

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



# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

2014

Open to Public Inspection

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.

ĀI	For the	2014 calenda	ar year, or tax year beginning July 1, 2014, and e	nding	Jun	ne 30	, 20	15
B	Check if ap	pticable	C Name of organization		D Employ	er ide	ntification numbe	•
	Address cl	hange		73-1526593				
$\overline{}$	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	n/suite	E Telepho	ne nur	mber	
=	Initial retur		PO BOX 283			918	-440-1580	
一	Amended :	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exem	ption	
=	Application		BRTLESVILLE, OK 74005		Numbe	er 🕨		
G /	Account	ing Method:	☐ Cash ☐ Accrual Other (specify) ▶	н	Check ▶	□if	the organization	is not
LV	Vebsite	o: <b>▶</b>		_ ı			ch Schedule B	
J T	ax-exem	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲	527	(Form 990	, 990-	EZ, or 990-PF).	
_			☐ Corporation ☐ Trust ☐ Association ☑ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total	assets			
(Pa	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$		
Ρ	art l	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	see the	instructi	ons :	for Part I)	
			the organization used Schedule O to respond to any question in thi				•	. 🗹
	1		ons, gifts, grants, and similar amounts received			1		
2013	2		ervice revenue including government fees and contracts			2		
N	3	-	ip dues and assessments		–	3		
6	4	Investment	tincome			4		3,163
	5a	Gross amo	ount from sale of assets other than inventory   5a		5			<u> </u>
MUR	b		or other basis and sales expenses		:			
3	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5	a)		5c		
6	6	•	d fundraising events	-,	-			
लि	a	-	ome from gaming (attach Schedule G if greater than		6.3	i i		=
9	.]	\$15,000) .				ا ا	RECEIVE	
Revenue GO	ŧь	Gross inco	me from fundraising events (not including \$ of con	tribution	s	Ω∏		
é	<b>1</b>		aising events reported on line 1) (attach Schedule G if the		1	3	OCT 28 20	ול לול
(	P		th gross income and contributions exceeds \$15,000)   6b		3.7		- A	
	C	Less: direc	t expenses from gaming and fundraising events 6c			<b>'</b>	OGDEN,	UT
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b	and sub	otract 🕌			
		line 6c)			100	6d		
	7a	Gross sale	s of inventory, less returns and allowances   7a		₹			
	b		of goods sold		·:			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7	7c		
	8	•	nue (describe in Schedule O)			8		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ [	9		3,163
	10		sımılar amounts paid (lıst ın Schedule O)			10	•	10,545
	11		aid to or for members		🗔	11		
Se	12	Salaries, o	ther compensation, and employee benefits			12		
Expenses	13		al fees and other payments to independent contractors			13		
ē	14		y, rent, utilities, and maintenance			14	· · -	
ŭ	15	-	ublications, postage, and shipping		🗔	15		
	16		enses (describe in Schedule O)		🗔	16		
	17	•	enses. Add lines 10 through 16			17	······································	10,545
<b>m</b>	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		· .   ·	18		7,382)
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (mu					<del></del>
498			r figure reported on prior year's return)		-	19	12	27,716
et/	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20		(253)
ž	21		or fund balances at end of year. Combine lines 18 through 20			21	12	20,081
=			ion Act Nation con the concepts instructions	<del></del>			5cm 990-F7	

_		<del></del>						
Par	t II	Balance Sheets (see the ins						
		Check if the organization used	d Schedule	O to respond to ar	ny question in this	Part II <u>.</u>		<u> </u>
•						(A) Beginning of year		(B) End of year
22	Casl	h, savings, and investments .				127,716	22	120,081
23		d and buildings			[		23	
24		er assets (describe in Schedule C	))		· ` ` ` · ·		24	
25		al assets	,			127,716		120,081
					<del> </del>	127,710	$\overline{}$	120,001
26		al liabilities (describe in Schedul	•		· . · . · . ·		26	
27		assets or fund balances (line 2				127,716	27	120,081
Pari	Ш	Statement of Program Servi	-	•		•		
		Check if the organization used		O to respond to ar	ny question in this	Part III	/D	Expenses
What	is the	organization's primary exempt p	ourpose?	SEE SCHEDULE O,	STATEMENT 2			uired for section c)(3) and 501(c)(4)
Dacc	riha th	ne organization's program servic	e accomplis	hments for each of	ite three largest n	rogram conjices		nizations; optional for
as m	easure	ed by expenses. In a clear and	concise ma	anner describe the	services provider	the number of	othe	
		nefited, and other relevant inform			odinood providor	.,		
28								1
20							ĺ	ŀ
						. —		_
	(Grant	ts \$ ) If t	this amount	includes foreign gra	nts, check here .	<u>▶⊔</u>	28a	0
29								
								1
	(Grant	ts\$\frac{1}{2}	this amount	includes foreign gra	ints, check here .	▶ □	29a	1 0
30	<u>,</u>	,		<u> </u>		<del>_</del> _		
•								
	(C	ьф		inalisadaa fassissa ass	ata abaalabaaa	<b>►</b> □	200	
	(Grant			includes foreign gra		▶ ⊔	30a	0
31		program services (describe in Sc		· · · · · · ·				
	(Grant	ts\$) If t	this amount	includes foreign gra	ints, check here .	<u></u> ▶ ⊔	31a	0
	Total	nrogram carrica avnancae (adi	d linge 28a t	heavah 21a)				
		program service expenses (ad					32	0
32 Par		List of Officers, Directors, Trusto						<u> </u>
			ees, and Key	Employees (list each	one even if not com	pensated-see the		<u> </u>
		List of Officers, Directors, Trusto	ees, and Key	Employees (list each O to respond to a	n one even if not com ny question in this (c) Reportable	pensated—see the Part IV	nstruc	ctions for Part IV)
		List of Officers, Directors, Trusto	ees, and Key	Employees (list each O to respond to as (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated—see the II Part IV (d) Health benefits, contributions to employ	nstruc ee (e)	ctions for Part IV)
		List of Officers, Directors, Trusto Check if the organization used	ees, and Key	Employees (list each O to respond to as (b) Average	n one even if not com ny question in this (c) Reportable	pensated—see the II Part IV (d) Health benefits, contributions to employ	nstruc  ee (e)	ctions for Part IV)
Par	IV	List of Officers, Directors, Trusto Check if the organization used (a) Name and title	ees, and Key	Employees (list each O to respond to as (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the I Part IV  (d) Health benefits, contributions to employ benefit plans, and	nstruc  ee (e)	ctions for Part IV)
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Ves	Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
133 Did the organization engage in any significant activity not prevouely reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  134 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)  135a Did the organization was unreaded 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)?  136b If "Yes," to line Sca, has the organization field a Form 990-T for the year? If "Yes," complete Schedule O.  137b Was the organization organization deeps a fliquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule O. Part III organization organi		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait		
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  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)?  b If "Yes," to line 35a, has the organization lines 2, 6a, and 7a, among others)?  b If "Yes," to line 35a, has the organization lines 2, 6a, and 7a, among others)?  b If "Yes," to line 35a, has the organization and the 35a of the year? If "Yes," complete Schedule C, Part III  35b Dot the organization undergo a liquidation, dissolution, termination, or significant disposition of et assets during the year? If "Yes," complete Schedule N. Part III  35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of et assets during the year? If "Yes," complete Schedule C, Part III  35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of et assets during the year? If "Yes," complete Schedule L, Part III  35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of et assets during the year? If "Yes," complete Schedule L, Part III  35d Did the organization before the form 1120-PLO for this year?  35d Did the organization before the form 1120-PLO for this year?  35d Did the organization before and capital contributions included on line 9  35d Did the organization before and capital contributions included on line 9  35d Did the organization before and capital contributions included on line 9  35d Did the organization before and capital contributions included on line 9  35d Did the organization before and capital contributions included on line 9  35d Did the organization before an organization before an excess benefit transaction in a prior year lithal has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," comp	33		33		~
activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 c Was the organization a section 501(c)(d), 501(c)(d		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		,
b If "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0 c Was the organization a section 5016(8), 6316(8), organization subject to section 503(e) notice reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a				~
c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6), organization subject to section 603(e) notice, reporting, and proxy star requirements during the year? If "Yes," complete Schedule C, Part III 35c  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b  37b Did the organization file Form 1120-POL for this year? 38b Did the organization from which a copy or the same any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b United to section 501(c)(7) organizations. Enter amount of tax imposed on the organization of on line 9 35a 38b 38c	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			~
during the year? If "Yes," complete applicable parts of Schedule N  Telephone no.  All 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 owered by this return?  b If "Yes," complete Schedule L Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 ▶  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 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations 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 imposed on 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  1 List the states with which a copy of this return is filed ▶ OKLAHOMA  Telephone no. ▶  Al 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: ▶  Sect the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  1 A any time during the calendar year, did the organization maintain an office outside the U.S.?  2 B b did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		,
b bid the organization file Form 1120-POL for this year?  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?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   39a   39b   30b	36		36		~
aba Did the organization borrow from, or make any loans to, any officer, director, fustee, 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 retum?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b    Section 501(c/f) organizations. Enter:  Initiation fees and capital contributions included on line 9   39a    b Gross receipts, included on line 9, for public use of club facilities    Section 4911 ▶	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		. 3	شد شد
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	b		37b		~
b If "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  Intation fees and capital contributions included on line 9  39a  59a  59a  6 Gross receipts, included on line 9, for public use of club facilities  39b  40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶ 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  c 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  e 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  Located at ▶ PO BOX 283, BARTLESVILLE, OK  21P + 4 ▶  10 Section 501(c)(3), 501(c)(4), and 501(c)(29) organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and 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 ▶  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 ▶  Did	38a				
a Initiation fees and capital contributions included on line 9 . 39a			38a		~
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 4915 ▶ ; section 4911 ▶ ; section 4916 ▶ ; section 4916 ▶ ; 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 1  c 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  4De explain the states with which a copy of this return is filed ▶ OKLAHOMA  Telephone no. ▶ 2/P + 4 ▶ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	b	•		,	· `~ ;
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4912 ▶ ;section 4915 ▶    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 during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c 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 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization to tax on line 40c reimbursed by the organization to the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T complete in the states with which a copy of this return is filed ▶ OKLAHOMA  1 List the states with which a copy of this return is filed ▶ OKLAHOMA  1 List the states with which a copy of this return is filed ▶ OKLAHOMA  1 Helphone no. ▶ 718-440-1580  2 IP + 4 ▶ 7400	39	1717 -	1	1.	-
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911		· · · · · · · · · · · · · · · · · · ·		j.,	, -1
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  c 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  e 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  41 List the states with which a copy of this return is filed ▶ OKLAHOMA  The organization's books are in care of ▶ SUE MCCLAIN  Located at ▶ PO BOX 283, BARTLESVILLE, OK  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; less 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.?  If "Yes," enter the name of the foreign country: ▶  43 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization have a controlled entity w			5 4	300	i r
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 c 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 imposed on 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  41 List the states with which a copy of this return is filed both and the organization's books are in care of both such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: besee 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.?		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		· 大公	.:-
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	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	ئئىنى 40b	elira i	्रिक्ट
e 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.  41 List the states with which a copy of this return is filed ▶ OKLAHOMA  42a The organization's books are in care of ▶ SUE MCCLAIN Telephone no. ▶ ZIP + 4 ▶ Z	С	on organization managers or disqualified persons during the year under sections 4912,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
transaction? If "Yes," complete Form 8886-T	d			できない。	
The organization's books are in care of ▶ SUE MCCLAIN  Located at ▶ PO BOX 283, BARTLESVILLE, OK  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and 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.?	е	transaction? If "Yes," complete Form 8886-T	40e	ا ماد تا ماد تا	1
Located at ▶ PO BOX 283, BARTLESVILLE, OK  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and 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.?	41				
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)?  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.?	42a	•			0
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and 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.?			74		1
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.?	D		401	Yes	+
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.?			42D	- J	-
Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?		· · · · · · · · · · · · · · · · · · ·	~	400	- 2
c At any time during the calendar year, did the organization maintain an office outside the U.S.?			1	4.	2 4
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	С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		12
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43				▶ []
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
c Did the organization receive any payments for indoor tanning services during the year?	44a	completed instead of Form 990-EZ	44a		7
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	b	e e e e e e e e e e e e e e e e e e e	44b	ر الم	~
explanation in Schedule O	c	Did the organization receive any payments for indoor tanning services during the year?	44c		~
<ul> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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</li> </ul>	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d	- َ نَكُ	V
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	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-	<b>1</b>	1
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	_			7	
	_		45b		

Form 990	-F7 <i>1</i> 20	914)						P	age 4
								Yes	
		ne organization engage, directly or in						163	110
_		ndidates for public office? If "Yes," o	<u> </u>	, Parti	<u>···</u>	<del></del>	46	<u> </u>	
Part V		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	id 52, and	d complete the	tables f	or lin	es
		50 and 51.			= .				_
	-	Check if the organization used Scl	nedule O to respond	to any question in	n this Par	VI	• • •	1	
4-	D. 1 "	and the state of t						Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(n) elec		ect during the G	47		,
48	ls the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	48		~
		ne organization make any transfers to		•			49a	V	
		s," was the related organization a se	•	_			49b		V
50	Comp	plete this table for the organization's	five highest compen	sated employees (	other than	officers, directo	rs, truste	es an	d key
•	emplo	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganization	. If there is none	, enter "N	lone."	
			(b) Average	(c) Reportable		lealth benefits, tions to employee	(a) Estenati		unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	honofit n	lans, and deferred	e) Estimate other cor		
			devoted to position	(Fullis W-2) 1095-WIS	C) CC	mpensation			
NONE									
						}			
				-			<del> —</del> . –.		
						1			
-									
	Total	number of other employees paid ov	or \$100,000	<u></u>	_,L n				
		number of other employees paid ov blete this table for the organization		· · · · · · · · · · · · · · · · · · ·			raccinad	more	than
		,000 of compensation from the organization			in Comia	ciois who each	received	HIOTE	; unan
		· · · · · · · · · · · · · · · · · · ·							
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c) (	Compensat	ion	
NONE						<u> </u>			
						İ			
			· · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				<u> </u>					
		number of other independent contra			.▶	0	<del> </del>		
		the organization complete Scheduleted Schedule A	ile A? <b>Note</b> . All se	ection 501(c)(3) o	-		a ► ☑ Yes	s П	No
Under pe	nalties	of penury. I declare that I have examined this	return, including accompar	rying schedules and stat	ements, and	to the best of my kno	wledge an	d belief	, rt ıs
true, com	ect, an	d complete. Declaration of preparer tother than	officer) is based on all info	ormation of which prepa	rer has any k	nowledge.			
		Nu 1	nº cla			10/2	0/2013	5	
Sign		Signature of officer				Date			
Here		SUE MCCLAIN, TREASURER							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check			
Prepa	rer	<del>,,,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	.1			self-employ	ed		
Use C		Firm's name ▶				Firm's ÐN ▶			
	- 1					I DL			

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

. . . . . ▶ 🗹 Yes 🗌 No

Phone no.

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

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No. 1545-0047

Open to Public Inspection

						1		
	LESVILLE CHORAL SOCIETY FOUN		<del></del>			73-15		
Pa							ns.	
	organization is not a private founda							
1	A church, convention of churc			ibea in se	ection 17	U(D)(1)(A)(i).		
2	A school described in section				. 470(L\/	IVAVE::N		
4	☐ A hospital or a cooperative ho ☐ A medical research organization						IIII Entor t	ha
4	hospital's name, city, and stat		onjunction with a nosi	pilai uesu	indea in s	section 170(b)(1)(A)	in). Enter d	ie
5	☐ An organization operated for		college or university	owned o	r operate	nd by a government	al unit doc	cribod in
•	section 170(b)(1)(A)(iv). (Com		college of university	OWITEG	ii operate	su by a government	an uniii ues	Chbed in
6	☐ A federal, state, or local gover	•	montal unit described	l in nacti	an 170/h)	/4VAV/-3		
7	An organization that normally						the gener	ral public
-	described in section 170(b)(1)			port iron	. a govo	THIOTHER GIRL OF HOTE	i and gones	ai pabile
8	☐ A community trust described i		•	Part II \				
9	☐ An organization that normally				from oon	tributions mombom	hin food a	nd aross
•	receipts from activities relate							
	support from gross investme							
	acquired by the organization a						.,	
10	An organization organized and		•		•	•		
11	☑ An organization organized and						out the pu	rooses of
	one or more publicly supported							
	the box in lines 11a through 11							
а	☑ Type I. A supporting organize	ation operated,	supervised, or control	lled by its	support	ed organization(s), ty	pically by	aivina
	the supported organization(s							
	organization. You must con	nplete Part IV, S	ections A and B.					
b	☐ Type II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by hav	ing
	control or management of th	e supporting org	ganization vested in th	ne same p	ersons t	nat control or manag	e the supp	orted
	organization(s). You must co	_						
С							y integrate	d with,
	its supported organization(s)	(see instruction	s). You must comple	te Part I	/, Sectio	ns A, D, and E.		
d	_ ,,							
	that is not functionally integr						an attentiv	eness
	requirement (see instructions		•		-			
е							I, Type III	
	functionally integrated, or Ty		onally integrated supp	orting or	ganizatio	n.		
t	Enter the number of supported of						· · L	_1
g	<del></del>	T					1	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amo other supp	
			above or IRC section		ment?	instructions)	instruct	•
			(see instructions))	Yes	No	1		
				1.03				
	ARTLESVILLE CHORAL SOCIETY, IC.	73-1031890	9	/		40.545		
		73-1031690		<del>                                     </del>	ł	10,545		
<b>B</b> )								
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			A-1 ( )	7 . 15.				
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•	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support	quality dride	trie tests iis	ited below, pi	lease comple	te rait iii.j	
	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.")	(4) 23 (3	(2) 23	(9) 2372	(6) 20 13	(9) 23 1	(9) (0)
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)	,	Ē,		,		
6	Public support. Subtract line 5 from line 4.	-					
Secti	on B. Total Support						<u> </u>
Calen	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						
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		7 3.	7			
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	•		-	ear as a sectio	
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2014 (line (	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2013 Sci					15	%
16a	331/3% support test — 2014. If the organic box and stop here. The organization qua	lifies as a publ	licly supported	organization			. ▶ 🗆
b	331/3% support test-2013. If the organ check this box and stop here. The organ					%م'15 is 33 	or more, . ▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "to organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd st <b>op here.</b> E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization or supported organization	tion meets the neets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and ston qualifies as a	, and line op here. a publicly . ▶ □
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	Sta listed Dele	M, picado es	omproto i un		
	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						<del></del>
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<del></del>		<u> </u>		
	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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
Ь	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		ļ		<del> </del>		
С 8	Add lines 7a and 7b			Tor A	, , , -	<u> </u>	
	line 6.)				\$ 1 Sec. 1		
Secti	on B. Total Support	L ~	<u> </u>	734 +3 3	<u> </u>	P / Y F 5	<u></u>
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		1				<del></del>
•	section 511 taxes) from businesses						
	acquired after June 30, 1975	į	:				
C	Add lines 10a and 10b						
11	Net income from unrelated business	1					
	activities not included in line 10b, whether						
40	or not the business is regularly carried on	<b></b>	<del> </del>	<del></del>	<del>}</del> -		<u> </u>
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		I				
13	Total support. (Add lines 9, 10c, 11, and 12.)	<del></del>					
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		-		
Secti	on C. Computation of Public Support	-					
15	Public support percentage for 2014 (line		•	• • • • • • • • • • • • • • • • • • • •		15	<u>%</u>
16	Public support percentage from 2013 Sci			<del></del>	<u></u>	16	%
<u>Secti</u>	on D. Computation of Investment In Investment income percentage for 2014 (			u lina 10 ach	mp (A)	17	<u>%</u>
18	Investment income percentage for 2014 ( Investment income percentage from 201)	•	• • •	•		18	
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/s%, check this box						
b	331/s% support tests - 2013. If the organiz						331/3%, and
	line 18 is not more than 331/3%, check this <b>Private foundation.</b> If the organization di	-	•	•			_

## 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.)

Section	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	 1	v	• •
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 Part VI 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	• _ ].	ر پر پر
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	e <u>.</u>	لأنتنا
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		15.6
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	i i i	(10) (10) (10) (10) (10) (10)
C	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		Control of the Contro
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	î.	44
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	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	A A A	13th
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	± ?	36
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 Part VI.	9b	£	
C	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	*	1
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	ا لُسَاًّ	7
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		1

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Page	

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			٠.
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	-	~
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		~
	on B. Type I Supporting Organizations		<del></del>	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	7,	(
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	7	
2	Did the organization operate for the benefit of any supported organization other than the supported	-	100	<del>                                     </del>
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	1	1.5
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	,	1	
	supervised, or controlled the supporting organization.	2		1
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	4		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	- 123		, ,
	the supported organization(s).	-3.7:	متخضا	
Secti	on D. All Type III Supporting Organizations	<u>'</u>	<u> </u>	<u> </u>
	on b. 7d. Type in dapperang organization		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	\$96.5° 5		3 3
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	4. C.	32	# ' 14 ' '
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	4		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	, to 100	- P	11.12
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	( ) 1 m	ستعدد الم	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	17.60	7 J 15.
J	significant voice in the organization's investment policies and in directing the use of the organization's	* ( )	1.100	h , ;
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1 2	*, ***
	supported organizations played in this regard.	3	7.449.	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in:	s <b>truc</b> ti	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
<b>-</b> а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1 T T T	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	75		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.73	👬	, s
	how the organization was responsive to those supported organizations, and how the organization determined		25	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1.5	F - 3	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
•	-	2b	-	ļ.,
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regulate experience or elect a majority of the officers, directors, or	_ ~	1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1- ~=	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	100	<del>                                     </del>	
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3ь		

Schedule A (	chedule A (Form 990 or 990-EZ) 2014 Page 8					
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions.)	and				
GENERAL	EXPLANATION- NONE					
	•••••••••••••••••••••••••••••••••••••••					
	······································					
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