

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



Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

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

_			the Treasury ue Service	Information about Form	990-EZ and its instructions	is at www.irs.	.gov/for	m990.			
5	A F	or the	014 calendar year, or	tax year beginning	October 1,	, 2014, and e	ndıng	Sept	ember 30	, 20	15
ENVELOPE	Вс	heck if ap	olicable C Name o	f organization				D Emple	oyer identificat	tion number	r
M		Address c	ange Puerto Ri	co Alliance for Companio	on Animals, Inc.			İ	66-0751	044	
ξ5	<u> </u>	Vanna cha	ge Number an	id street (or P O box, if mail is	not delivered to street address)	Room	√suite	E Telep	none number		
22	===	nitial refur	1130 Winst	ton Churchill Suite 1 PM	32	}		ŀ	787-595-6	3581	
1	===		City or tow	n, state or province country	and ZIP or foreign postal code			F Grou	p Exemption		
3	=	Amended Applicatio	•	, PR, 00926					ber ▶		
MAY			ng Method 🔲 Cash	الساسوا كالمراطون المتالات النبيات	oecify) ►		Н	Check D	f the or	ganization	is not
		/ebsite		.org			_	required	to attach Sci	nedule B	
دد	J Ta	ax-exen		e) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 494	7(a)(1) or 🔲	527	(Form 99	90, 990-EZ, o	r 990-PF)	
<u> </u>			organization 🗹 Corp			Other					
20 20 20 20 20 20 20 20 20 20 20 20 20 2	LA	dd lines	5b, 6c, and 7b to line 9	9 to determine gross receij	ots. If gross receipts are \$200	,000 or more,	or if tota	assets			
ינינ	(Par	t II, coli),000 or more, file Form 99					> \$		85 <u>,</u> 780
		art I	Revenue, Exper	ises, and Changes i	n Net Assets or Fund	Balances (s	ee the	instruc	tions for P	art I)	
			Check if the orgai	nızation used Schedul	e O to respond to any qu	estion in this	Part I		. <u></u>		. 🔽
		1	Contributions, gifts,	grants, and similar amo	ounts received			[1	ε	85,780
		2	Program service rev	enue including governn	nent fees and contracts			[2		0
		3	Membership dues a	nd assessments				. [3		0
		4	Investment income					. [4		0
		5a	Gross amount from	sale of assets other tha	n inventory	5a		0			
		b	Less: cost or other b	basis and sales expense	es	5b		0	1		
		С	Gain or (loss) from s	ale of assets other than	inventory (Subtract line 5)	b from line 5a	2)		5c		0
		6	Gaming and fundras						* ,		
		a			nedule G if greater than	า		1	4		
	Revenue	}	\$15,000)		<i></i>	6a		0			
		b		fundraising events (not i		o of cont	ribution	ıs	1		
	Re				(attach Schedule G if the	9 ု		ļ			
			sum of such gross in	ncome and contribution	s exceeds \$15,000)	6b		0			
		C			draising events	6c		0	* . ·		
		d	·		- ·	add lines 6a and 6b and su		otract	· * * · · ·		
တ			•	· · · · · · · · · · · · · · · · · · ·					6d		0
2016		7a			llowances	7a		0			
		b	Less. cost of goods		· · · · · · · · · · · · · · · · · · ·	7b		0			
60		С			(Subtract line 7b from line				7c		0
8		8	*						8		0
\leq		9			7c, and 8	<u> </u>		. •	9		85,780
=		10		mounts paid (list in Sch	edule O)	-			10	7	75,053
		11	Benefits paid to or fo	or members	eduie O) RECE	IVED			11		0
Щ	ses	12	Salaries, other comp	bensation, and employe	e benefit of		=1 .		12		0
\leq	ens	13		d other payments to inc		1 2010 12	% I ·		13		550
A	Expens	14	• •	ilities, and maintenance		* 4016 13	$31 \cdot$		14		0
SCANN	ш	15		s, postage, and shippin	g		31: ·		15		152
U		16		scribe in Schedule O)	OGDEN	VIIT C	1		16		11,467
		17		ld lines 10 through 16		<u> </u>	1	. >	17		37 <u>,22</u> 2
	Š	18		or the year (Subtract line		(4))	. .)	18		-1,442
	SSe	19			of year (from line 27, colu	ımn (A)) (mus	agree	with	-		
	t A	00		eported on prior year's r	· · · · · · · · · · · · · · · · · · ·		• •		19	1	10,597
	Net Assets	20			es (explain in Schedule O)				20		0
		21	iver assets or fund b	alances at end of year.	Combine lines 18 through	20	· · ·	. 🖊	21	000 CZ	9,154

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

0,,,,	200 22 (20 / /)					9-
Pai	rt III Balance Sheets (see the instruction				_	
	Check if the organization used Sched	ule O to respond to a		Part II		(B) End of year
22	Cash, savings, and investments		-	10,597	<u></u>	9,154
23	Land and buildings				23	3,134
24	Other assets (describe in Schedule O)				24	C
25	Total assets		, . [10,597	25	9,154
26	Total liabilities (describe in Schedule O) .			0	26	
27	Net assets or fund balances (line 27 of colu			10,597	27	9,154
Par	Statement of Program Service According Check if the organization used Sched					Expenses
M/hat	t is the organization's primary exempt purpose?					ured for section
	cribe the organization's program service accom-					:)(3) and 501(c)(4) nizations, optional for
as m	neasured by expenses. In a clear and concise ons benefited, and other relevant information for	e manner, describe th	e services provided	I, the number of	other	s)
28						
						}
	(Grants \$) If this amou	unt includes foreign gr	ants, check here .	<u>, , , ▶ □</u>	28a	
29						

	(Grants \$) If this amoi	unt includes foreign gr	ants. check here	• 🖺	29a	
30						
24		unt includes foreign gr			30a	
31	Other program services (describe in Schedule (Grants \$) If this amou	unt includes foreign gr			31a	
32	Total program service expenses (add lines 2)				32	
Par					nstruc	tions for Part IV)
	Check if the organization used Sched	lule O to respond to a			<u>.,</u>	<u> </u>
	folklare and our	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC			ther compensation
Dra I	Úrsula A . Aragunde Kohl		(
	ident	10		,	0	0
	elle Cintrón		 		1	
Exec	utive Director	25	c		0	0
Edua	rdo Pérez					
	President	5	o	 	0	0
	II López sport Director				0	0
Halls	sport Director	5	 	<u> </u>	-	
			<u></u>			
				 		
			 	 	+	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				T	
		<del></del>	<del> </del>		-	
<del></del>			<del> </del>	<del></del>		
				1		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	modulation to reactly officers and organization about our cases and appearance of the control of		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>✓</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			✓_
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b o Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		, •
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ Puerto Rico			
42a	Located at ► ZIP + 4 ►	787-59	5-858	1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			}
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
¢	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	l	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	NO V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	. ,	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	-	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	2		
	Form 990-EZ (see instructions)	45b		1

	•						
Form 99	10-EZ (2014)					P	age <b>4</b>
				<del> </del>	<del></del>	Yes	No
46	Did the organization engage, directly or i to candidates for public office? If "Yes,"	ndirectly, in political o	campaign activities on	behalf of or in opposit	tion 46		<i>J</i>
Part			,				
	All section 501(c)(3) organization		estions 47–49b and	52, and complete th	e tables f	or line	es
	50 and 51.	,		•			
	Check if the organization used Sc	hedule O to respond	d to any question in the	nis Part VI	<u> </u>		
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	tll			tax . 47		✓
48	is the organization a school as described i				48		1
49a	Did the organization make any transfers						<b>✓</b>
b	If "Yes," was the related organization a s	ection 527 organization	on?				<u> </u>
50	Complete this table for the organization's employees) who each received more that	s five highest comper	nsated employees (oth	er than officers, direct	ors, truste e. enter "N	es and	а кеу
	employees) who each received more tha	T	1	(d) Health benefits,			
	(a) Name and little of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
The O	ganization doesn't have employees						
		]					
		†					
		1					
f	Total number of other employees paid ov	/er \$100,000	▶ 0				
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors who each	received	more	than
	(a) Name and business address of each indepen		(b) Type of serv	ice {c	Compensati	on	
			<del> </del>				
	of the independent contractors received mor	e than \$100,000 in					
compe	ensation		<del> </del>				
			-				
		<del></del>					
			4				
		· · · · · · · · · · · · · · · · · · ·					
	Total number of other independent contr			<b>-</b>	0		
52 	Did the organization complete Sched completed Schedule A	ule A? <b>Note.</b> All se		nizations must attacr	na . <mark>►                                    </mark>		Vo
	enalties of perjury, I declare that I have examined this trect, and complete declaration of preparer (other that				nowledge and	belief,	ıt ıs
Ci	I hall light	epu		16-M	17 Y.Q(	16	
Sign Here	Signature of officer			Date			
	Ursula Aragunde, Presidente Type or print name and title		<del></del>	<del></del>			

s/signature

Print/Type preparer's name

Michelle Muniz Rodríguez

Firm's name ► Muñíz Rodríguez CPA LLC

Firm's address ► PO Box 821, Caguas, PR, 00726

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

Paid

Preparer Use Only P01779363

66-0802983

787-647-5336 ► ☑ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN ▶

Phone no

Date

16/may/16

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

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

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
www.irs.gov/form990.
Inspection
Employer identification number

	o Rico Alliance for Companion Anin						51044
, Par							ons.
ine c	organization is not a private foundation of church		,	•	•	•	
-	A school described in section			ibed in St	scuon 17	O(D)(T)(A)(I).	
3	☐ A hospital or a cooperative ho			n section	170(b)(	1)(A)(iii).	
4	A medical research organization hospital's name, city, and state	on operated in c					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☑ A community trust described in	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investment acquired by the organization as	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more	than 331/3% of its
	☐ An organization organized and						
11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations of	described in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organization(stream organization. You must continuous	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	ne supporting org	ganization vested in th	nection w le same p	ith its su persons tl	pported organization hat control or manag	n(s), by having ge the supported
С	Type III functionally integral its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integral requirement (see instructions)	ated. The organi	ization generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt is a Type I, Type I	I, Type III
f	Enter the number of supported						
g			oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(See Instructions);	Yes	No		
(A)							
(B)							
(C)							
(D)	4				-		
(E)							
Total		, .*	^^				

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 85,780 122,016 ۵ 36,236 Tax revenues levied 2 for the organization's benefit and either paid to or expended on its behalf . . . O 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 Total. Add lines 1 through 3. . . . 0 0 0 36,236 85,780 122,016 The portion of total contributions by than a each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 0 Public support. Subtract line 5 from line 4. 0 Section B. Total Support (a) 2010 (c) 2012 (d) 2013 (e) 2014 (b) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . . . . . 0 0 ٥ 36,236 85,780 122,016 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 0 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . ٥ 0 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 9,236 Ω 9,236 Total support. Add lines 7 through 10 11 131,252 12 Gross receipts from related activities, etc. (see instructions) 0 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  $\checkmark$ Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 % 15 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2013, If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

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

(Complete only if you checked the box colline 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the te	Sta listed Del	JW, please co	implete Fait	11.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·		<b></b>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						ļ
3	Gross receipts from activities that are not an		ļ				
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the		į				
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						<del></del>
) CI	received from disqualified persons .						
			-				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				7		
	line 6.)						
Secti	on B. Total Support		·	<u>L</u>	I		<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.5	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth tax ve	ar as a sactio	n 501(c)(3)
• •	organization, check this box and stop he	_			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8			3, column (f))		15	%
16	Public support percentage from 2013 Sch		O 1			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2013	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2014, if the organi						
	17 is not more than 331/3%, check this box						
b	331/2% support tests-2013. If the organiz						
	line 18 is not more than 331/3%, check this b		_	-	•		
20	Private foundation, If the organization did	d not check a	box on line 14.	19a, or 19b, c	heck this box	and see instruc	ctions ▶ □

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		,
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b″		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	· · ···· -	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		,
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c	~~	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		**
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	-		
a	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?	ء فرا		
b	A family member of a person described in (a) above?	11a 11b		<del> </del>
	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	<u> </u>	<del> </del>
Sect	on B. Type I Supporting Organizations	1110	l	<del></del>
			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, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).	7. _~		
Secti	on D. All Type III Supporting Organizations			
	Did the appropriate and other sectors of the content of the sectors of the sector	ļi	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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).	1 		
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 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		·«w ,	
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in		_4:	
		nsu u	CHOIR	5).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		•
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	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
			• • • • •
1 Check here if the organization satisfied the Integral Part Test as a qualifying	i trus	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must con	npie	ete Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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	a .	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	<u> </u>	,	, \
factors (explain in detail in Part VI):	/ \	•	*
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		<del> </del>
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 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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-functionall	y-in	tegrated Type III supporti	ng organization (see
(netructions)		- •••	•

Falt		s) Supporting Organi	zations (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2		empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	·
4_	Amounts paid to acquire exempt-use assets			 
5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6	Other distributions (describe in Part VI). See instructions.			<del></del>
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
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		1 1 2 4 79		*
b		, ,	,	· · · · · · · · · · · · · · · · · · ·
С		^ ^ _	`	,
d	^ /‹	, ж		·
e	From 2013	· `.	,	
f	Total of lines 3a through e	,	\	
_g_	Applied to underdistributions of prior years			
h_	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	·		
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			*
4	Distributions for 2014 from Section D, line 7: \$			,
a	Applied to underdistributions of prior years			·
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	,		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		,	
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	,	· .		
b			· · · · · · · · · · · · · · · · · · ·	
С		- v		
d				
е	Excess from 2014			, ,

	Days 5
Part VI	Page 8  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information. (See instructions.)
2013 Other	
Adoption fe	nes \$ 2,201
T-shirt sale	s \$420
Activities II	ncome \$6,615