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Form **990** 

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

Open to Public

	nal Revenu	le Service	▶ Infor	nation about F	orm 990 and	its instru	uctions is at	t www <u>.irs.</u>	gov/form99	90.	Inspection
A	For the	2014 cale	ndar year, or tax ye	ear beginning	JULY	' /	, 2014, a	and ending	JUNG	30	, 20 15
	Check if a		C Name of organization		COUNTY	Bars	CONVE	12 , 10	<del>د</del> ٠	D Employ	er identification number
_	Address		Doing business as		COUNTY			12, 10	<u>~ · </u>	52-	1532573
$\overline{}$	Name cha	-	Number and street (					Room/suit		E Telepho	ne number
_	Initial retu	-	PO 80	x 6						4,0.	-310-3812
$\exists$		n/terminated	City or town, state of		rv. and ZIP or fo	reian post	al code				
$\exists$				1, AD 2						G Gross re	eceipts \$ 123, 874
	Amended		F Name and address			-	Esper,	K. A.	H(a) to this a		subordinates? Yes No
ш	Application	on penaing	PO BOX		EASTON,			UK 10)			s included? Yes No
								□ <sub>507</sub>			a list (see instructions)
<u>!</u>		npt status	501(c)(3)	501(c) (		1110)	4947(a)(1) or	<u> 527</u>	<b>⊣</b>	•	,
<u>J</u> _	Website:		WW. TALBET				1		on 1987	p exemption	
			Corporation Tru	st Associat	on U Other ►		L Yea	ar of formation	on 1731	MISTATE	of legal domicile MD
Р.	art I	Summ					4 4 24		- 0.1		4
	1	Briefly de	escribe the organi	zation's missi	on or most si	ignitican	it activities:	703	VPPBAT	7745	DATS IN TALBO
Governance	] .	CONN	ry, MID, 5	4 6114 17	NE TUNK	05 7	D MAS	ona	~1217	70~5	BRTS PAPARAS
naī		AND	ANT EDV	CATION	1N 7212	SCH	-0063				
Υe	1		is box ▶☐ if the					isposed o	f more tha		l
Ĝ			of voting member								14
<b>∞</b> ŏ	4	Number	of independent vo	ting members	s of the gove	rning bo	ody (Part VI	, line 1b)			14
<u>Ę</u>	5	Total nur	nber of individuals	s employed in	calendar yea	ar 2014	(Part V, line	e 2a) .			/
Activities &			nber of volunteers							. 6	0
Å	7a	Total unr	elated business re	evenue from F	art VIII, colu	mn (C),	line 12 .			. 7a	0
	Ь	Net unre	lated business tax	able income t	from Form 99	90-T, lin	e 34			. 7b	0
								L	Prior \	ear	Current Year
d)	8	Contribu	tions and grants (	Part VIII, line 1	lh)				116, 9	03	123,835
Revenue	9	Program	service revenue (	Part VIII, line 2	2g)					0	0
eve	10	Investme	ent income (Part V	III, column (A)	, lines 3, 4, a	nd 7d)				_ 8	39
ď		Other rev	venue (Part VIII, co	olumn (A), line	s 5, 6d, 8c, 9	c, 10c,	and 11e) .	[		0	0
	12	Total rev	enue-add lines 8	through 11 (m	ust equal Pa	rt VIII, co	olumn (A), lii	ne 12)	116,9	3 /	123,874
			nd similar amount							081	85,512
	14	Benefits	paid to or for mer	nbers (Part IX	, column (A),	line 4)		[		0	0
G	45		other compensation	•				5–10)	29,.	535	29,535
Expenses	16a		onal fundraising fe							0	6
ber	Ь		draising expenses	•					7 -		13 3 3 3 3 3 3 3 3 3 3 3 3 3 5 6 5 6 5 6
찣	17		penses (Part IX, c			-	)		7, 4	93	7,381
			penses. Add lines					5) .	112, 1		122,428
	19	Povenue	less expenses. S	ubtract line 1	3 from line 12	REC	100	[	A) 4, 8	22	(+) / YYL
- 5 g		ricvenac	COS CAPCINOCS. C	dou dot iiiio ii	121		EIVER	7 [	Beginning of C		End of Year
Sto	20	Total ass	sets (Part X, line 1	6)	[8]	Alic .	8 2015	-u/	8,30		9.7 48
SSE	21		oilities (Part X, line		· · /==/	ן יטטרי	8 2015	- <del>3</del> 3/ ⊢		0	P
Net Assets	22		ets or fund balance	•			· ~~13.	<i>∞</i> /. ⊢	8, 3	02	9748
	art II		ture Block	33. Odbirdot ii	no 2 monnie	AGDE	N. IIT	<del>\$</del> ;			<del></del>
				a evamined this r	aturn including	accompar	ving schedule	s and stater	nents, and to	the best of	my knowledge and belief, it is
tn	ue, correct	t, and comp	elete Declaration of pre	parer (other than	officer) is based	on all info	rmation of wh	ich preparer	has any know	wledge	,,
_		T	<del>- / </del>	4. 4.60	1			· ·			12-2015
Si	gn	Sign	nature of officer	11 400	<del></del>					Date	
	ere	\	GENTIP	H. EN	2L7 K	xtw	7 1VE	DINEC	70 L		
	51 6	Tvo	e or print name and titl			rew	/ 11		.,,,-		<del></del>
		<del></del>	ype preparer's name	<del></del> -	Preparer's signa	ature		Da	te	1	PTIN
Pa	aid	' ' ' ' '	, po properti o name					"		Check self-em	
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			address >	the property	hown shows	2 (600	netructions)	· · · · · · · · · · · · · · · · · · ·	Pi	none no	Yes No
_			s this return with			_	istructions)			· · ·	Form <b>990</b> (2014)
Fo	r Paperv	vork Redi	uction Act Notice, s	ee the separa	te instruction:	s.		Cat N	o 11282Y		rom 990 (2014)



Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	LECEIVE GOVERNMENT (STOTE, COUNTY TUNN) FUNDS ALLCCATED FOR THE ALLS
,	A TALBOT COUNTY, MD, AND MOKE SUB-GRANTS TO DESERVICE AND ELIGIBLE
,	AND SCHARLS,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(Onder \(\sigma\) (Figure 2.2.4.4.4) including quarter of \$\partial 0.0.4.4.4 \(\sigma\) (Payarya \$\partial 0.0.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
	(Code: ) (Expenses \$ /22, 428 including grants of \$ 85, 5/2 ) (Revenue \$ /25, 874 )
	MADE GROUTS TOTOLING \$ 85, 512 15 FOLLOWS: \$52, 179 TO ORGANIZATIONS UNDER COMMUNITY MITS DEVELOPMENT
	PARTA A TO
	\$21,338 TO SCHOOLS UNDER DUTS IN . EDUCATION PROGRAM
	\$9,220 TO ONDANIZATIONS AND SCHOOLS VINDER MINICHERANT PROBRE
	\$ 2 775 TO BOH ECHING STUDENTS AS SYMPER MITS SCHOLARSHAS
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other program continue /Describe in Schedule O
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
_ <del></del> _	Total program service expenses ▶

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Part I	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NECKIVE GOVERNOOM (STATE, COUNTY, TOUR) FULDS ALLOCATED FUR THE ART
	IN TALBOT COUNTY, AND MAKE SUB-BRANTS TO DESSENING AND
	GUMBLE ANTS PROGRAMS OF NOT-PROFIT AND GOVERNMENT
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 122, 428 including grants of \$ 55, 512 ) (Revenue \$ 123, 874)  APOR GRANTS TUTGLING \$ 85, 512 AS FOLLOWS:  \$ 52,179 TO PREALIZATIONS VADER COMMUNITY ANTS DEVELOPMENT PA
	\$ 21,338 TO SCHOOLS NOTE AND SCHOOLS UNDER MINI- GRANT PROBE
	\$ 2,775 to HOLH SCHOOL STUDENTS AS SUMPLY MITS SCHOLARSHI
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
7.0	(Code:, (Expenses $\psi$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	······
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>&gt;</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		У
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		*
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		У
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		× ×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		>
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		A
		For	n <b>990</b>	(2014)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			70
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		\
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		У
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1,24 - 14.4 1,24 - 14.4 1,15 - 1.5		10,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		*
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>&gt;</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37	<i>'</i>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	ĸ	

Part	<u> </u>			age J
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			لليہ
	5.1. II		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			.
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	M	4
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return   2a		3.7.1	. 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			$\neg \neg$
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	-/*	<u>#</u>
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?		ŀ	X
	·	4a		<del>_</del>
b	If "Yes," enter the name of the foreign country:		<i>'</i> .	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			.
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>}</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>_x</u> _
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u>_</u> <u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_ X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			x
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	M	<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		YA VQ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>_</b>		~
v	•			
	sponsoring organization have excess business holdings at any time during the year?	8		_ <b>Y</b> _
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>×</u>
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b>y</b>
10	Section 501(c)(7) organizations. Enter:			, 1
a	Initiation fees and capital contributions included on Part VIII, line 12		•,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  A	<b> </b>		
11	Section 501(c)(12) organizations. Enter:	[`	• 1	
a	Gross income from members or shareholders			į
b	Gross income from other sources (Do not net amounts due or paid to other sources			-
	against amounts due of received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4 İ	i i	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	j l		1
С	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	raanin kun Maranin kun kun maadii ka	14b	M	4
			n 990	
				,

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s in Schedule O. S	iee ins	tructi	ions.
Section	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	· ·		<u> </u>
<u>ocom</u>	on Al dotoning Dody and Managoment			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 19	*		
b 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	under the direct er person? .	3		y
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		У
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	_5		7
6	Did the organization have members or stockholders?		6		<u>Y</u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		Υ_
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Company of the company of t	)	9_		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	ue C		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		*
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exern	pt purposes?	10b		4
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		100	۸۲	<b> </b>
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	7	
13	Did the organization have a written whistleblower policy?		13		Y
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation		14		X
_	The organization's CEO, Executive Director, or top management official		15a		×
a	Other officers or key employees of the organization		15b	<b>-</b>	9
b 160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim				
16a	with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Soci			100		#
<u>Sect</u>	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶	NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	<del>.</del>	n 501	(c)(3)s	only)
19	Own website Another's website In Upon request Other (explain in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization		cords	: ▶	

Form 990 (2014)

-	·		
Part VII	Compensation of Officers, Dire	ctors, Trustees, Key Employees,	Highest Compensated Employees, and
	Independent Contractors		

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch unles er and	s pe dad	tion more rson irect	than o	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEPHANIE HANDO PASSIDENT AND DIRECTOR	10	×		Х				0	v	b
(2) MARIE R. V'DEN VICE PRESIDENT + DIRECTOR	5	X		×				O	0	v
(3) MBERT FUNLINEY SECRETARY AND DIRECTOR	<b>y</b>	x		Y				0	0	0
(4) MANGENET FUND DINECTON	5	×		×				0	0	0
(5) DINCK K. BONTLETT DINECTON	//	×						0	v	0
(6) SANDY BEMIS DIRECTOR	!	¥						0	0	0
(7) CATHERINE CRIPPS DIRECTOR		x						P	Ð	0
(8) Y DIAR DA ESCOBEDO DIMENN		*						0	v	0
(9) CAMPL GUNDEAN DINECTON		x		_				0	v	0
(10) ALLIAND L. HOTT  DIRECTON	1	×						0	v	0
(11) WILLIAM P. PEAK, JR. DIMCTIN		X		_				0	0	0
(12) CHOY NEED		7			_			0	0	0
(13) TPHN E. NOBINSON	(	K						0	v	Ø
(14) MUNARD D. WELCH, TR DINECTOR	!	X						0	v	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C) Position												
	(A)	(B)	(do n				than c	one	(D)	(E)			(F)
	Name and title	Average hours per	box, ι	unles	s pe	rson	ıs both	an	Reportable	Reportab compensation			mated ount of
		week (list any					or/trust	<u> </u>	compensation from	related			ther
		nours for	or d	nstr	Officer	Key employee	혈호	Former	the	organizatio	-	•	ensation
		related organizations	rect /idu	tt	er	3	lest	ᄙ	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)		m the nization
		below dotted	or ear	nal		💆	Corr	Ì	,			and	related
		line)	Individual trustee or director	Institutional trustee		8	pen		j		-	organ	iizations
			Ф	tee			Highest compensated employee	l			1		
(15)	CERAIN H. FARIM	25	<u> </u>				<u> </u>						
3.197	GERALD H. EARLY BY ECUTIVE DIRECTOR					<b>&gt;</b>	×		29,535	O	<b>?</b>	0	•
(16)		f										*	
			Ĺ										
(17)													
			ļ	Ш		Ш		<u> </u>	<u> </u>				
(18)		<b></b>											
(10)								-					
(19)		<b></b>	l					l		!			
(20)								<del>                                     </del>					
J													
(21)												-	
					_			<u> </u>	<u> </u>				
(22)		<b></b>											
(23)		<del>                                     </del>	ļ		-	$\vdash$		-	<del> </del>				
(23)		<b></b>											
(24)					-			t		<u> </u>			<u></u> _
3==2								ĺ					
(25)													
								L					
	Sub-total		٠		•		•		25,535		Q		<u> </u>
	Total from continuation sheets to Part	-							0				0
d	Total (add lines 1b and 1c)							<u>▶</u>	29,535		00.00	0 -6	
2	Total number of individuals (including bu reportable compensation from the organ		10 tr	iose	HS	lea i	above	3) W	mo receivea m	ore man \$1	00,00	U OI	
	Topolitazio componenti in entre engan		-									<del></del>	Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compe	ensate	d 📆	(基础)
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ıvıdı	ıal					3	של
4	For any individual listed on line 1a, is the											e 💥	2.36
	organization and related organizations	greater th	an \$	150,	000	)? /:	f "Ye	s,"	complete Sch	edule J fo	or suc	h 🔯	
	individual			٠	•		•	•				4	<b>&gt;</b>
5	Did any person listed on line 1a receive of for services rendered to the organization											2012200	
Coatio	on B. Independent Contractors	in res, c	Jonipi	ere	301	1600	ile J i	OI S	such person	<u></u>	<u> </u>	5	<u>                                     </u>
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ore that receive	ed more the	n \$10	10 000 of	<u> </u>
•	compensation from the organization. Rep	•											
	year.	•										•	
	(A)								(B)			(C)	
	Name and business add	dress 						<u> </u>	Description of s	ervices	ļ	Compens	ation
	NONE							-					
						-		$\vdash$	<del></del>		_		<del></del>
	<del></del>							$\vdash$			-		
								T					. =0
2	Total number of independent contractor							o th		ove) who	, di aw	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	received more than \$100,000 of compen	sation from	the o	rgai	nıza	tion			$\boldsymbol{v}$			EXP.	

Part '	VIII	Statement of Rever	nue			Dort VIII		
		Check if Schedule O	contains a respo	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cont	1b 1c 1c 1d ributions) 1e	0 0 0 109, <b>0</b> 20				
Contribution and Other S	f g h	All other contributions, gif and similar amounts not include Noncash contributions include <b>Total.</b> Add lines 1a–1f	uded above 1f ed in lines 1a-1f: \$	19,815	123,835			
	2a b	NINE		Business Code				
Program Service Revenue	d e f	All other program serv						
-Ğ	g 3	Total. Add lines 2a-22 Investment income and other similar amo	including divide	nds, interest,	35	•	0	0
	4 5	Income from investment	t of tax-exempt bo	nd proceeds 🕨	0	0	0	0
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	0	0 0				
	d 7a	Net rental income or Gross amount from sales of assets other than inventory	(l) Securities	(ii) Other	0	0	0_	<b>v</b>
	ь	and sales expenses .	0					
	d	Net gain or (loss)		>	0	0	D	O
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18	ed on line 1c).	0				
Ott	b c 9a	Less: direct expense Net income or (loss) Gross income from g See Part IV, line 19	from fundraising amıng actıvities.	م ا	0	_	b	0
	10a	Less: direct expense Net income or (loss)	s <b>b</b> from gamıng act	vities ►	<b>n</b>		0	0
	L C	returns and allowand Less: cost of goods Net income or (loss) Miscellaneous	ses a sold b from sales of inv	0	0	0	0	0
	ì	a <u>NO 12</u>		9				
		d All other revenue  Total. Add lines 11a  Total revenue. See	 -11d	<b>&gt;</b>	0	0	0	0
	12	Total levellue, See				·	·	Form <b>990</b> (2014

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	All other organization	ns must complete coll	umn (A).		
Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	82,731	82,737				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,775	2,775				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	P				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	24,751 24,751	0	24,751	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	v		
7	Other salaries and wages	0	0	0	0		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	v	v	v	0		
9	Other employee benefits	633	0	633	O		
10	Payroll taxes	4151	0	4151	U		
11	Fees for services (non-employees):						
а	Management	0	0	D	<i>o</i>		
b	Legal	ρ	0	0	0		
С	Accounting	410	v	410	0		
d	Lobbying	0	0	0	0		
е	Professional fundraising services. See Part IV, line 17	Ü		<b> </b>	<u>v</u>		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column		0	0	0		
	(A) amount, list line 11g expenses on Schedule O)	$\mathcal{O}$	0	0	<i>_</i>		
12	Advertising and promotion	9 09	В	909	0		
13	Office expenses	1027	B	1027			
14	Information technology	1719	0	1719	<u> </u>		
15	Royalties	0	0	0			
16	Occupancy	0	0	0			
17	Travel	564	0	564			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0		
19	Conferences, conventions, and meetings .	117	0	1/2			
20	Interest	0	0	0			
21	Payments to affiliates	Ø	0	0			
22	Depreciation, depletion, and amortization .	0	0	U	<i>o</i>		
23	Insurance	244	0	744	<u> </u>		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				,		
а	POCTAL	341	0	341	0		
b	PRINTING	430	0	y30	0		
C	DV 6 3	518	0	5 2 9	0		
ď	MISCELLANEONS	5-42	0	5 Y 2	0		
e	All other expenses	0	0	0	0		
25	Total functional expenses. Add lines 1 through 24e	122,428	85, 512	36,916	0		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)						

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 748 8,302 1 2 2 Savings and temporary cash investments . . . . . . . . . . . . . . . 0 0 0 3 3 0 0 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . 6 0 Assets 0 7 0 7 8 0 0 0 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 0 Less: accumulated depreciation . . . . 10c b 0 Investments—publicly traded securities . . . . . . . . 11 v 11 10 Investments - other securities. See Part IV, line 11 . . . . . . 12 12 D v o Investments—program-related. See Part IV, line 11 . . . . 13 13 O 14 14 U 15 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . 0 9.748 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 8,302 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors. 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 0 28 28 0 0 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 0 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Net Assets 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 Retained earnings, endowment, accumulated income, or other funds. 0 32 32 8,302 148 33 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 8,302 9,748

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>.</u>	<u>.                                     </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	123,	8)	4
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,		
3	Revenue less expenses. Subtract line 2 from line 1	3		44	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,	30	<u> </u>
5	Net unrealized gains (losses) on investments	5	0		·
6	Donated services and use of facilities	6			
7	Investment expenses	7			, 
8	Prior period adjustments	8		0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				-
	33, column (B))	10	9,	748	<del>-</del>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in		ļ	
	Schedule O.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	1		
	reviewed on a separate basis, consolidated basis, or both:				]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L	<u> </u>	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		$\perp$ ×_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		ļ	1	) ;
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				<u>                                     </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	•	1	}	١.
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in	l	1	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	ľ		
	the Single Audit Act and OMB Circular A-133?		3a	<u>L</u> .	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	-			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	^	3
			Fon	m <b>990</b>	(2014)

#### 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.

OMB No 1545-0047

2014

Open to Public Inspection

Mame	TALBOT COVNTY	MTC CA	VIGIL INC.			52-1533		
De				comple	to this n			
Par	Reason for Public Cha						115.	
	•		-					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2								
							(iii). Enter the	
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5								
·	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)							
6	☐ A federal, state, or local gover		mental unit described	l in sectio	n 170(h)	(1)(A)(v).		
7	An organization that normally						the general public	
•	described in section 170(b)(1		· · · · · · · · · · · · · · · · · · ·				5 1	
8	☐ A community trust described			Part II.)				
9	☐ An organization that normally				rom con	tributions, members	hip fees, and gross	
	receipts from activities relate							
	support from gross investme							
	acquired by the organization a	after June 30, 19	75. See <b>section 509(</b> a	a)(2). (Cor	nplete Pa	art III.)		
10	☐ An organization organized and	d operated exclu	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).		
11	☐ An organization organized and	operated exclus	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of	
	one or more publicly supporte							
	the box in lines 11a through 11	d that describes	the type of supporting	organiza	tion and o	complete lines 11e, 1	1f, and 11g.	
а								
	the supported organization(s			ct a majo	rity of the	e directors or trustee	es of the supporting	
	organization. You must con	=						
b								
	control or management of the			ne same p	ersons t	nat control or manaç	ge the supported	
	organization(s). You must c					the and from attendal	into avato alth	
С	Type III functionally integral its supported organization(s						y integrated with,	
		•					tod organization(s)	
d	Type III non-functionally in that is not functionally integri							
	requirement (see instruction						an attentiveness	
е		•	=				II. Type III	
•	functionally integrated, or Ty						, .,,,,,	
f	Enter the number of supported	· ·					0	
g	and the second of the second of	•	ported organization(s)					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1-9 above or IRC section		ur governing ment?	22552(222	other support (see instructions)	
			(see instructions))			instructions)		
				Yes	No			
(A)								
	NONE							
(B)								
			<u> </u>	ļ				
(C)								
		<del> </del>	<u> </u>	<del> </del>	-	-		
(D)					1			
		+	<del> </del>	<del> </del>				
(E)								
		-		<u> </u>	<del>                                     </del>	-	<del></del>	
T-4-	J.	,						

Page 2 Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2010 - // (b) 2011 -12 (c) 2012 -13 (d) 2013-19 (e) 2014 - 15 (f) Total Calendar year (or fiscal year beginning in) ▶ grants, contributions, Gifts. membership fees received. (Do not 58,534 543,842 116,903 123,835 101,298 103,272 include any "unusual grants.") . . . revenues levied 2 0 organization's benefit and either paid 0 0 0 0 to or expended on its behalf . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 6,000 6,110 6,000 30,000 6,001 6,000 129,835 Total. Add lines 1 through 3. . . . 107,258 104,534 122,903 573,842 109,272 The portion of total contributions by (other than each person governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 573,842 Section B. Total Support (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) 107,298 122, 503 Amounts from line 4 . . . . . . 109,272 104,534 115,835 573,84. 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 285 44 80 44 28 39 sources . . . . . . . . . . . Net income from unrelated business activities, whether or not the business 0 0 U 0 O is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 ø (Explain in Part VI.) . . . . . . . Total support. Add lines 7 through 10 574,127 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 94.9 % Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . 14 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 15 . . . . . . 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2013. If the organization did not check a box on line 13 or check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. If the organization did not check a box

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	box and stop here. The organization qualities as a publicly supported organization	1343
b	331/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	_
'a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	П
3	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
	Schedule A (Form 990 or 990-EZ)	2014

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	le A (Form 990 or 990-EZ) 2014				<u> </u>		Page
Part	Support Schedule for Organization (Complete only if you checked the lf the organization fails to qualify	ne box on line	9 of Part I o	or if the organ			ler Part II.
Secti	on A. Public Support			- · · · ,  - · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		:				
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						-
13	Total support. (Add lines 9, 10c, 11, and 12.)				-		
14	First five years. If the Form 990 is for the organization, check this box and stop he	=		d, third, fourth	-		
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2014 (line 8		•			15	%
16	Public support percentage from 2013 Sch			<u></u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (	line 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%

Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . .

331/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . b 331/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization	Employer identification number
TALBOT CONNTY AND CONNCIL, INC.	52-1532573
1. Par FORM SSD, PART VI, SEC B, LINES 11	1 4 + 6:
YES, copy of FORM PROVIDED to FOURT	
COMMITTEE & BOARD OF DIRECTORS FOR	PRE-SUBMISSION
REVIEW. MENSULA BOKES DE MILED CA	
OF COMMITTES, BUT ALL FOUR DEMBERS	REVIEW
LOMPLETED IRS FORM 950.	
2. REX FORM 550, RONT VI, SEC D, LINK 19:	
WEBSIAE (WWW. TREBOTANTS. PAG.) 18CLV165	stasens,
THAT GOVERNING DOCUMENTS (INCLUDING MO	st Azisut
INS 950) AND AVAILASIS TO THE PUBLI	C ON
MERVEST.	