or other entity)		·	•	iy large portion of tr	ie
2	Information Regarding Contribution, Grant					
	Check here ► if the foundation only make unsolicited requests for funds. If the foundations, complete items 2a, b, c, a	ation makes gifts, g				
а	The name, address, and telephone number	or email address o	of the person to who	om applications sho	uld be addressed	
b	The form in which applications should be s	ubmitted and inforr	nation and materia	Is they should inclu	de	
c	Any submission deadlines					
d	Any restrictions or limitations on awards, s factors	such as by geograp	ohical areas, charit	able fields, kinds of	institutions, or othe	

Part XV Supplementary Inform	nation (continued)			
3 Grants and Contributions Paid		oroved for Fi	uture Payment	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor	recipient		
a Paid during the year			▶ 3a	
Total	 		▶ 3a	
b Approved for future payment				
Total	<u> </u>		▶ 3b	

nte	er gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 P	'rogram	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a	MEETIN	IG FEES					4,655
b							
		and contracts from government agencies					
_		rship dues and assessments					1,150
		t on savings and temporary cash nents					
		ds and interest from securities tal income or (loss) from real estate					
		financed property					
6	Net rer	ebt-financed property					
		nvestment income					
8	Gain or	(loss) from sales of assets other than					
9 1	Net inc	ome or (loss) from special events					
		rofit or (loss) from sales of inventory					
		evenue a <u>50/50 RAFFLE</u>			41	223	
2 9	Subtota	I Add columns (b), (d), and (e).				223	5,80
3 .	Total. A	Add columns (b), (d), and (e)			1	.3	6,028
		 Prksheet in line 13 instructions to verify c Relationship of Activities to 		plishment of E	xempt Purpos	es	
	ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's instructions)	ch income is re	ported in column (e) of Part XVI-A co	ontributed importa	
A		PROVIDE EDUCATIONAL SPEAKERS F	OR PAYROLL I	PROFESSIONALS			
		PROVIDE EDUCATION & NETWORKING	G FOR PAYROL	L PROFESSIONA	LS		

Part XV	Noncharitable		nizations	sactions and i	keiationsnips with			
	organization directly or i	ndırectly engage	in any of the following wit 01(c)(3) organizations) o			Y	'es N	No
organiz	ations?							
a Transfe	rs from the reporting four	ndation to a nonc	haritable exempt organiza	ation of				
(1) Ca	sh					1a(1)	N	No
(2) Ot	nerassets					. 1a(2)	N	No
	ansactions es of assets to a noncha	rıtable exempt or	ganızatıon			1b(1)	N	No
						1 1	i	
	chases of assets from a					1b(2)		No
	ntal of facilities, equipme	·				1b(3)	<u> </u>	No
	-					1b(4)		No
	-					1b(5)		Vo
		·	ndraising solicitations.			. 1b(6)		No
_		· .	er assets, or paid employ			. 1c		No
of the g	oods, other assets, or se	rvices given by t angement, show i	he reporting foundation I	f the foundation r the goods, other	ould always show the fair meceived less than fair mark assets, or services received from the fair mark	ket value ved		
(a) Blic Ho	(B) / illioune illivoived	(c) Name of Horici	antable exempt organization	(a) Bescription	or dansers, dansactions, and si	iding dirang	emenes	_
								_
								_
describ √ No	·	ne Code (other th	ith, or related to, one or r an section 501(c)(3)) or		organizations 	TYes	3	
	(a) Name of organization	n	(b) Type of organiza	tion	(c) Description of rela	tionship		
								_
								_
th		and belief, it is tru	e, correct, and complete		npanying schedules and st reparer (other than taxpay		d on all	
Here	*****		2017-02-13	*****	return	e preparer sh		
	Signature of officer or t	rustee 	Date	, Title	(see ır	str)? 🛴 Yes	5 ∏No	
	Print/Type preparer's LAUREN KASSING CPA		rer's Sıgnature	Date 2017-02-13	Check if self- employed ▶ ☐ PTIN	0149995	2	
Paid Prepare Use		OMPANY CPAS I	NC	•	Firm's EIN ▶ 34-17895	34		
Only		ırm's address ▶ 020 W MARKET ST FAIRLAWN,OH 44333 Phone no (330)864-5600						

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(c) Compensation

(d) Contributions to

(e) Expense account,

(b) Title, and average

(a) Name and address

	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
CAROLYN PAYERLE	PRESIDENT	0	0	0
PO BOX 26471 AKRON,OH 44319	1 00			
CASSANDRA WOODCOCK	VICE PRESIDE	0	0	0
PO BOX 26471 AKRON,OH 44319	1 00			
SHERRY DUNCAN	SECRETARY	0	0	0
PO BOX 26471 AKRON,OH 44319	1 00			
KATHY COLLIER	TREASURER	0	0	0
PO BOX 26471 AKRON,OH 44319	1 00			
JANE EARLENBAUGH	GOVT LIAISON	0	0	0
PO BOX 26471 AKRON,OH 44319	1 00			
GEORGE DOWNES	DIRECTOR	0	0	0
PO BOX 26471 AKRON,OH 44319	1 00			

MISC

РО ВОХ

SCHOLARSHIPS

405

62

594

DLN: 93491045002297

Name: CANTON HALL OF FAME CHAPTER

AMERICAN PAYROLL ASSOCIATION

EIN: 34-1794125

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
MEETING COSTS	4,400			4,400
OTHER MEETING EXPENSES	997			997
WEBSITE EXPENSE	336			336

405

62

594

TY 2014 O	ther Income Scheduk	e		-
	Name: C	CANTON HALL OF	FAME CHAPTER	

DLN: 93491045002297

1,150

223

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MEMBERSHIP FEES

50/50 RAFFLE

EIN: 34-1794125						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
MEETING FEES	4,655		4,655			

AMERICAN PAYROLL ASSOCIATION

1,150

223