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Form 990

Return of Organization Exempt From Income Tax

2014

OMB No 1545-0047

Department of the Treasury

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

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

Open to Public

			ie Service	→	Informati	on about Form 990 and its ins	tructions i	s at ww	w.irs.gov	//form99	3 0.			Inspection
	A F	or the	2014 calend	ar year, or tax y					4, and en			06	-30 ,2	20 15
	В	heck if a	pplicable	C Name of organiza	ation DUNE	AR COALITION INC							D Employ	er identification no
	□ A	ddress c	hange	Doing business a	is		***						86-07	76891
		lame cha	inge	Number and stree	et (or PO bo	x if mail is not delivered to street address)			Room/su	ite		E Telepho	one number
	_	nitial retui	-	ро вох 8	6132								(520)	622-5569
	ΠF	inal retur	n/terminated			, country, and ZIP or foreign postal code						Ī		70,998
	\equiv	mended		TUCSON,	•	· ·							G Gross n	eceipts\$
	\equiv		n pending	F Name and addres										
	_									H(a)	Is this a gre subordinate	oup re es?	tum for	Yes X No
	1 T	ax-exem	pt status X	501(c)(3) 50	D1(c) () ((insert no) 4947(a)(1) or	527	7		Н(b)	Are all sub	ordina	ites included	? Yes No
	J V	Vebsite	► N/A							H(c)	If "No Group exe	," atta mptior	ch a list (se i number 🚺	e instructions)
				Corporation T	rust Ass	ociation Other ►	L	Year of for	mation 19	994			al domicile	AZ
	Par	rt I	Summar	у			· ·							
		1	Briefly descri	be the organizat	ion's miss	on or most significant activities	CULTU	RAL C	ENTER/	MUSEU	IM.			-
	•													
73	, u													
\ \ \{\partial}	Governance													
1 -	1 8	2	Check this be	ox ▶ 🔲 if the or	ganızatıor	discontinued its operations or d	isposed of	more tha	an 25% of	fits net	assets			
2	∞	3	Number of vo	oting members of	f the gove	rning body (Part VI, line 1a) .						3		4
着し	± Se	4	Number of in	dependent voting	g member	s of the governing body (Part VI,	line 1b)					4		4
6	Activities	5	Total number	r of individuals er	nployed ir	ı calendar year 2014 (Part V, line	e 2a) .					5		0
	15	6	Total number	r of volunteers (e	stimate if	necessary)						6		21
\$		7a	Total unrelate	ed business reve	nue from	Part VIII, column (C), line 12 .						7a		0
I	4	Ь	Net unrelated	d business taxab	le income	from Form 990-T, line 34						7b		0
できる中である。 2000年 1000年 10		1								Pr	or Year		C	urrent Year
1	Revenue	8	Contributions	s and grants (Par	t VIII, line	1h)			[64	,55	9	70,979
7	© §	9				e 2g)			I .					0
(Bin)	₹	10	Investment in	ncome (Part-VIII,	column (A	A), lines 3, 4, and 7d)			[3	0	19
	8					nes 5, 6d, 8c, 9c, 10c, and 11e)								0
		1		100		must equal Part VIII, column (A)					64	,58	9	70,998
		13	Grants and s	ımılar amounts p	aid (Part I	X, column (A), lines 1-3)								0
						(, column (A), line 4)								0
S.	ð, "	1	1 (- 2 1	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		e benefits (Part IX, column (A), li								0
2 0 9095	Expenses	16a	Professional	fundraising fees	(Part IX, o	column (A), line 11e)			[0
~	ben C	b	Total fundrals	sing-expenses (F	art IX, co	lumn (D), line 25) ▶		() [
_	ુઍ	17	Other expens	ses (Part IX, colu	ımn (A), lı	nes 11a-11d, 11f-24e)			· · · · [66	,73	6	65,346
		18	Total expens	es Add lines 13	3-17 (must	equal Part IX, column (A), line 2	25)		[66	,73	6	65,346
\subseteq	2	19	Revenue les	s expenses Sul	otract line	18 from line 12			[-	(2	,14	7)	5,652
4	- 58 - 58	+								Beginning	of Current	Year	-	End of Year
0.0	Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					[167	,78	2	173,434
	Ass	21		•										0
3	\$ 5	22		•		line 21 from line 20			_		167	,78	2	173,434
SCANINED MAY	Par	t II	Signatu	re Block										
Ø		penalties				n, including accompanying schedules and				nowledge	and belief,	ıt ıs		
	true, co	orrect, an	id complete Deci	aration of preparer (of	ner ipan ome	cer) is based on all information of which pr	reparer nas an	y knowledg	ge				<u> </u>	
		ŀ		Mark 7									001	14,2015
	Sig	n	Signatur	e of officer	1							Dat	te	/
	Here	е	L	Marto t.	tarr.	s VP								
			Type or p	onnt name and title										
			Pnnt/Type pre	parer's name		Preparer's argnature		Date /	1.		Check] ıf	PTIN	
	Paid	t	ROBERT	A ELLIOTT		1 mil		/১/	911 X		elf-employ	ed	P003	46794
	Pre	parer	Firm's name	▶ EI	LIOTT	ACCOUNTING				Firm's E	N Þ	86	3-044532	27
	Use	Only	Firm's address	s > 45	11 NOF	TH CAMPBELL AVENUE				Phone n	0			
				T	CSON A	Z 85718				<u></u>	5:	20-	326-18	
	May	the IRS	discuss this	return with the p	reparer sh	own above? (see instructions)							<u>C</u>	Yes 🗓 No
	For F	aperw	ork Reduction	on Act Notice, s	ee the se	parate instructions.								Form 990 (2014)

EEA

EEA

Form 990 (2014)

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 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, 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d e Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b ь

Part IV 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 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 X 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) Χ 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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 Х 28c 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X

13c

13a

b

C

14a

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .

Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI		· · ·	. <u>X</u>
Sect	tion A. Governing Body and Management			
			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			
	Enter the number of voting members included in line 1a, above, who are independent 1b 4	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		Х
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customanly performed by or under the direct	,		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>_v</u>
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			Х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		v	
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
	Did the assessment on hour level shorters branches or offlicted?	10a	Yes	X
	Did the organization have local chapters, branches, or affiliates?	100	_	
þ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_==
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b	-	Х
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		··········	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
· • •	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	-	[
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
-	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
-	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CUARLES TAND (520) 622-5569 1233 S WPIGHT RD THOSON A7 85713			

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OUNDAR COALITION INC

Form 990 (2014	4) DONBAR COALITION INC	00-0770051 Tage	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated Employees, an	١d
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	 	1

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 nor any related organization compensated any current officer, director, or trustee. Position (F) (D) (E) (A) (do not check more than one Estimated Reportable Reportable Average Name and Title box, unless person is both an compensation from amount of compensation hours per officer and a director/trustee) veek (list any from related other the organizations compensation organization (W-2/1099-MISC) from the related Institutional trustee Highest compensated (W-2/1099-MISC) organization organizations and related below dotted organizations line) (1) SEE ATTACHED LIST Х 0 (3) (5) (9) (10) (11)(12) (13) (14)_____

Part VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	nd l	High	est	Comp	ensa	ated Employees ((continued)			
•	İ			(C								
(A)	(B)	(4	as aba	Posi		nan one		(D)	(E)		(F)	
Name and title	Average					both an		Reportable	Reportable	Estimated amount of other compensate from the organization and relate organization. O Yes		
	hours per					(trustee)		compensation	compensation from			
	week (list any hours for	악코	Щ	오	<u>ج</u>	Highest compensated employee	F)	from the	related organizations			าก
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)	1		
	organizations	or La	ona		nplo	/ee		(W-2/1099-MISC)		-		
	below dotted line)	l st	ı to	i	yee	m pe						
		&	stee			nsat						
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(15)						-						
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(24)												
<u></u>												
(25)												
1b Sub-total							•					
c Total from continuation sheets to Part VII, Section	on A						•					
d Total (add lines 1b and 1c)								0	0			0
2 Total number of individuals (including but not limited								than \$100,000 of				
reportable compensation from the organization									0			
											Yes	No
3 Did the organization list any former officer, director	, or trustee, k	ey em	ploy	ee, c	or hi	ghest	comp	ensated				
employee on line 1a? If "Yes," complete Schedule J	for such indi	ıvıdual								3		_X_
4 For any individual listed on line 1a, is the sum of rep	ortable comp	oensat	ion a	and c	the	r comp	ensa	ition from the				
organization and related organizations greater than	\$150,000? If	"Yes,"	con	nplet	te S	chedul	e J fo	or such		1		
ındıvıdual										4	j	X
5 Did any person listed on line 1a receive or accrue c	ompensation	from a	any L	unrel	ated	d organ	nızatı	on or individual				
for services rendered to the organization? If "Yes,"	complete Sch	nedule	J for	rsuc	h pe	erson				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest compensat	ed independe	ent cor	ıtrac	tors	that	receiv	ed m	nore than \$100,00	0 of			
compensation from the organization Report compe	nsation for th	e cale	ndar	yea	r en	ding w	ith or	within the organiz	zation's tax			
year.												
(A)		-						(B)		(C)	
Name and business address								Description of	services	Comp	ensation	1
								<u> </u>				
								<u> </u>			***********	
2 Total number of independent contractors (including			ose I	listed	d ab	ove) w	/ho					
received more than \$100,000 of compensation from	the organiza	ition	•									

		Check if Schedule O contains a response	or no	ote to any line in thi	s Part VIII	<u></u>	<u> </u>	
	7			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္ တ	1a	Federated campaigns	1a					
ant ant	b	Membership dues	1b					
ပ်ဋိ	С	Fundraising events	1c					
fts, r A	d	Related organizations	1d					
<u>:</u>	e	Government grants (contributions)	1e			1		
Sir	f	All other contributions, gifts, grants,				1		
r Fer	•	and similar amounts not included above	1f	70,979				
êç ĕğ	g	Noncash contributions included in lines 1a-						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			70,979			
0 -				Business Code				
e i	2a				[
ever	b							
₩ ₩	С							
ڇ	d							
S E	e		_					
Program Service Revenue	f	All other program service revenue						
₫.		Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte	rest,					
	_	and other similar amounts)			19	19		
	4	Income from investment of tax-exempt bond	proce	eeds▶				
	5	Royalties	· • •	<u> ▶</u>			THE THE PARTY OF T	
		(ı) Real		(ii) Personal		=		
	6a	Gross rents]			
	ь	Less rental expenses]			
	С	Rental income or (loss)			<u>}</u>			
	d	Net rental income or (loss)		.				
	7a	Gross amount from sales of (i) Secuntie	:S	(II) Other	1			
		assets other than inventory			1	-		
	b	Less: cost or other basis				-		
		and sales expenses			_		:	
	l	Gain or (loss)		L	[
_	l	Net gain or (loss)		>				
nue	8a	Gross income from fundraising				:		
9.6		events (not including \$	_					
Š.		of contributions reported on line 1c)				-		
Other Reve		See Part IV, line 18			-[
Ó		Less: direct expenses			-			
		Net income or (loss) from fundraising events	•	· · · · · · · •				
	9a	Gross income from gaming activities					Ţ	
		See Part IV, line 19			-{			
		Less direct expenses		L	-	:		
		Net income or (loss) from gaming activities		· · · · · · •	-			
	10a	Gross sales of inventory, less	-					
	١.	returns and allowances			-			
		Less. cost of goods sold			† 1	:	Ţ	
	<u> </u>	Net income or (loss) from sales of inventory	<u> </u>	Business Code				
	11a	Miscellaneous Revenue		Dusiliess Code	†	:	Ī	Ì
	١.							
	b				 			
	i -	All other revenue						
		Total. Add lines 11a-11d						
	1	Total revenue. See instructions			70,998	19	0	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to an ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
3b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21		-		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	·			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u>.</u> .			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		<u> </u>		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		_		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			ļ	
23	Insurance	····			
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.)			1	
а	SEE ATTACHED	65,346	3,600	61,746	
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	65,346	3,600	61,746	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				
	following SOP 98-2 (ASC 958-720)			<u> </u>	

Part X **Balance Sheet** Chèck if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 112,073 117,706 1 2 55,709 55,728 2 3 3 4 Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees 5 6 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 6 7 Assets 8 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 15,536 Less accumulated depreciation 10b 10c h 11 11 12 12 13 13 14 14 15 15 167,782 16 173,434 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 iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 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 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here

I and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗓 and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 167,782 32 173,434 Retained earnings, endowment, accumulated income, or other funds 32

167,782

167,782

33

34

173,434

33

	000 (2011)	86-077	/ PRAT		Pa
Par	t 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>
1	Total revenue (must equal Part VIII, column (A), line 12)			70	
2	Total expenses (must equal Part IX, column (A), line 25)			65	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	. 3		5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	 		167	, 7
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	_		_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10		173	•
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	<u>.</u>
1	Accounting method used to prepare the Form 990 🖾 Cash 🔲 Accrual 🔲 Other		[1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			Ī	
	Schedule O			I	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	ı X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	reviewed on a separate basis, consolidated basis, or both			1	
				1	
	Were the organization's financial statements audited by an independent accountant?		2	,	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both			ŧ	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ł	
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	: † x	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O			1	
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Ť	
Ja	the Single Audit Act and OMB Circular A-133?		3	.	
	If "Yes," did the organization undergo the required audits? If the organization did not undergo the		· · · · - •	+	
D			3	,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · ·		m 990	

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name	of the	organization					Employer identific	auon number	
OUN	BAR	COALITION INC					86-07768	91	
Pa	rt I	Reason for Public Charity	y Status (All or	rganizations must c	omplete	this part	t.) See instruction	ns.	
The	orgar	nization is not a private foundation beca	ause it is. (For lines	1 through 11, check onl	y one box)			
1		A church, convention of churches, or	association of chur	ches described in sectio	on 170(b)(1)(A)(i).			
2		A school described in section 170(b)	(1)(A)(ii) . (Attach S	Schedule E)					
3		A hospital or a cooperative hospital se	ervice organization	described in section 176	0(b)(1)(A)(iii).			
4		A medical research organization open	ated in conjunction	with a hospital described	d in section	n 170(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	overnment	al unit described in		
		section 170(b)(1)(A)(iv). (Complete F							
6		A federal, state, or local government of		it described in section 1	70(b)(1)(A)(v).			
7	X	An organization that normally receives	s a substantial part	of its support from a gov	ernmental	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi)	. (Complete Part II)					
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)					
9		An organization that normally receives	s (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	S	
		receipts from activities related to its ex	kempt functions - s	ubject to certain exception	ons, and (2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	511 tax) f	rom businesses		
		acquired by the organization after Jun	e 30, 1975 See s e	ection 509(a)(2). (Compl	ete Part III)			
10		An organization organized and operat	ed exclusively to te	est for public safety See	section 50)9(a)(4).			
11		An organization organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	es of	
		one or more publicly supported organ						Check	
		the box in lines 11a through 11d that of							
	а	Type i. A supporting organization							
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the di	rectors or t	rustees of the suppor	tıng	
		organization You must complete							
	b	Type II. A supporting organization							
		control or management of the sup			rsons that	control or r	nanage the supported	i	
		organization(s) You must comp							
	С	Type III functionally integrated.						h,	
		its supported organization(s) (see							
	d	Type III non-functionally integra							
		that is not functionally integrated					nt and an attentivenes	SS	
		requirement (see instructions). You							
	е	Check this box if the organization				s a Type I,	Type II, Type III		
		functionally integrated, or Type III		itegrated supporting orga	ınızatıon				
	f	Enter the number of supported organi							
	g	Provide the following information about			1		· · · · · · · · · · · · · · · · · · ·		
	(0)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9		rganization or governing	(v) Amount of monetary support (see	(vi) Amor other supp	
				above or IRC section	docum		instructions)	instruct	
				(see instructions))	Vac	N=			
					Yes	No			
(A)									
					ļ. — —	 			
(B)						1			
						· · · · · ·			
(C)									
					 	 			
D)							1		
						— —			
E)									
					<u> </u>	<u> </u>			
Γota	ı				‡				

86-0776891

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

(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

	tion A. I ablic oupport				40.0040	() 2044	/D. T
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	77,355	338,460	70,763	64,559	70,979	622,116
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	77,355	338,460	70,763	64,559	70,979	622,116
5	The portion of total contributions by						
	each person (other than a			1			
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			1			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						622,116
<u>Sec</u>	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	77,355	338,460	70,763	64,559	70,979	622,116
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						622,116
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here		<u></u>	, or fifth tax year a	s a section 501(c)	3) 	▶□
	tion C. Computation of Public Su					44	
14	Public support percentage for 2014 (line 6, c		-				0.00 %
15	Public support percentage from 2013 Sched						0.00_ %
16a	33 1/3% support test - 2014. If the organiza						▶ 🔯
	box and stop here . The organization qualified 33 1/3% support test - 2013. If the organization						· · · · • • • • • • • • • • • • • • • •
D	check this box and stop here. The organiza						▶ □
47-	10%-facts-and-circumstances test - 2014						
17a	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact						
	organization						▶ □
ь	10%-facts-and-circumstances test - 2013.						,
U	15 is 10% or more, and if the organization m	-				-	
	Explain in Part VI how the organization mee					dv	
	supported organization						▶ □
18	Private foundation. If the organization did						
	instructions					. 	▶ □
	modesons	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			

Sche		AR COALITIC				86-077689	Page 3
Pa	rt III Support Schedule for Org	janizations l	Described in S	section 509(a)	(2)		
	(Complete only if you check						Part II.
	If the organization fails to q	ualify under t	<u>he tests listed b</u>	pelow, please o	complete Part I	l.)	
	ction A. Public Support		-,				·
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
				}			
1	Gifts, grants, contributions, and membership fees					1	
_	received (Do not include any "unusual grants")				-		<u> </u>
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 bus under sec 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						
	Amounts included on lines 1, 2, and 3						
·u	received from disqualified persons			<u>-</u>	-		,
þ	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		 				
8	Public support (Subtract line 7c from						
J	line 6)		1				
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(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		 	<u></u>		_	-
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
c		·		 	- +		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40							
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)	<u> </u>			<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3) · · · · · · · · · · · · · · · ·	<u>▶ □</u>
Sec	ction C. Computation of Public Su	pport Perce	ntage		_		
15	Public support percentage for 2014 (line 8, co		-				%
16	Public support percentage from 2013 Schedu			<u></u>		. 16	%
	ction D. Computation of Investme					-	
17	Investment income percentage for 2014 (line						% %
18	Investment income percentage from 2013 Sc						
19a	33 1/3% support tests - 2014. If the organization	ation did not ched	ck the box on line 1	4, and line 15 is m	ore than 33 1/3%, a	and line	_

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public

Inspection

Hame	of the organization	Linployer identification number
DU.	NBAR COALITION INC	86-0776891
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	tt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in the displacement of the	mnortant land area
	Protection of natural habitat Protection of natural habitat Proservation of a certified his	
	Preservation of open space	toric 3a dotare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	onvetion
_	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
c d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
u		2d
3	historic structure listed in the National Register	
•		audit during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
,	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
٠	Stan and volunteer flours devoted to mornioring, inspecting, and emoraling conservation easements during the	yeai
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
•	>\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(A)
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	Till Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	, or oa. 7,000,00
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	and the second s	
•	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide the following amounts relating to these items:	neralioc of
	(i) Revenue included in Form 990, Part VIII, line 1	▶ €
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	,
9	• • • • • • • • • • • • • • • • • • • •	▶ ¢
a h	Revenue included in Form 990, Part VIII, line 1	
	733065 BIGGGGGGGT VIIII VAU, I ALA A A A A A A A A A A A A A A A A A	

Sched	ule D (Form 990) 2014 DUNBAR COALITIC	N INC						86-07	76891	Page 2	
Pa	rt III Organizations Maintaining C	ollecti	ons of /	Art, Histo	orical Ti	reasures,	or Oth	er Similar A	ssets (c	ontinued)	
3	Using the organization's acquisition, accession,	and othe	r records, o	check any c	f the follov	ving that are	a signific	ant use of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Loa	an or excha	nge progra	ams					
þ	Scholarly research	•	e 🗌 Oth	ner							
С	Preservation for future generations		_								
4	Provide a description of the organization's collect	tions and	d explain ho	ow they furt	her the org	ganization's e	exempt p	urpose in Part			
	XIII.										
5	During the year, did the organization solicit or re-	ceive dor	nations of a	ırt, historica	l treasures	s, or other sin	nılar				
	assets to be sold to raise funds rather than to be							. .	🛚	Yes 🗌 No	
Pa	rt IV Escrow and Custodial Arrang										
	Complete if the organization an	swered	l "Yes" to	o Form 9	90, Part	IV, line 9,	or rep	orted an amo	ount on F	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian of	or other in	ntermediary	for contrib	utions or o	ther assets r	not				
									🔲	Yes 🗌 No	
b	If "Yes," explain the arrangement in Part XIII and	complet	e the follow	ving table.							
	-			-				A	mount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance							<u> </u>			
2a	Did the organization include an amount on Form								🗍	Yes No	
b	If "Yes," explain the arrangement in Part XIII Ch									🗖	
	t V Endowment Funds.										
	Complete if the organization an	swered	l "Yes" to	Form 9	90, Part	IV, line 10).				
-			rent year	(b) Pro		(c) Two year		(d) Three years bad	ck (e) Fo	ur years back	
1a	Beginning of year balance	(4) 55.	TOTAL YOUR	(-)	. ,	(0)		(4)	(,,		
h	Contributions			-							
c	Net investment earnings, gains, and	-		 							
ŭ	losses					1					
d	Grants or scholarships						-		- 		
e	Other expenditures for facilities and			_		-			_		
·	programs								•		
	Administrative expenses					-					
	End of year balance			 		-	_				
2	Provide the estimated percentage of the current	voor ond	halanca (l	ine 1a, colu	mn (a)) he	ld se:	·	· · · -			
	Board designated or quasi-endowment	year end	% %	ine ig, colo	11111 (4)) 110	ilu do					
a h	Permanent endowment > %		— ′°								
	Temporarily restricted endowment		%								
С	· · · · · · · · · · · · · · · · · · ·										
3a	The percentages in lines 2a, 2b, and 2c should are there endowment funds not in the possession			n that are b	old and ad	lministered fo	or the				
Ja	organization by	ii oi uie (nyanizatioi	ii uiat ai c ii	Ciù and ad	iii iii iisterea ta	or utc			Yes No	
	(i) unrelated organizations								3a(i	 	
	(ii) related organizations								3a(ii		
h	If "Yes" to 3a(ii), are the related organizations lis								3a(ii	' 	
b			-						<u>Ju</u>	ــــــــــــــــــــــــــــــــــــــ	
Da.	Tescribe in Part XIII the intended uses of the org		is endown	nent iunus.							
rai			! "Voc" #	o Eorm O	On Part	IV line 11	12 Sec	Form 990 F	Dart Y Jun	o 10	
		$\overline{}$	red "Yes" to Form 990, Part IV, line 11a. (a) Cost or other basis (b) Cost or other basis								
	Description of property	'	a) Cost or oth (investm		1 ''			Accumulated epreciation	(a) Bo	ok value	
	Land		- lineanii	·····	(other) depr						
1a L	Land	$\cdot \cdot \vdash$		 – .	 						
b	Buildings	· ·			 		 				
C	Leasehold improvements	· ·					 				
d	Equipment	· · · _			 		 				
<u>e</u>	Other STMD1E					15,536		15,536			
Total	 Add lines 1a through 1e (Column (d) must equal 	al Form 9	/90, Part X.	, column (B), line 10c)		<u></u>			

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	(a) Description of security or category	(b) Book value	art IV, line 11b. See Form 990, Part X, lin	
	(including name of security)	(1)	Cost or end-of-year market value	
•	erivatives			
	d equity interests			
3) Other				
(<u>A</u>)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col (B) line 12)		,	_
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" to Form 990, Pa	art IV, line 11c. See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" to Form 990, P.	art IV, line 11d. See Form 990, Part X, lin	ne 15.
	(a) C	Description	(b) Book	value
(1)				
(2)				
(3)				
_ ` '				· ·
(4)				
(4)				
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)	n (h) must equal Form 990. Part X. col. (B) line 15			
(5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15.)		
(5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answere		art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability		art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization answere line 25.	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Par	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Pal	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Pal	rt X,
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to Form 990, P	art IV, line 11e or 11f. See Form 990, Pal	rt X,

SCHEDULE O' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

86-0776891 DUNBAR COALITION INC 01. Governing body decisions (Part VI, line 7b) THE OFFICERS OF THE BOARD OF DIRECTORS MEET ON A REGULAR BASIS AND REVIEW CORPORATE GOVERNANCE ISSUES, FINANCIAL STATEMENTS, ETC. 02. Governing body meeting documentation (Part VI, line 8a) THE OFFICERS OF THE BOARD OF DIRECTORS MEET ON A REGULAR BASIS TO REVIEW CORPORATE GOVERNANCE ISSUES 03. Committee meeting documentation (Part VI, line 8b) THE OFFICERS OF THE BOARD OF DIRECTORS MEET ON A REGULAR BASIS TO REVIEW CORPORATE THE CONTENT OF THESE MEETINGS ARE DOCUMENTED. GOVERNANCE ISSUES. 04. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS PROVIDED TO THE TREASURER WHO THEN REVIEWS AND HAS THE TAX RETURN SIGNED BY AN OFFICER. 05. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE AVAILABLE TO THE PUBLIC AS NECESSARY AND UPON REQUEST