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# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less, cost or other basis and sales expenses c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (obtiract line 5b from line 5a) 6 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ of such gross income from fundraising events (attach Schedule G if the sum of such gross income amount pulpidine and fundraising events 6 Less direct expenses from garfing and fundraising events 6 Repair of the sum of such gross income amount pulpidine growth (loss) from gaming and fundraising events 6 Less cost of goods sold. 7 Gross sales of inventory. (subtract line 7b from line 7a) 8 Less cost of goods sold. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Grants and similar amounts paid (list in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 96, 57 10 Grants and similar amounts paid (list in Schedule O) 10 42, 05; 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Description of the expenses (describe in Schedule O) 16 Description of the expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Unter changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or f	A			14, and ending	6/30	, 2	2015		
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K Form of organization. M Corporation Trust Association Other  L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received  1 Contributions, gifts, grants, and similar amounts received  1 Contributions, gifts, grants, and similar amounts received  4 Investment income  5a Gross amount from sale of assets other than inventory  5 Less, cost or other basis and sales expenses  c Gain or (das) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garning and fundraising events  6 Garning and fundraising events  7 Gross income from garning (attach Schedule G if greater than \$15,000)  6 Garning and fundraising events (not including \$ of contributions income from fundraising events (not including \$ of contributions income from fundraising events (not including \$ of contributions income from fundraising events (add lines 6a and 6b and subject line 5b)  7 Gross spont for (loss) from sale of income fundraising events (add lines 6a and 6b and subject line 5b)  8 Use of the revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 9 96, 57  10 Grants and similar amounts paid (list in Schedule O)  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salares, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Less cost	١	Web							
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Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 1 12,15:	5	ь	Less cost of goods sole.						
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 1 12,15:	<u>M</u>	6	Gross profit or (loss) from sales of invertory (Subtract line 7b from line 7a	1		7.5			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 96, 57 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -115, 63: 21 Net assets or fund balances at end of year. Combine lines 18 through 20		_			ıle O		2 263		
The second similar amounts paid (list in Schedule O)  Report Second Schedule O  Report Second Similar amounts paid (list in Schedule O)  Report Second Schedule O  Report Schedule O  Repor		9	·			<u> </u>			
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  11		+		See Schedi	ıle O				
Salaries, other compensation, and employee benefits  12 Professional fees and other payments to independent contractors  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 1 12,15:						<u> </u>	72,030.		
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 12,15:			·			<del></del>			
Total expenses. Add lines 10 through 16  Note assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Note assets or fund balances at end of year. Combine lines 18 through 20  Total expenses. Add lines 10 through 16  15  126  15  127  16  59,06  17  101,24  18  18  18  19  18  19  18  19  18  10  19  18  19  18  19  19  10  10  10  10  10  10  10  10	00°5					<u> </u>	<del></del> _		
Total expenses. Add lines 10 through 16  Note assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Note assets or fund balances at end of year. Combine lines 18 through 20  Total expenses. Add lines 10 through 16  15  126  15  127  16  59,06  17  101,24  18  18  18  19  18  19  18  19  18  10  19  18  19  18  19  19  10  10  10  10  10  10  10  10	SS E		· ·			<del></del>			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 12,15:	S		· · · ·				120		
Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  17 101, 24  18 -4, 67  19 132, 46  20 -115, 63  21 12, 15	S	1		See Schedi	ıle O	<del></del>			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 -4,670  19 132,460  20 -115,630  21 12,150			· · · · · · · · · · · · · · · · · · ·						
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 -115, 639  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 12, 15	_								
20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22	Ą					<del></del>	-4,0/0.		
20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22	N S E S	19	Net assets or fund balances at beginning of year (from line 27, column (A)	) (must agree w	ıth end-of		120 460		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . P 21 12,15:		20	, , ,	See Schedi	ıle O	<del></del>			
10/10	S	l				<u> </u>			
			r Paperwork Reduction Act Notice, see the separate instructions		•		12,151.		

Page 2

	Check if the organization used Scho	edule O to respond to any qu	estion in this Part II		_	X
				(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			145,565		14,773.
23	Land and buildings	See Schedule			23	
24	Other assets (describe in Schedule O)	bee benedar	_	2,380		2,302.
25	Total assets	See Schedul		147,945		17,075.
26	Total liabilities (describe in Schedule O	<i>*</i>		15,485		4,924.
27	Net assets or fund balances (line 27 of	_		132,460	. 27	12,151.
Pai	<b>t III</b> Statement of Program Service And Check if the organization used So	ccomplishments (see the instance)	TUCTIONS TOT PART III)	<sub>I</sub> [X]		Expenses
What	is the organization's primary exempt purpose? Se	e Schedule O	question in this rant in	<u> </u>	1 (Wed	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a sured by expenses. In a clear and concis	accomplishments for each of	its three largest progra	am services, as	orgai	nizations; optional
mea	sured by expenses. In a clear and concis fited, and other relevant information for e	e manner, describe the servi	ces provided, the num	ber of persons	for o	thers)
28	See Schedule 0	each program title	_			
	pee penedate o		<b></b> -		1	
					1	
	(Grants \$ 42.058.) If the	nis amount includes foreign g	rants, check here		28 a	86,433.
29	12,000.7	3 3		.11		00, 100.
					1	
					1	
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here	•	29 a	
30						
					]	
		nis amount includes foreign g	rants, check here	<u> </u>	30 a	
31	Other program services (describe in Sch	•		. $\Box$		
20		nis amount includes foreign g	rants, check here		31 a	
	Total program service expenses (add II		.1	<del></del>	32	86,433.
Par	List of Officers, Directors, Check if the organization used So	irustees, and Key Emp	DIOYEES (list each one evi	en if not compensated —	see tne	instructions for Part IV)
	Office if the organization used oc		i	(d) Health banefu	ts	
	(a) Name and title	(b) Average hours per	(c) Reportable compensation	n contributions to emp	lovee	(e) Estimated amount of
	(a) Name and title	week devoted to	(Forms W-2/1099-MISC)	benefit plans and de	ferred	other compensation
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
	pert T Clopp			benefit plans, and de	ferred	other compensation
Pre	pert T Clopp esident		(If not paid, enter -0-)	benefit plans, and de compensation	ferred 0.	other compensation 0.
Pre Ker	pert_T_Clopp esident neth_Montville	position 5	(If not paid, enter -0-)	benefit plans, and de compensation	ferred 0.	other compensation
Pre Ker Dir	pert_T_Clopp esident neth_Montville rector	position	(If not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
Pre Ker Dir Sco	pert_T_Clopp esident neth Montville rector ott A Meyers	position 5	(If not paid, enter -0-)	benefit plans, and de compensation	0 .	0.
Pre Ker Dir Sco Pre	pert_T_Clopp esident uneth Montville rector ott A Meyers es elect	position 5	(If not paid, enter -0-)	benefit plans, and de compensation	ferred 0.	other compensation
Pre Ker Dir Sco Pre Rok	pert T Clopp esident nneth Montville rector ott A Meyers es elect pert R Smith	position 5	(If not paid, enter -0-)  0	benefit plans, and de compensation	0. 0.	0.
Pre Ker Din Sco Pre Rok Vic	pert_T_Clopp esident nneth Montville rector ott A Meyers es elect pert_R_Smith ce_President	position 5	(If not paid, enter -0-)  O	benefit plans, and de compensation	0 .	0.
Ker Dir Sco Pre Rok Vio	pert T Clopp esident nneth Montville rector ott A Meyers es elect pert R Smith ce President ward Kumian	position 5  1  1	(If not paid, enter -0-)  0  0	benefit plans, and de compensation	0. 0. 0.	0. 0. 0.
Pre Ker Din Sco Pre Rok Vio Edv	pert T Clopp esident nneth Montville rector out A Meyers es elect pert R Smith ce President ward Kumian easurer	position 5	(If not paid, enter -0-)  0  0	benefit plans, and de compensation	0. 0.	0.
Pre Ker Din Sco Pre Rok Vio Edv Tre	pert T Clopp esident nneth Montville rector ott A Meyers es elect pert R Smith ce President ward Kumian	position 5  1  1	(If not paid, enter -0-)  0  0  0	benefit plans, and de compensation	0. 0. 0. 0.	0. 0. 0. 0.
Pre Ker Din Sco Pre Rok Vio Edv Tre Fra Din	pert T Clopp esident neth Montville rector out A Meyers es elect pert R Smith ce President vard Kumian easurer ank Peterson	position 5  1  1  1  5	(If not paid, enter -0-)  0  0  0	benefit plans, and de compensation	0. 0. 0.	0. 0. 0.
Pre Ker Din Sco Pre Rok Vio Edv Tre Din Din	pert T Clopp esident neth Montville rector out A Meyers es elect pert R Smith ce President vard Kumian easurer ank Peterson rector na Goldberg	position 5  1  1  1  5	(If not paid, enter -0-)  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0.	0. 0. 0. 0.
Pre Ker Dir Sco Pre Rok Vice Tre Dir Dir Dir Pre	pert T Clopp esident nneth Montville cector ott A Meyers es elect pert R Smith ce President ward Kumian easurer ank Peterson cector na Goldberg cector idence Clendenning- Clopp	position 5  1  1  1  5	(If not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
Pre Ker Din Sco Pre Rok Vic Edv Din	pert T Clopp esident nneth Montville cector out A Meyers es elect pert R Smith ce President ward Kumian easurer ank Peterson cector na Goldberg cector idence Clendenning- Clopp	position 5  1  1  1  5	(If not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
Pre Ker Din Sco Pre Rok Vic Edw Din Din Din Din Sta	pert T Clopp esident nneth Montville cector ott A Meyers es elect pert R Smith ce President vard Kumian easurer ank Peterson cector na Goldberg cector idence Clendenning- Clopp cector acey E Nicholson	position 5  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Pre Ker Din Sco Pre Rok Vic Edw Din Din Din Din Din Din Sta Din Din Sta Din Din Sta	pert T Clopp esident nneth Montville cector out A Meyers es elect pert R Smith ce President ward Kumian easurer ank Peterson cector na Goldberg cector dence Clendenning- Clopp cector acey E Nicholson cector	position 5  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
Pre Ker Din Sco Pre Rok Vic Edw Tre Din Pru Din Sta Din Bri	pert_T_Clopp esident neth Montville rector out A Meyers es elect pert_R_Smith rec President ward Kumian easurer ank Peterson rector na Goldberg rector dence Clendenning- Clopp rector acey_E_Nicholson rector an Johnson	position 5  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
Pre Ker Din Scot Pre Rok Vic Edw Tre Din Din Sta Din Britan Din Britan Din Din Britan Din Britan Din Din Britan Din Din Britan Din Din Din Britan Din Din Din Din Din Britan Din Din Din Din Din Din Din Din Din Di	pert T Clopp esident meth Montville rector out A Meyers es elect pert R Smith rec President ward Kumian easurer mak Peterson rector ma Goldberg rector dence Clendenning- Clopp rector macy E Nicholson rector an Johnson rector	position 5  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
Pre Ker Dir Sco Pre Rok Vice Tre Dir Dir Pru Dir Sta Dir Ant	pert T Clopp esident neth Montville rector out A Meyers es elect pert R Smith ce President vard Kumian easurer nak Peterson rector na Goldberg rector dence Clendenning- Clopp rector acey E Nicholson rector tan Johnson rector chony Deasey	position 5  1  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre Ker Dir Sco Pre Rok Vic Edve Tre Dir Dir Pru Dir Sta Dir Ant Dir Ant Dir	pert T Clopp esident neth Montville rector out A Meyers es elect pert R Smith rec President vard Kumian easurer nak Peterson rector na Goldberg rector dence Clendenning- Clopp rector acey E Nicholson rector an Johnson rector chony Deasey rector	position 5  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
Pre Ker Dir Sco Pre Rok Vice Tre Tre Dir Tre Dir Dir Sta Dir Bri Dir Ant Bil Bil	pert T Clopp esident neth Montville rector out A Meyers es elect pert R Smith rec President ward Kumian easurer nak Peterson rector na Goldberg rector nacey E Nicholson rector an Johnson rector thony Deasey rector 1 Fine	position 5  1  1  1  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre Ker Din Score Pre Rok Vice Edv Tre Fra Din Din Pru Din Ant Din Ant Din Bil Bil Din Bil	pert T Clopp esident meth Montville mettor out A Meyers es elect pert R Smith per President ward Kumian easurer mak Peterson mector ma Goldberg mector macey E Nicholson mector man Johnson mector methony Deasey mector li Fine mector	position 5  1  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre Ker Din Score Rok Vice Edv Vice Tre Din Pru Din Ant Din Bil Din Will	pert T Clopp esident meth Montville mettor out A Meyers es elect pert R Smith ce President ward Kumian easurer mak Peterson mector ma Goldberg mector macey E Nicholson mector man Johnson mector methony Deasey mector lime method method mector	position 5  1  1  1  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre Ker Din Sco Pre Rok Vice Edv Vice Edv Din Din Din Din Bri Ant Din Bil Din Will Din Din Din Din Bil Din	pert T Clopp esident neth Montville ector out A Meyers es elect oert R Smith ce President ward Kumian easurer ank Peterson ector a Goldberg ector adence Clendenning- Clopp ector ancey E Nicholson ector an Johnson ector thony Deasey ector liam Hatchi ector	position 5  1  1  1  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pre- Ker Dir Sco Pre- Rok Vice Edv Tre Dir Pri Dir Pri Bil Dir Wil Dir Pet	pert T Clopp esident meth Montville mettor out A Meyers es elect pert R Smith ce President ward Kumian easurer mak Peterson mector ma Goldberg mector macey E Nicholson mector man Johnson mector methony Deasey mector lime method method mector	position 5  1  1  1  1  1  1  1  1  1  1  1  1  1	(If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0  0	benefit plans, and de compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Form	. 1990-EZ (2014) Rotary Club_Of Parole (Anna) Maryland Inc 52-1433:	L02	Р	age <b>3</b>
	Other Information (Note the Schedule A and personal benefit contract statement requirements in	-		
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	1.00	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they refle	L L	<u> </u>	<del></del> -
35 a	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34	ļ	_ X
<b>55</b> u	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		х
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule C	35 b		
	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	35 c		Х
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		Х
	<u> </u>	). <u>: : : : : : : : : : : : : : : : : : :</u>	47.	WE.Y
	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	37 b	42.	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	off 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N,	/A 📜	1	
	Section 501(c)(7) organizations Enter			
		/A	2.5	
		/A	77	
40 a	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A section 4911 N/A, section 4912 N/A, section 4955 N/A			
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	40 ь		Х
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization	- 5	Ġ.	
A	managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed	D.  [3]		
u		) .	Fy es	1 2 T
	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  List the states with which a copy of this return is filed MD	40 e		Х
42 a	The organization's books are in care of The Organization  Located at P O Box 6327 Annapolis MD  Telephone no. 410- ZIP + 4 2140			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country ►		STAN	<b>30</b> 2
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country	42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		► []	N/A N/A No
	of Form 990-EZ	44 a	SA MICO	X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	222	X
	Did the organization receive any payments for indoor tanning services during the year?	44 c	- capr	X
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O .	44 d	Ja miladige	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45 a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	\ <del>\</del>	X
	TEEA0812L 05/28/14	Form <b>99</b>	0-EZ (	

Form <b>990-</b>	EZ (2014) Rotary Club Of Parc	le (Anna)Maryl	and Inc	52-143	33102	P	age 4
<u> </u>					r	Yes	No
46 Did th	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campai Schedule C. Part I	ign activities on behalf of	of or in opposition to	46		X
Part VI	Section 501(c)(3) organizations				140		
i ait vi	All section 501(c)(3) organizations		uestions 47-49b an	d 52. and complete	the table	s	
	for lines 50 and 51.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a o_, aa oop.o.o		•	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI				П
-		· · · · · · · · · · · · · · · · · · ·				Yes	No
	ne organization engage in lobbying activities	or have a section 501(h)	) election in effect during	the tax year? If 'Yes,'	47		<del>                                     </del>
	plete Schedule C, Part II e organization a school as described in se	antian 170/h)/1\/A)/w\?	If 'Vac ' complete Sabe	odulo E	47		<del> </del>
	he organization a scribblias described in se he organization make any transfers to an			edule E.	48 49 a		├
	es,' was the related organization a section		e relateu organization?		49 b		$\vdash$
	plete this table for the organization's five high		ovees (other than officers	directors trustees and k			
	oyees) who each received more than \$100,0				٠,		
-		4.14		(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimate other com		
		to position		compensation			
4 Takal	Lavada e de la complexa de la comple	100,000	L				
	I number of other employees paid over \$ plete this table for the organization's five high	<del></del>	endent contractors who e	- ach received more than \$	100 000 of		
comp	pensation from the organization of there is	s none, enter 'None '	endent contractors who en	acti received more than p	100,000 01		
	(a) Name and business address of each independent of	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensatio	n n
			-				
		<b></b>	•				
	number of other independent contractors			•			
	he organization complete Schedule A? <b>N</b> oleted Schedule A	ote. All section 501(c)(	(3) organizations must a	ittach a	► Yes	. Г	No
		including accompanying sche	dules and statements, and to th	e hest of my knowledge and he		· L	
true, correct, a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	r) is based on all information	of which preparer has any know				
	> 2000 S			1/20/1	6		
Sign	Signature of officer			Date			
Here	Edward Kumian Type or print name and title			Treasurer			
	21	Deans and around the	1 Date		YTIN)		
	Print/Type preparer's name	Preparer's signature	Date	Check L if	PTIN	_	
Paid	Thomas F. Kupstas	/ Mones	1/20/	16 self-employed [	20131134	2	
Preparer	Firm's name Kupstas & Kupst				E000011		
Use Only	Firm's address > 1833-F Forest D		Firm's EIN				
M- " '-	Annapolis, MD 2			Phone no (41			<del></del>
iviay the IR	RS discuss this return with the preparer sl	nown above / See instr	uctions		► X Yes		No
					Form <b>99</b>	0-EZ	(2014)

## SCHEDÙLE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organi	zation		_				Employer identifica	ition number	
Rotary Cl	Rotary Club Of Parole (Anna) Maryland Inc 52-1433102								
Fun	draising Activities. Comp n 990-EZ filers are not red	lete if the orga	nızatıon aı	nswered '` art	Yes' to Form 990, Part	IV, lıne	17.		
1 Indicate	whether the organization r	aised funds thr	ough any	of the foll	owing activities Check	all that	apply		
a Mail	solicitations			е	Solicitation of non-	governn	nent grants		
<b>b</b> Inter	net and email solicitations			f	Solicitation of gove	rnment	grants		
c 🗍 Phor	e solicitations			q	Special fundraising				
	rson solicitations			5					
- Н	ganization have a written or	oral agreement	with any ii	ndıvıdual (ı	including officers, director	re trueta	ues or key		
employe	es listed in Form 990, Pari	t VII) or entity i	n connect	ion with p	rofessional fundraising	services	57	Yes No	
	st the ten highest paid indivi ated at least \$5,000 by th		(fundraise	ers) pursua	nt to agreements under w	vhich the	fundraiser is to	be	
(i) Name an	d address of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) An	nount paid to	(vi) Amount paid to	
or en	tity (fundraiser)		have custor of contr	dy or control ibutions?	from activity	fundra	retained by) aiser listed in olumn <b>(i)</b>	(or retained by) organization	
			Yes	No			-		
1									
•									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total	,		<del> </del>	<b>-</b>					
	ates in which the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified	it is exempt from	registration	
or licens	ng								
						<del>-</del>			
	- <b></b>								
					- <del></del>			<del>-</del>	
							<del>-</del>		
			<b>-</b>	<b></b>					
	<del> </del>								
		<b></b> -							
	<b></b>		<b></b>						
			<b></b>						
	<b></b>								

Sche	dule	G (Form 990 or 990-EZ) 2014 Rotary	Club Of Parole	(Anna) Maryland	l Inc 52-14	33102 Page <b>2</b>
Par	t <sup>*</sup> ll ·	Fundraising Events. Complete if	the organization ar	nswered 'Yes' to Fo	rm 990, Part IV, Ji	ne 18, or reported
		more than \$15,000 of fundraising List events with gross receipts gro		s and gross income	on Form 990-EZ,	lines 1 and 6b.
	l	List events with gross receipts gr	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Parking @ USNA	(b) Event #2	None	(add column (a)
R			(event type)	(event type)	(total number)	through column (c))
REVENUE					· · · · · · · · · · · · · · · · · · ·	
Ň	1	Gross receipts	40,204.			40,204.
E	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	40,204.			40,204.
	4	Cash prizes				
D	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
X P F	8	Entertainment				
EXPENSES	9	Other direct expenses	8,146.			8,146.
S	l	Direct expense summary Add lines 4 thi	• , ,		•	8,146.
		Net income summary Subtract line 10 fr			<u> </u>	32,058.
Par	<u>t.   </u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rej	ported more than
	I -	\$13,000 011 0111 990-LZ, line oa		1	~	Τ
R			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (add column (a)
REVENUE				bingo		through column (c))
Ñ U						
E	1	Gross revenue				
_	2	Cash prizes				
D I P E N S E	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes%	
	6	Volunteer labor	_  No	No	No	
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•	
	8	Net gaming income summary Subtract I	ine 7 from line 1, colum	nn (d)	•	
•	<b>-</b>	and the set of a Color of the second set of the second second set of the second seco				
9		er the state(s) in which the organization of ne organization licensed to conduct gamin				Ves DNs
		lo ' evelerer				Yes No
	,,,			<del>-</del>		
				<del>-</del>	<del>-</del>	
10 a	Wer	e any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	Yes No
ı	If 'Y	'es,' explain		- <b></b>		<u>_</u>
		<b></b>		<b></b>		
BAA			TEEA3702L 0	9/16/14	Schedule & (For	m 990 or 990-EZ) 2014
	-		1220/021	W. 1971 17	Concade a (i on	550 0. 550 EE/ 2017

Sche	edule ${f G}$ (Form 990 or 990-EZ) 2014 Rotary Club Of Parole (Anna) Maryland Inc $52$	<u>2-14</u> 331	.02	Page <b>3</b>
1,1	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in	1 1		
	a The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ►			
	Address •			
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	?	Yes	□No
ŀ	o If 'Yes,' enter the amount of gaming revenue received by the organization - \$ and the	e amount		L
	of gaming revenue retained by the third party > \$			
(	of 'Yes,' enter name and address of the third party			
	Name •			
	Address •			
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided	· <b></b> _		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year > \$	he		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	umns (III 7 additio	ı) and ( nal	v),

### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2014 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Rotary Club Of Parole (Anna) Maryland Inc Employer identification number

52-1433102

Form	990-EZ, Part I, Line 8
Other	Revenue

Miscellaneous Income

<u>, 2</u>63. 2,263. Total

#### Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name:

Parole Rotary Foundation

Donee's Address:

P O Box 6327 Annapolis, MD 21401

Cash Amount Given:

\$ 42,058.

#### Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	\$	864.
Conferences, Conventions, and Meetings		44,026.
District Governor Support		3,000.
District Meetings & Convention		281.
Miscellaneous		968.
Office Expenses		745.
Rotary District Dues		4,595.
Rotary International Dues		4,582.
	Total \$	59,061.

#### Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

Rotary of Parole Assets transfered

<u>-115,6</u>39. Total \$ -115,639.

#### Form 990-EZ, Part II, Line 24 Other Assets

		_Begi	.nning	<u>Ending</u>		
Accounts Receivable	Total		2,380. 2,380.	<u>\$</u> \$	2,302. 2,302.	

#### Form 990-EZ, Part II, Line 26 **Total Liabilities**

	Be	ginning	 Enging
Accounts Payable and Accrued Expenses Due to Foundation	\$	5,455. 10,030.	\$ 4,581. 143.
Grants Payable .		0.	200.
-	Total 💲	15,485.	\$ 4,924.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Rotary's guiding principle is Sevice Above Self. Rotarians develop community

service projects that address many of today's most critical issues- children at

Name of the organization

Rotary Club Of Parole (Anna) Maryland Inc

Employer identification number

52-1433102

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)

risk, health & hunger, water and literacy.

## Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Club meetings and operational expenses. The organization supports programs for youth; educational opportunities and international exchages for students and professionals; and vocational and career development. Signature project is Books for International Goodwill Inc