

## 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



Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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.

Information about Form 990 and its instructions is at www.rs.gov/form990

Αi	For the	2014 calendar year, or tax year beginning SEP 1, 2014 and ending	AUG 31, 2015	-
В	Check If	C Name of organization	D Employer identific	ation number
	pplicable	·   · · · · · · · · · · · · · · · · · ·		
	Addre	MESA HO HO KAM FOUNDATION, INC.		
H	Name		11_3	642839
$\vdash$	lchang lnitial			
늗	retum Final	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit	•	
Ц	return/ termin	P.O. BOX 400		999-0419
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	650,305.
L	return	MESA, AZ 65211	H(a) Is this a group re	
L	tion pendir	F Name and address of principal officer DAVID R. MAIISON	for subordinates	_ =
		SAME AS C ABOVE	H(b) Are all subordinates in	cluded?YesNo
		empt status $X = 501(c)(3) = 501(c)($ ) $(sert no.) = 4947(a)(1) or = 52$	27 If "No," attach a	list (see instructions)
		e: WWW.MESAHOHOKAMS.ORG/	H(c) Group exemption	
			ar of formation: 2001 N	State of legal domicile: AZ
ŀŖ	art I	Summary		
4.	1	Briefly describe the organization's mission or most significant activities RAISE AND	HOLD FUNDS T	O SUPPORT
Governance		AND CONTRIBUTE TO YOUTH SPORTS IN MESA, ARIZON		
na L	2	Check this box   If the organization discontinued its operations or disposed of more	re than 25% of its net ass	ets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
		Number of independent voting members of the governing body (Part VI, line 1b)	4	9
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
ij	6	Total number of volunteers (estimate if necessary)	6	9
÷	7 a	Total unrelated business revenue from Part VIII; column (C), June 12	7a	0.
ĕ	h	Net unrelated business taxable income from Form 996 Time 25 IVFD	7b	0.
	<del>                                     </del>		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	160,569.	245,553.
e	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  FEB 1 2 2016	0.	0.
Revenue	40	10):	47,717.	111,458.
æ	10	Investment income (Part VIII, column (A), lines 3, 4-and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90 (6-24 Ne)   T	49,264.	27,474.
			257,550.	384,485.
	$\overline{}$	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,500.	153,036.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)		10055
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,327.	18,357.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		171,393.
		Revenue less expenses Subtract line 18 from line 12	54,723.	213,092.
Net Assets or	3	<u>                                     </u>	Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	1,612,637.	1,578,998.
AS A	21	Total liabilities (Part X, line 26)	0.	<u>300.</u>
		Net assets or fund balances Subtract line 21 from line 20	1,612,637.	1,578,698.
<u>P</u>	artill	Signature Block		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and statei	ments, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
		* Timpody	<b>x</b> 2	2/7/16
Sıg	n	Signature of officer	Date	7
Hei		* TK Baughman Treasurer		
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature (CRA).	Date Check	PTIN
Paid	d	WILLIAM J. GOSNEY	1-19-16 it self-employ	P00136557
	- parer	Firm's name GOSNEY & COMPANY, P.C.	Firm's EIN	86-0336564
	Only	Firm's address 9 W PEPPER PLACE		
-30		MESA, AZ 85201	Phone no A R	0-834-4300
			T FILORE (10. 40	
ivia	y trie ii	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

OMB No 1545-0047

orm	990 (2014) MESA HO HO KAM FOUNDATION, INC.	11-364	2839	Page 2
	rt III   Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
•	RAISE AND HOLD FUNDS TO SUPPORT AND CONTRIBUTE TO YOUTH	SPORTS	IN	
	MESA, ARIZONA.			
2	Did the organization undertake any significant program services during the year which were not listed on			
_	the prior Form 990 or 990-EZ?		Vec	X No
	·		res	TT NO
^	If "Yes," describe these new services on Schedule O			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	L <u>A</u> No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, as			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total ex	penses, ar	nd
	revenue, if any, for each program service reported			
4a	(Code) (Expenses \$153,036. including grants of \$153,036. ) (Rever	ue \$		)
	PROVIDE GRANTS TO NONPROFIT ORGANIZATIONS IN MESA, EDUCA			PTG_
	ON SPORTS, AND SUPPORTING CHILDREN'S AMATEUR ATHLETICS P	ROGRAMS	AND	
	SPORTING EVENTS.			
4b	(Code) (Expenses \$	nue \$		)
4c	(Code) (Expenses \$	nue \$		)
		<del></del>		
4d	Other program services (Describe in Schedule O )			
-ru	(Expenses \$including grants of \$ ) (Revenue \$		١	
4e	Total program service expenses > 153,036.			
70	Total program service expenses P			

, ,

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

Form 990 (2014) MESA HO HO KAM FOUNT
Part IV Checklist of Required Schedules (continued)

1 . .

L	Continuedy		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		100	110_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u> _
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27	£ 4	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		**************************************	
	instructions for applicable filing thresholds, conditions, and exceptions)	- S.		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$23,000 in horizontal continuously. If Yes, "complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X _
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		l _	
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2014)

Г	Part V	Stater	nents Rec	arding	Other	<b>IRS</b>	<b>Filings</b>	and	Tax (	Complianc	e

- qı	Check if Schedule O contains a response or note to any line in this Part V					$\overline{}$
	Officer in deficable of contains a response of note to any line in this t art v			·	<u>v</u>	<u></u>
	Enter the recorded in Day 2 of Form 1000 Enter 0 of eat controlle	ایدا	11		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b				
С	(gambling) winnings to prize winners?	portau	ie garning	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	•	- 10		
Za	filed for the calendar year ending with or within the year covered by this return	2a	0		ı	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	٥,		За		<u></u> '
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		v over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account			4a		X
b	If "Yes," enter the name of the foreign country		'			٠, ١
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)		*	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a	Ì	<u></u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or	gıfts			
	were not tax deductible?			6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred			
	to file Form 8282?		,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u></u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	ري	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		-	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9		*	
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	ł			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
ь 11	Section 501(c)(12) organizations. Enter	_100	I			
``a	Gross income from members or shareholders	11a		•		
-	Gross income from other sources (Do not net amounts due or paid to other sources against	<u>                                     </u>		1		
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		]		
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le O	<u> </u>	14b		<u> </u>
				Form	990	(2014)

Form 990 (2014) MESA HO HO KAM FOUNDATION, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to the second of the seco 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			X						
Sec	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 9		· ·							
	If there are material differences in voting rights among members of the governing body, or if the governing		2	٠,						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 9			•						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		, .	.4						
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
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		X						
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			X						
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	İ	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, d	77 6							
а	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This occitor b regassis information about policies not required by the internal nevertile code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ar Kr	Ka.	19.74						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	300						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0	_===							
_	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
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		X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00								
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	IUa								
-	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								
Sec	tion C. Disclosure	100								
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) as	allable								
	for public inspection. Indicate how you made these available. Check all that apply	۵۵۵۱۲	•							
	X 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	financi	al							
	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									
	NANCY HUNTER - 602-999-0419									
	8231 E. WELDON AVENUE, SCOTTSDALE, AZ 85251									

Form	990	(2014)	

### MESA HO HO KAM FOUNDATION, INC.

11-3642839

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### 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

X Check this box if neither the organization n	or any related	orga	nıza	tion	con	преп	sate	ed any current officer, d	rector, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		ነ than d	nne.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	-	cer an	nd a d	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	D 10	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		8	Suadi		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		ıployı	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	or mer			Organizations
(1) DAVID R. MATTSON	4.00	<u> </u>	<u> </u>	0	×	Ξ 55	-			
PRESIDENT	0.00	х		Х				0.	0.	0.
(2) TIMOTHY R. BAUGHMAN	4.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(3) PHIL KELLIS	2.00									
SECRETARY	0.00	Х	}	Х				0.	0.	0.
(4) KEN LENHART	2.00									
TRUSTEE		X						0.	0.	0.
(5) JERRY DELAND	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(6) CRAIG BERGE	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(7) RON SPITLER	2.00			1						
TRUSTEE	0.00	Х						0.	0.	0.
(8) MICHAEL FLATT	2.00					1				
TRUSTEE	0.00	X			_	_		0.	0.	0.
(9) JOHN EVANS	2.00	1								
TRUSTEE	0.00	X			<u>L</u>	<u> </u>	L	0.	0.	0.
	<u> </u>	4								
		$\vdash$		-	ļ	┼	┝			
		1					ļ			
		ŀ	T	<u> </u>	T	1				
						ļ				
		<del> </del>	├	├	₩	<u> </u>	├-			
		┨		•						
		┢╌	╁╌	<del> </del>	╁	$\vdash$				
		1		L			L			
		Γ								
		<u> </u>	<u> </u>		<u> </u>	<u> </u>	L			
		-								
	i	1	1	1	1	1	l		1	1

- 1

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	<u>ees,</u>	and	Hig	ghes	it Co	ompensated Employee	s (continued)			
(A)	(B)	1		_ (0				(D)	(E)	j	(F)	
Name and title	Average	(do		Posi		) than o	nne.	Reportable	Reportable		Estimated	j
	hours per	box	, unie	ss per	son ı	s both	an	compensation	compensation	on	amount of	t
	week	<b>├</b> ─	ceran	id a di	recto	or/trus	tee)	from	from related	t	other	
	(list any	Individual trustee or director					ļ	the	organization		compensati	on
	hours for related	o d	98			ated		organization	(W-2/1099-MIS	SC)	from the	_
	organizations	ustee	trust		ړي	bens	ļ	(W-2/1099-MISC)		l	organizatio	
	below	ual T	lonal		ploye	t com	١.				and related organization	
	line)	pinipi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organization	13
	<del> </del>	=	=	0	×	王副	<u>.</u>	<del></del>				
	<del></del>	1	J									
						┢╌	<del> </del>					
	<u> </u>	ł										
	<del>                                     </del>	-	├		<u> </u>	├		<del></del>				
		-										
	<del> </del>		├	<u> </u>	_	<b>├</b>	<u> </u>	<u> </u>				
		1										
	<del> </del>		<u> </u>	_		ļ	<u> </u>	<u> </u>				
			1				Ì	Ì	ļ			
	ļ	L.	_			<u> </u>						
		1	1				1	}	<b>\</b>	i		
	<u> </u>		<u> </u>			L	_	<u> </u>				
		•	{		1	1	1	}				
			<u> </u>									
			Ţ		Γ	Τ_						
		]	}				İ					
						$\top$						
		1										
1b Sub-total					-		<b></b>	0.		0.		0.
c Total from continuation sheets to Part VI	I Section A							0.		0.		0.
d Total (add lines 1b and 1c)	1,0001101174							0.		0.		ō.
Total number of individuals (including but n	ot limited to th	000	lieto	d at	201/6	2) wh	0 10	<del></del>	000 of reportable			<u> </u>
compensation from the organization	of infined to the	036	11316	u al	JOVE	<i>5)</i> WI	10 16	cerved more than \$100	,000 of reportable	C		0
compensation from the organization		_	_	_		_					Yes	No
3 Did the organization list any former officer.	director or tra	ictor	o ko	on	مامم		0-1	nighoot componented o	mplayaa an			
-		1216	<del>,</del> , , ,	y en	прю	уее,	, Or I	nighest compensated el	nployee on			X
line 1a? If "Yes," complete Schedule J for s					<b>.</b>						3	
4 For any individual listed on line 1a, is the su									ne organization			X
and related organizations greater than \$150											4	Maria Maria
5 Did any person listed on line 1a receive or a	=				-		elate	ed organization or indivi	dual for services			X
rendered to the organization? If "Yes." con	nolete Schedul	e J f	or si	ıch j	oe <i>r</i> s	son		<del></del>			5	<u> </u>
Section B. Independent Contractors												
Complete this table for your five highest co	-									pensa	tion from	
the organization Report compensation for	the calendar y	ear e	<u>endır</u>	ng w	<u>rith (</u>	or w	<u>ithin</u>		/ear			
(A)				_			- 1	(B)		_ ا	(C)	
Name and business	address	N	INC	<u> </u>			_	Description of	services		compensation	
							ļ					
										<u> </u>		
							Į			l		
							_			ļ		
											- <del></del>	
										<u> </u>		
					_							
										<u> </u>		
2 Total number of independent contractors (	ncluding but n	ot lii	mite	d to	tho	se lis	sted	above) who received m	ore than			12
\$100,000 of compensation from the organ	_					0				300		

, (

Page 9

تنا		Check if Schedule O con	tains a response or note to any	v line in this Part VIII			
		Check ii Canedalo C Con	came a response of mote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 2	Federated campaigns	1a				
ran	t	Membership dues	1b				
هَ وَ	,	Fundraising events	1c				
ifts	,	1 Related organizations	1d				
رة 10.5		Government grants (contribute	— <del></del>				
Ę.	f	All other contributions, gifts, grai	· · · · · · · · · · · · · · · · · · ·				
ig e		similar amounts not included abo		3.			
Ē	، ا	Noncash contributions included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	,	Total. Add lines 1a-1f		245,553.			
			Business Co	ode			
8	2 8	ı				-	
Program Service Revenue	l t						
Sec						•	
am eve			1				
	•						
ď	f	All other program service reve	enue				
		Total. Add lines 2a-2f		<b>•</b>			
	3	Investment income (including	dividends, interest, and				
		other similar amounts)	1	<b>62,017.</b>			62,017.
	4	Income from investment of ta	x-exempt bond proceeds	<b>&gt;</b>			ļ
	5	Royalties		▶ 70.		<del></del>	70.
			(i) Real (ii) Persona	al .			
	6 a		ļ	_			,
	t	•		^			,
		Rental income or (loss)					
		Net rental income or (loss)		<b>&gt;</b>		<del> </del>	
	7 a	Gross amount from sales of	(i) Securities (ii) Other				
		assets other than inventory	285,022.	_			
	k	Less cost or other basis	har ro1				
		and sales expenses	235,581.	<b>-</b>			
		Gain or (loss)		49,441.			40 441
		Net gain or (loss)		<u>49,441.</u>			49,441.
e	8 8	Gross income from fundraisin including \$					
Other Revenu			of		1		
Be		contributions reported on line					
her		Part IV, line 18 Less: direct expenses	a 57,643 b 30,239				
₹		Net income or (loss) from fund		27,404.			27,404.
		Gross income from gaming a		21,303.		<del></del>	41,404.
	3 6	Part IV, line 19	a				
	ŀ	Less direct expenses	b				
		: Net income or (loss) from gan					
		Gross sales of inventory, less	-	<del></del>			<u> </u>
		and allowances	a				
	Ŀ	Less: cost of goods sold	b				
		: Net income or (loss) from sale		<b>•</b>		······································	
		Miscellaneous Revenu		ode			
	11 a	)					
	Ł						
	c						
	c	All other revenue					
	ε	Total. Add lines 11a-11d	<u> </u>	<b></b>			
465	12	Total revenue. See instructions.		<b>→</b> 384,485.	0.	0.	138,932.
43200 11-07	9 14						Form <b>990</b> (2014)

Do п	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		4-2-2-1		
	and domestic governments. See Part IV, line 21	153,036.	153,036.	<del></del>	
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				
	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			j	
7	persons described in section 4958(c)(3)(B)  Other salaries and wages				
7	Pension plan accruals and contributions (include				***
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
'' a	Management	ļ			
	Legal	.,			
	Accounting	2,500.		2,500.	
	Lobbying	•			
	Professional fundraising services. See Part IV, line 17	· ·			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,		1		
Ū	column (A) amount, list line 11g expenses on Sch O.)	6,010.		6,010.	
12	Advertising and promotion				
13	Office expenses	63.		63.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,487.		2,487.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 050		1 070	
23	Insurance	1,070.		1,070.	<del></del>
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 0.)	•			
а	SWIM MEET EXPENSES	5,055.		5,055.	
b	BANK CHARGES	730.		730.	
c	PRINTING	239.	-	239.	
d	POSTAGE/FREIGHT	203.		203.	
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	171,393.	153,036.	18,357.	0
26	Joint costs. Complete this line only if the organization				· —· — — — — — — — — — — — — — — — — —
	reported in column (B) joint costs from a combined				
	, , , ,			1	
	educational campaign and fundraising solicitation.			ļ l	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 258,873. 330,371. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other eš. - 3 basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 1,351,514. 1,246,377. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 2,250. 2,250. 15 Other assets See Part IV. line 11 15 1,612,637. 1,578,998. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 0. 300. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0. 300. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30 30 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 1,612,637. 1,578,698. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,612,637. 1,578,698. 33 33 Total net assets or fund balances 1,578,998. 1,612,637. Total liabilities and net assets/fund balances 34

	990 (2014) MESA HO HO KAM FOUNDATION, INC.	<u> 11-</u>	-36 <b>4</b> 28	39	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		384		
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	<u> 171</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		213		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	612	,63	<u> 37.</u>
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	_	247	, 03	31.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	_column (B))	10	1,	578	,69	98.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u> </u>		ŀ	l	
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ī	2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			Ţ	
	separate basis, consolidated basis, or both:					<i>3</i>
	X Separate basis Consolidated basis Both consolidated and separate basis				ľ	*
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.				
	consolidated basis, or both	,				×6
	Separate basis Consolidated basis Both consolidated and separate basis			3		*
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		., ,	.	<i>'</i>
	review, or compilation of its financial statements and selection of an independent accountant?	400.0	-	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	Ţ.	<u></u>	$\rightarrow$	<b>k</b>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		<sub>lit</sub>	, ×		
	Act and OMB Circular A-133?	<sub>3</sub> .3	"	3a	$\dashv$	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	" <u> </u>	<del></del>	$\dashv$	<del></del> _
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audi	·	зь		
	and the state of t			orm 9	90 %	2014)
				J	(2	

#### SCHEDULE A

(Fgrm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MESA HO HO KAM FOUNDATION. 11-3642839 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1.9 support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions)) Yes No

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)

Se	ction A. Public Support			<del></del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and				<u> </u>	(0) = 0 · · ·	
	membership fees received (Do not					İ	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				<del></del> -		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		*		i		
	by each person (other than a	, ,			, -		
	governmental unit or publicly	,	**			* *	
	supported organization) included	, ,	15° &	} ×	Are,	. **	
	on line 1 that exceeds 2% of the	\$ (* • ;	,, * * * * * * * * * * *	. *	*	* *	
	amount shown on line 11,		÷	, ,			
	column (f)	, ∜±	į .		'***	* *	
6	Public support. Subtract line 5 from line 4	. 🖑			· · ·	*	<del></del>
Sec	ction B. Total Support		<del></del>		<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		<u> </u>	197-0-1	(4) 2010	(6) 23 (1	(i) rotal
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	*				1	
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructio	ns)			12	
	First five years. If the Form 990 is for		-	fourth or fifth ta	x vear as a section		
	organization, check this box and stop	here		-,	n your do a soonor	. 00 1(0)(0)	▶□
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2014 (li	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o	rganization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies					,	ightharpoonup
b	33 1/3% support test - 2013. If the o		_	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali					·	▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b. a	and line 14 is 10% o	or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						▶ 🗀
b	10% -facts-and-circumstances test					7a. and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						·
18	Private foundation. If the organization						
						dula A /Form 000	

(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

Sec	ction A. Public Support	o.o, picago comp	.o.o r tare in j					
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Gifts, grants, contributions, and membership fees received (Do not							
	include any "unusual grants ")	144,042.	163,102.	166,397.	160,569.	<u>24</u> 5,553.	879,663.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	- 1	•					
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	144,042.	163,102.	166,397.	160,569.	245,553.	879,663.	
7 <i>a</i>	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
t:	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						0.	
c	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·					0.	
8	Public support (Subtract line 7c from line 6)		WALL TO THE	TORREST A SERVICE	Ford 7		879,663.	
Sec	ction B. Total Support		-					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
9	Amounts from line 6	144,042.	163,102.	166,397.	160,569.	245,553.	879,663.	
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties	12,008.	31,045.	39,921.	47,964.	62,088.	193,026.	
	and income from similar sources Unrelated business taxable income	12,000.	31,043.	39,321.	47,304.	02,000.	193,020.	
L	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	12,008.	31,045.	39,921.	47,964.	62,088.	193,026.	
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	12,000.	31,045.	39,921.	47,904.	02,000.	193,026.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	42,637.	39,829.	42,500.	49,199.	27,404.	201,569.	
13	Total support. (Add lines 9, 10c, 11, and 12)	198,687.	233,976.	248,818.	257,732.	335,045.	1274258.	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectior	n 501(c)(3) organiza	ation,	
	check this box and stop here	- O						
Sec	ction C. Computation of Publi				· · · · · · · · · · · · · · · · · · ·	<del> </del>		
15	Public support percentage for 2014 (I	• •	•	olumn (f))		15	69.03 %	
16	Public support percentage from 2013					16	70.68 %	
	Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  17 15.15 %							
17 18	12 20							
	19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiza	ation	►X	
t	33 1/3% support tests - 2013. If the	-			-	· ·	ınd ▶ ┌──	
20	line 18 is not more than 33 1/3%, che		-	-		-		
-20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

### 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 A.	Ali	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **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
- 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
- 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 Part VI 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
- 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 Part VI, 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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
- 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)
- 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)
- 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 Part VI
- 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
- 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.
- 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.
  - **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.)

	Yes	No
1		
2		
3a		
3b_		
3c	¥	
4a	<u> </u>	$\vdash$
<b>488</b>		*
4b		
,		3,44
45	`	
4c		
\$	**	
5a		
5b		
5c		
-		
6	<del>                                     </del>	
7	-	<del> -</del>
8		匚
9a_		
9b_	<del> </del>	
90		
9c		<u> </u>
10a		匚
10b	<del>                                     </del>	$\vdash$

Sche	dule À (Form 990 or 990-EZ) 2014 MESA HO HO KAM FOUNDATION, INC. 11-36	4283	9 Pa	age 5
Pai	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	•		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	_11b		
c	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		
Sec	tion B. Type I Supporting Organizations			
			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 Part VI 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	~	**	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	*	á	
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
	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			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		2	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			•
	significant voice in the organization's investment policies and in directing the use of the organization's		۽ ا	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions)			
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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		
	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		<u> </u>	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u>L.</u>	<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2014 MESA HO HO KAM FOUNDATI			11-3642839 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2	Recovenes of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		*	
	instructions for short tax year or assets held for part of year)			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		•	/ • *
	factors (explain in detail in Part VI)	. 4		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ted Type III supporting orga	anization (see
	instructions)			

	lule A (Form 990 or 990-EZ) 2014 MESA HO HO KA			1-3642839 Pa	<u>ge 7</u>
Par	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	<del></del>	
ecti	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	·		
4	Amounts paid to acquire exempt-use assets		·		
5	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	the organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2014 from Section C, line 6				
	Line 8 amount divided by Line 9 amount				
		(1)	(II)	(iii)	
		Excess Distributions	Underdistributions	Distributable	
3ecti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014	Į.
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014	, -		×	
a	*		*		
_ <u>u</u> b	\$ ************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
c				<u> </u>	
ď				*	
	From 2013				
	Total of lines 3a through e	+		<del></del>	
	Applied to underdistributions of prior years			<del> </del>	
	Applied to 2014 distributable amount				
- <u>''</u>	Carryover from 2009 not applied (see instructions)				
	Remainder_Subtract lines 3g, 3h, and 3i from 3f	<del> </del>			*
	Distributions for 2014 from Section D,	<del>-</del>			·
4	line 7 \$	1			
	Applied to underdistributions of prior years  Applied to 2014 distributable amount				
	Applied to 2014 distributable amount  Remainder Subtract lines 4a and 4b from 4	<del> </del>		-	
J	Remaining underdistributions for years prior to 2014, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions)			<del>                                     </del>	
6	Remaining underdistributions for 2014 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).	-		<del>- </del>	
7	Excess distributions carryover to 2015. Add lines 3j				
	and 4c	<del></del>	<del> </del>	<del> </del>	
8_	Breakdown of line 7.		· · · · · · · · · · · · · · · · · · ·	<del>  -</del>	
<u>a</u>	<del> </del>	<del></del>		<del> </del>	
<u>b</u>			-		
С	L			<del> </del>	
А	Excess from 2013	l .	1	1	

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 MESA HO HO KAM FOUNDATION, INC.	11-3642839	Page 8
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Also complete this part for any additional information. (See instructions)	or 17b, and Part III, line 12	2 ———
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME	<u>:</u>	
SPECIAL EVENTS		
2010 AMOUNT: \$ 42,637.		
2011 AMOUNT: \$ 39,829.		
2012 AMOUNT: \$ 42,500.		
2013 AMOUNT: \$ 49,199.	<del></del>	
2014_AMOUNT: \$ 27,404.		
<del> </del>		<del></del>
		·
	<del> </del>	

## **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.

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

OMB\_No 1545-0047

Department of the Treasury Internal Revenue Service

Nam	e of the organization  MESA HO HO KAM FOUNDATION, INC.		Employer identification number 11-3642839
Par		ilar Funds or Acc	
Miracar	organization answered "Yes" to Form 990, Part IV, line 6	nai i unas oi Aoc	Complete it the
	(a) Donor advised file	ınds (h	) Funds and other accounts
	——————————————————————————————————————	1103 (6	in in a said office accounts
1	Total number at end of year	<del></del>	
2	Aggregate value of contributions to (during year)	<del></del>	
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 i	n donor advised tunds	
	are the organization's property, subject to the organization's exclusive legal control?	£	Yes N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant		-
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	ther purpose conterning	
Pai	impermissible private benefit?  Conservation Easements. Complete if the organization answered "Yes" t	o Form 000 Doct IV I	Yes N
_		o Form 990, Part IV, II	TIE 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		ation of a historically i	•
	<del></del>	ation of a certified his	toric structure
_	Preservation of open space	4 6 6	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a con	servation easement on the last
	day of the tax year	ſ	1-2 Hald as the Fed of the Toury
	Tabel comband conservation and the	<u> </u>	Held at the End of the Tax Ye
а	Total number of conservation easements	}	2a
b	Total acreage restricted by conservation easements	ļ	2b
c	Number of conservation easements on a certified historic structure included in (a)		2c
d	( )	istoric structure	
_	listed in the National Register	l	
3	Number of conservation easements modified, transferred, released, extinguished, or term	linated by the organiz	ation during the tax
	year >		
4	Number of states where property subject to conservation easement is located	h a sellen a sel	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	, nandling of	
_	violations, and enforcement of the conservation easements it holds?		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	• •	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements o	t section 170(n)(4)(B)(i	
_	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation easements in its revenue	•	· ·
	include, if applicable, the text of the footnote to the organization's financial statements the	at describes the orga	nization's accounting for
Däï	conservation easements  Tills Organizations Maintaining Collections of Art, Historical Treas	ures or Other Si	milar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ures, or other or	illiai Assets.
			I beleeve about walks of art
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-		
	historical treasures, or other similar assets held for public exhibition, education, or resear	ch in lurtherance of p	ublic service, provide, in Part XIII,
<b>L</b>	the text of the footnote to its financial statements that describes these items	statement and bal	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever		
	treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of public serv	ice, provide the following amount
	relating to these items		<b>&gt;</b> •
	(i) Revenue included in Form 990, Part VIII, line 1	••	<b>\$</b>
_	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical treasures, or other similar asset	• • •	rovide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to the	se items:	<b>.</b> .
a	Revenue included in Form 990, Part VIII, line 1	•	<b>\$</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

		HO KAM FO							<u>42839</u>	
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sigi	nificant u	ise of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	(	ı 🗀 t	Loan or exc	hange progra	ms				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ie organizatio	n's exem <sub>l</sub>	pt purpo	se ın Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	r sımılar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "	Yes" to F	orm 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for d	contributions	s or other ass	ets not in	cluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe		-				y?		Yes	No
<u>_b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planatio	n has been	provided in Pa	art XIII				
Par	t V F Endowment Funds. Complete	f the organization ar	swered	"Yes" to For	m 990, Part I	V, line 10	)			
		(a) Current year	(b) F	rior year	(c) Two year	s back (	d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		ļ <u> </u>							
	Grants or scholarships									
е	Other expenditures for facilities								1	
	and programs									<del></del>
f	Administrative expenses									
g	End of year balance		<u>.</u>		<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)	) held as					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	-								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organiz	ation	<u>.</u>	
	by									es No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(ıı), are the related organizations	•							3b	l
1 Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unds						
Fai	<del></del>		. Dart IV	luanden O	F 000	Dank V. III	10			
	Complete if the organization answere									
	Description of property	(a) Cost or of basis (investigation)			or other (other)		cumulate reciation		(d) Book	value
	Land	Dasis (HIVEST	in <del>o</del> nt)	Dasis	(Ottiet)	uep	CIALION	<del>'</del>		
	Land			-	_					<del></del>
	Buildings			<del>                                     </del>						
	Leasehold improvements	-								
	Equipment Other			<del> </del>						
			V	L (D) 4 : - 3	0-1		•		<u> </u>	0.
UCIA	l. Add lines 1a through 1e. (Column (d) must e	cuuai rorm 990. Pärt	A. COIUN	nn (B). line 1	<i>UC.J.</i>					

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014 MESA HO HO KAM FOUNDA		11-3642839 Page <b>4</b>
Reconciliation of Revenue per Audited Financial S		r Return.
Complete if the organization answered "Yes" to Form 990, Part IV	<del></del>	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a Net unrealized gains (losses) on investments	<u>2a</u>	
b Donated services and use of facilities	<u>2b</u>	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e
<ul><li>Subtract line 2e from line 1</li><li>Amounts included on Form 990, Part VIII, line 12, but not on line 1</li></ul>		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b	<del></del>	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	5
Part XIII Reconciliation of Expenses per Audited Financial	Statements With Expenses	
Complete if the organization answered "Yes" to Form 990, Part IV	· · · · · · · · · · · · · · · · · · ·	
Total expenses and losses per audited financial statements	·	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		3.50
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		3783
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b	40	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III	no 19 )	5
Part XIII Supplemental Information.	76-76.7	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4. Part IV, lines 1b and 2b, Part V,	line 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PART X, LINE 2:		
THE ORGANIZATION HAS BEEN GRANTED TAX-EX	XEMPT STATUS UNDER	
SECTION 501(C)(3) OF THE INTERNAL REVEN	UE CODE. HOWEVER,	INCOME FROM
CERTAIN ACTIVITIES NOT DIRECTLY RELATED	TO THE ORGANIZATIO	N'S TAX-EXEMPT
PURPOSE MAY BE SUBJECT TO TAXATION AS U	NRELATED BUSINESS T	AXABLE INCOME.
DURING THE YEARS ENDED AUGUST 31, 2015	AND 2014, THE ORGAN	IZATION DID NOT
EARN ANY UNRELATED BUSINESS TAXABLE INC	OME; THEREFORE, THE	ACCOMPANYING
FINANCIAL STATEMENTS CONTAIN NO PROVISION	ON FOR INCOME TAXES	
	·	
mun Onganitgamion novi one	aarran nii mii =======	T11 30000000
THE ORGANIZATION FOLLOWS THE GUIDANCE I	SSUED BY THE FINANC	TAL ACCOUNTING
GMANDADDG DOADD /BAGD\ DELAMED MO 1000	NMTNG BOD TWOOM	V INICEDMATE
STANDARDS BOARD (FASB) RELATED TO ACCOUNT	NTING FOR INCOME TA	A UNCERTAINTIES.
INDED MILLO CHILDANCE MILE OPCANICATED	000131M0 505 705 555	TOTAL OF ANTI
UNDER THIS GUIDANCE, THE ORGANIZATION A	CCOUNTS FOR THE EFF	LUT OF ANY

Schedule D (Form 990) 2014

## **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization  MFCA HO	HO KAM FOUNDATION	ТЪ	īC'			mployer ide .1-3642	ntification number ๑२๑
Parti Fundraising Activities.	Complete if the organization answe			Form 990, Part IV, II			
required to complete this par	t			<del>1</del>			
Indicate whether the organization rais     Mail solicitations		_		Check all that apply overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special						
d In-person solicitations							
2 a Did the organization have a written of			_		tees or		
b If "Yes," list the ten highest paid indi	art VII) or entity in connection with pi				اسمريك مما	Yes	
compensated at least \$5,000 by the		iani io	agree	inents under which t	ne iunu	raiser is to D	<del>U</del>
		T			T		<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	to (or r	nount paid retained by) ndraiser d in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		_					
Total			•				
List all states in which the organization     or licensing	on is registered or licensed to solicit of	contrib	utions	or has been notified	It is exe	empt from re	gistration
				<del></del>			
				<del></del>			
	<del></del>		<del></del>				
<del></del>	<del></del>					<del></del> -	<del></del>
	<del></del>					·	

Sch	edul	e G (Form 990 or 990 EZ) 2014 MESA HO	HO KAM FOUN	DATION, INC.	11-	3642839 Page 2
Ŗa	IIIII	Fundraising Events. Complete if the of fundraising event contributions and groups are supplied to the contributions.				
-7		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
)			GOLF	GOLF CRUISE	NONE	(d) Total events
				RAFFLE	HONE	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
e e			(CVCIT Typo)	(event type)	(total flamber)	<del></del>
Revenue	1	Gross receipts	45,840.	11,803.		57,643.
ŭ					<del></del>	
	2	Less Contributions				
			45 040	11 002		E7 (42
	3	Gross income (line 1 minus line 2)	45,840.	11,803.		57,643.
	4	Cash prizes				
			<del></del> -			
	5	Noncash prizes	9,556.	1,710.		11,266.
ses					·	
Direct Expenses	6	Rent/facility costs	16,753.			16,753.
ŭ			1 000			1 000
rect	7	Food and beverages	1,820.	-	<del></del>	1,820.
۵	8	Entertainment				
	9	Other direct expenses	400.			400.
	10	Direct expense summary Add lines 4 through		<u> </u>	<b></b>	30,239.
	11	-				27,404.
Pa	rt:l			990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ğ			(u) 5iiig0	bingo/progressive bingo	——————————	col (a) through col (c))
Revenue	1		Ì			
_	1	Gross revenue				
	_	Onella assess				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Ä	3	Noncasii piizes	-		<del></del>	
ect	4	Rent/facility costs				
Dire		,				
	5	Other direct expenses	_			
			Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	☐ No	☐ No	
	Ì					
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	_	Net among an arrange College 7	Strang lime of a polynomial (al)		_	
	8	Net gaming income summary Subtract line 7	from line 1, column (a)			<u> </u>
۵	Fn	ter the state(s) in which the organization condu	icts gaming activities			
		the organization licensed to conduct gaming ac	-	states?		Yes No
		No," explain:				
		· · · · · · · · · · · · · · · · · · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	ear?	Yes No
b	) If "	Yes," explain				
	_		<del>.</del>			
		···				

Sch	edule G (Form 990 or 990 EZ) 2014 MESA_HO HO KAM FOUNDATION, INC.	3642839	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	∟ No
	Indicate the percentage of gaming activity conducted in  The organization's facility	<sub>13a</sub>	0/
	o An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party		
	Name		
	Address ►		<del>.</del>
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
		<del></del>	<del>-</del>
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year  \$ supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, III.	ines 9 9h 10l	15h
_	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		

Schedule G	(Form 990 or 990-F7)	MESA	HO	НО	KAM	FOUNDATION,	INC.	11-3642839	Page 4
PartiV	(Form 990 or 990-EZ) Supplemental Infor	mation	(contini	ied)					
· · · · · · · · · · · · · · · · · · ·			(00//	,					
								<del></del>	
					_				
		·					<u> </u>		
	<del></del>						<del></del>		
	<del></del>							***	
								<u>.</u>	
					_				
								·	
						<u> </u>			
							11		
· · · ·								<del></del>	
	<del> </del>	<del></del>				<del> </del>		<u> </u>	·····
		··							
		<del></del>				<u> </u>	<u>-</u>		
							· · · · · · · · · · · · · · · · · · ·		
	<del></del>					<del></del>	·		
							,		<u> </u>

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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

OMB No 1545-0047

Employer identification number

11-3642839

INC. MESA HO HO KAM FOUNDATION, Raiding General Information on Grants and Assistance

2 [] X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance?

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additic	onal space is neede	g			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AZ AQUATIC DEVELOPMENT FOUNDATION 1146 N. MESA DRIVE, #102-254 MESA, AZ 85202	86-0348306 <u>501(C)(3)</u>	501(C)(3)	10,000,	0.			YOUTH SPORTS/AQUATIC PROGRAMS
AZ FLAMES TRACK CLUB 1391 E. CRESCENT WAY CHANDLER, AZ 85249	03-0534246 501(C)(3)	501(C)(3)	7,036.	0.			YOUTH SPORTS PROGRAMS
BOYS & GIRLS CLUB OF THE EAST VALLEY - 221 W. 6TH AVENUE - MESA, AZ 85210	86-0550646 501(C)(3)	501(C)(3)	20,000.	0.			YOUTH SPORTS PROGRAMS
CHICAGO CUBS CHARITIES 1060 WEST ADDISON STREET CHICAGO, IL 60613	36-3443543 501(C)(3)	501(C)(3)	11,000.	0.			YOUTH SPORTS PROGRAMS
GENE LEWIS BOXING 59 E. BROADWAY ROAD MESA, AZ 85210	86-0403149 501(C)(3)	501(C)(3)	7,500.	.0			TOURNAMENTS AND EQUIPMENT
MESA ASSN SPORTS FOR DISABLED 59 E. BROADWAY ROAD MESA, AZ 85210	86-0643471 501(C)(3)	501(c)(3)	8,500	0		<u> </u>	SPORTS FOR THE DISABLED/EQUIPMENT, FEES, ETC.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table				7.

432101 10-15-14

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) MESA HO HO KAM FOUNDATION, IPart III Continuation of Grants and Other Assistance to Governments and	O KAM FOUT	NDATION, INC.	izations in the Unit	ted States (Sche	INC. Organizations in the United States (Schedule I (Form 990), Part II)	ı	11-3642839 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF THE SUN YMCA 350 N. 1ST AVENUE PHOENIX, AZ 85003	86-0096799 501(C)(3)	501(C)(3)	30,000.	0.			YOUTH SPORTS PROGRAMS
							Schedule I (Form 990)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE BOARD OF DIRECTORS MEETS ANNUALLY TO DETERMINE WHICH GROUPS RECEIVE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 432102 10-15-14 FUNDS Part III

Page 2

11-3642839

MESA HO HO KAM FOUNDATION, INC.

Schedule I (Form 990) (2014)

# **SCHEDULE 0**

(Form 990 or 990-EZ)

jay toda Bij

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.

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MESA HO HO KAM FOUNDATION TNO Employer identification number 11-3642839

HEBR NO NO RAY FOUNDATION, INC. 11-3042033
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT COPY OF THE FORM 990 IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS
PRIOR TO FILING THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
DISCLOSURES ARE SIGNED ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION DOES NOT CURRENTLY MAKE ITS GOVERNNING DOCUMENTS, CONFLICT
OF INEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
UNREALIZED LOSS ON INVESTMENTS -220,134.
DISALLOWED LOSS FROM PUBLICLY TRADED PARTNERSHIP -26,286.
NON-DEDUCTIBLE EXPENSES FROM K-1 -611.
TOTAL TO FORM 990, PART XI, LINE 9 -247,031.
FORM 990, PART XII, LINE 2C:
NO CHANGE HAS TAKEN PLACE IN THE FINANCIAL REVIEW PROCESS. IT IS THE
SAME AS IN PRIOR YEARS.