

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



# **Short Form** Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Dep	artment o	f the Treasury	► Do not enter social security numbers on this form as it may be made puble.  Information about Form 990-EZ and its instructions is at www.irs.gov/form.	Open to Public Inspection		
A	For the	2014 calenda	ir year, or tax year beginning $T_{l_1}\setminus_{l_1}$ , 2014, and ending	June		30 ,20 15
	check if ap		72(6)			entification number
_	Address c		Chisholm Elementary PTA	91		318626
=	Name cha	-		E Telepi		
	initial retu	n	300 Colorado	ς'x	<b>n</b> -	237-5645
	Final retur	n/terminated				mption
===	Amended		Enid, OK 73701		ber I	-
	Applicatio					
	Account <b>Nebsite</b>	ing Method:				of the organization is <b>not</b> ach Schedule B
				•		ach Schedule B 0-EZ, or 990-PF).
				Onn 30	0, 33	0-LZ, 01 990-F17).
			☐ Corporation ☐ Trust ☐ Association ☐ Other  7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	accete		<del></del>
			ro to lifte 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it total a r) are \$500,000 or more, file Form 990 instead of Form 990-EZ			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ii		tions	for Dort I
P	arti		in the state of th			sior Partij
	7		the organization used Schedule O to respond to any question in this Part I	Т	•	<i>x</i> 5, 60 □
	1		ns, gifts, grants, and similar amounts received	!	1	8 2,00
	2	_	ervice revenue including government fees and contracts		2	10000
	3		p dues and assessments		3	152.00
	4	Investment		}	4	
	5a		unt from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	-	d fundraising events	]		
4	a		ome from gaming (attach Schedule G if greater than ַ ַ בַּי	.07		
Revenue		\$15,000) .	<u> </u>			
ĕ	b		me from fundraising events (not including \$of contributions	•		
Re	1		aising events reported on line 1) (attach Schedule G if the	an		
<b>W</b>		sum of suc	h gross income and contributions exceeds \$15,000)	84		
( )	C	Less: direc	t expenses from gaming and fundraising events 6c			
Z	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract		11010 17
Z		line 6c) .			6d	4712.18
SCANNED	7a	Gross sale	s of inventory, less returns and allowances $\dots \dots $ 7a $49,545$ .	,50		
	b	Less: cost	of goods sold	1.86		- 0 / //
AUG	С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	22,842.64
	8	Other reve	nue (describe in Schedule O)	[	8	
<b>├</b>	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	27791.82
<b>%</b> —	10		sımılar amounts paid (list in Schedule O)	1	10	12,160,33
2015	11	Popofite po	id to or for mombers	[	11	
ರ್ <b>ಸ್</b> ಜ	12	Salaries, of	her compensation, and employee benefits EIVED	[	12	
ısı	13		al fees and other payments to independent contractors	1	13	
⊈ Expenses	14	Occupancy	v, rent, utilities, and maintenance . ၂၂၂ 🤰 ဨ. ၇၉/၄ 🛶 🗀 🗀 🗀 🗀 🗀 🗀 💮	1	14	}
ŭ	15		ublications, postage, and shipping.	[	15	476.57
	16	• • •	nses (describe in Schedule 0)		16	275.00
	17		nses. Add lines 10 through 16OODEN, U	•	17	12,911.90
_	18		deficit) for the year (Subtract line 17 from line 9)	· /	18	14,879.42
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with		17, 3 17, 47
SS	"		r figure reported on prior year's return)		19	OR MINE
¥.	20	_	ges in net assets or fund balances (explain in Schedule O)			A CH MAY.
Š	21			t t	20	E 71 7 0.
<u></u>	<u> </u>		or fund balances at end of year. Combine lines 18 through 20	. •	21	5) 3(0 /· /4

Pai	rt II	Balance Sheets (see the instructions	for Part II)				
	_	Check if the organization used Schedul	e O to respond to a	ny question in this		· · ·	<u> </u>
					(A) Beginning of year	<u> </u>	(B) End of year
22		n, savings, and investments			20,247.6	-	<u>5,361.74</u>
23		d and buildings				23	<del></del>
24		er assets (describe in Schedule O)		• • • • • •		24	
25 26		Il liabilities (describe in Schedule 0)		· · · · · · <del> </del>		26	
20 27		assets or fund balances (line 27 of colum	n (R) <b>must</b> aaree witl			27	<del></del>
Par		Statement of Program Service Accom			Part III)		
. a.		Check if the organization used Schedul					Expenses
What	is the	organization's primary exempt purpose?	Darent 7		nvoivement		puired for section
		e organization's program service accomp					c)(3) and 501(c)(4) nizations; optional for
as m	easure	ed by expenses. In a clear and concise in nefited, and other relevant information for e	manner, describe the			othe	
28		Idont a techer Du	our - we	raised 1	noneu +		
		this each teacher (3)	12 Hill (	50.00 for	lise in		
		their classroom				İ	CJ 1111 27
	(Grant		t includes foreign gra		<u> 🟲 🔲</u>	28a	5,441,30
29		the Reading program -re	wirds stude	ats ter me	reting		
		coals and tribs were	paid for by	3P.TA			
							Liquale
	(Grant		t includes foreign gra		<u> ▶ ∐</u>	29a	7,742.0
30	\	further online program	tor teacher	Z - DOOKHIN	t Dibeis		
	(Cront	o ¢ \ If this amoun	t includes foreign are	nto shook horo		30a	887777
31	(Grant	program services (describe in Schedule O)	t includes foreign gra	ints, check here .		Jua	2 1 201
٠.	(Grant	· ·	t includes foreign gra	nts check here	▶ □	31a	Howard 9
32	<u> </u>	program service expenses (add lines 28a				32	1101427
Par		List of Officers, Directors, Trustees, and Ke					ctions for Part IVI
		Check if the organization used Schedul					🗆
	-	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of other compensation
<del></del>	·	h has it has	<del>-  </del>	(ii tiot paid, enter -0-)	deletted compensatio	<del>"'</del>	
	sor!!	E. Robectson Rd	President				$\bigcirc$
17	<u>00</u>	aid or	Fresident		<del>                                     </del>		
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1.	7	Smith	VI: Ca			_	
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	<del>-                                    </del>	End OF	410 SIMILE			$\dashv$	
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \		
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	Yes	No L
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>∠</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		L
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		L
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		<u>_</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u>_</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			,
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		L
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			:
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_ i_
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b></b>
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	F	162	140
_	completed instead of Form 990-EZ	44a		سا
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		سا
C	Did the organization receive any payments for indoor tanning services during the year?	44c		L
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		ب إ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		$\vdash$	<del>- '</del>
_	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b	]	V

om 99	0-6 <b>Z</b> (20	14)							P	age 4
1									Yes	No
46	Did th	e organization engage, directly or in	directly, in political ca	ampaign activities o	n behalf of	or in opp	osition			
		ididates for public office? If "Yes," of						46		را ا
Part \		Section 501(c)(3) organizations						<del></del>		
		All section 501(c)(3) organization		stions 47–49b and	52, and	complete	the ta	bles f	or line	es
		50 and 51.	o made anovor quo		· •,	<del>-</del>			•••••	
		Check if the organization used Sch	andula O to respond	to any question in	thic Part \	Л				
		Sheck it the organization used Sci	ledule O to respond	to any question in	tino i dit	<del></del>	• • •	• • •	Yes	No
	<b></b>				l#-		ha 4a		162	140
47		e organization engage in lobbying		section 501(n) electi	on in enec	a guning t	ne lax	1		ر ا
		If "Yes," complete Schedule C, Part						47		
48	is the	organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," complete	Schedule	Ε		48		<u></u>
49a	Did th	e organization make any transfers to	o an exempt non-cha	ritable related organ	ization? .			49a		<u></u>
b	If "Yes	s," was the related organization a se	ction 527 organizatio	n?				49b		
50	Comp	lete this table for the organization's	five highest compen	sated employees (of	ther than o	fficers, dir	ectors	, truste	es an	d key
	emplo	yees) who each received more than	\$100,000 of comper	sation from the orga	anization. I	f there is r	one, e	nter "N	lone."	,
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	I		alth benefits,	1			
	(a) 1	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ons to employ		Estimate		
			devoted to position	(Forms W-2/1099-MISC		ns, and defer pensation	rea o	ther con	ipensai	BOU
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	<del></del>		- 6400 000	<u> </u>		·····				
		number of other employees paid ov								
51		plete this table for the organization			t contract	ors wno e	acn re	ceived	more	tnan
	\$100,	000 of compensation from the orga	inization. If there is no	one, enter inone.		<del></del>				
	(a) l	Name and business address of each independ	lent contractor	(b) Type of se	rvice		(c) Cor	npensati	on	
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<del></del>					<del></del>		····			
		number of other independent contra	_	-	.▶					
52		he organization complete Schedu	ile A? <b>Note</b> . All se	ection 501(c)(3) org	anizations	must at				
	comp	leted Schedule A					▶	Ves Yes		No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and stater	nents, and to	the best of n	ry knowl	edge and	d belief,	, it is
true, co	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	r has any kno	wledge.				
		> XXXXX YMA	ত			7	1-1-	19		
Sign		Signature of officer	3			Date	<u> </u>	V		
Here	1	Karn March	Treasurer							
		Type or print name and title	TIENDINE							
			Drangario elegativo	······································	Date	<del></del>		DTIAL		
Paid	1	Print/Type preparer's name	Preparer's signature	'	and .		i 🔲 if	PTIN		
Prep	arer					self-er	nployed			
•	Only	Firm's name >				Firm's EIN 🕨				
		Firm's address ▶				Phone no.				
May ti	ne IRS	discuss this return with the prepare	r shown above? See	instructions						No

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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Par	Reason for Pu	blic Cha		organizations must	comple	te this p	art.) See instruction	ons.			
The c	organization is not a priva			•		_					
1	A church, convention				ibed in <b>s</b> e	ection 17	O(b)(1)(A)(ī).				
2											
3 4	<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> </ul>										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
8	☐ A community trust d	escribed i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete	Part II.)						
9											
	the box in lines 11a to	nized and supported hrough 11	operated exclusion operated exclusions do that describes	vely for the benefit of, lescribed in <b>section 5</b> the type of supporting	to perfor <b>09(a)(1)</b> o organiza	m the fur r <b>section</b> tion and c	actions of, or to carry 1509(a)(2). See sect complete lines 11e, 1	ion 509(a)(3). Check 1f, and 11g.			
а	_ ,,	anization(s	s) the power to re	egularly appoint or ele							
b	control or manage	ment of th	e supporting org	d or controlled in controlled in controlled in the ganization vested in the gand C.							
C				ng organization opera s). <b>You must comple</b>				y integrated with,			
d	that is not function	ally integra	ated. The organi	porting organization o zation generally must <b>mplete Part IV, Secti</b>	satisfy a	distributi	on requirement and				
е	Check this box if the	ne organiz	ation received a	written determination onally integrated supp	from the	IRS that	it is a Type I, Type I	l, Type III			
f g	Enter the number of su Provide the following i			oorted organization(s).				[]			
	(i) Name of supported organiz	ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)				· · · · · · · · · · · · · · · · · · ·							
(E)											
Total											

18

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						-
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4.				<u> </u>		<u> </u>
	on B. Total Support		T				
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4				<del> </del>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ► □
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6		-			14	%
15	Public support percentage from 2013 Sch 331/s% support test—2014. If the organiz					15	%
16a	box and <b>stop here.</b> The organization qua	zauon olo not lifies as a publ	check the box licly supported	on line 13, and	a line 14 is 33'	3% or more, c	
b	331/2% support test—2013. If the organ check this box and stop here. The organi	nzation did no	ot check a box	c on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization.	ets the "facts- acts-and-circu	and-circumsta umstances" tes	nces" test, che	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly s	line 14 is Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m	013. If the organion meets the	anization did n facts-and-ci	ot check a box rcumstances"	on line 13, 16 test, check th	ia, 16b, or 17a his box and st	op here.
	supported organization					•	· <b>▶</b> □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

• •		* * * * *	
(Complete only	if you checked the bo	x on line 9 of Part I or if the organization failed to qualify under Part	t II.
		er the tests listed below, please complete Part II.)	

	ii the organization falls to quality	under the tex	313 fisted beig	yv, picase oc	inpicto i diti	11.7	
	on A. Public Support	T		4 4 4 - 1 4		, , , , , , , ,	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	543,00	232.00	117.0	/32.00	231.00	1,251.00
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.  Gross receipts from activities that are not an	21,342.12					115,761.
	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.	7					
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	Add lines 7a and 7b	21.885.1	21101.88	23,381.54	22:1008.98	78.8CO38.80	-111.012.2
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	21.885.12	3/101.88	23381.54	23/608-92	&&, 028.83	117,012.0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		T.	<b>,</b>			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	21885.12	21.101.88	28,381.54	22108.92	68.828.83	117,013.
14	First five years. If the Form 990 is for the organization, check this box and stop he	he organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	n 501(c)(3)
Secti	ion C. Computation of Public Suppo						
15	Public support percentage for 2014 (line			3, column (f))		15	%
16	Public support percentage from 2013 Sc	hedule A, Part	III, line 15 .			16	%
Secti	ion D. Computation of Investment In						
17	Investment income percentage for 2014	(line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2014. If the organ			•			
	17 is not more than 331,2%, check this box		-			-	_
b	331/3% support tests—2013. If the organia						
^^	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	io not check a	DOX OF LINE 14.	. (9a. or 19b. (	CHECK THIS DOX	and see instru	ctions >

#### Part IV Supporting Organizations

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

_ 36	clions A, D, a	nu L. n y	Ju Checkeu	TIUU	raiti, U
Section A. Al	I Supporting	Organiza	tions		

	or and capporting or germanical		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		