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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ĀĪ	or the	2015 calend	ar year, or tax year beginning	, 2015, and ending		, 20
_		pplicable	C Name of organization		D Employer	identification number
	Address o	change	SENECA VALLEY HIGH SCHOOL BOX	STER CWB.	INC.	27-4023549
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone	
	Initial retu	שנ	19401 CRYSTAL ROCK DRIVE		301-9	116-9137
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	 	F Group E	
=	Amended	i retürn on pending	GERMANTOWN, MD 20874		Number	-
		iting Method:	☑ Cash ☐ Accrual Other (specify) ►	- Ju		If the organization is not
	Vebsite	•	A/A			attach Schedule B
			eck only one) — 501(c)(3) 501(c) () ◀ (insert no) 494	7(a)(1) or 527	•	990-EZ, or 990-PF).
				Other		, , , , , , , , , , , , , , , , , , , ,
			7b to line 9 to determine gross receipts If gross receipts are \$200		al assets	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		>	\$ 30,072.
	art I		e, Expenses, and Changes in Net Assets or Fund I		instruction	
	ai C i		the organization used Schedule O to respond to any qu			/
	1		ons, gifts, grants, and similar amounts received			58.
	2		ervice revenue including government fees and contracts		. 2	
	3	_	ip dues and assessments		3	2,446.
	4	Investmen	•		. 4	
	5a		ount from sale of assets other than inventory	5a	7.3	C C
	b		or other basis and sales expenses	5b		
1	c		ss) from sale of assets other than inventory (Subtract line 5)		5c	1
	6	•	d fundraising events	o o		
ne	a	_	ome from gaming (attach Schedule G if greater than	1		
		\$15,000)		6a		
Revenue	Ь	Gross inco	me from fundraising events (not including \$	of contribution	ns	
ě			aising events reported on line 1) (attach Schedule G if the)		
-			th gross income and contributions exceeds \$15,000).	6b 27,5	68.	
	С	Less direc	t expenses from gaming and fundraising events	6c		
	ď	Net incom	e or (loss) from gaming and fundraising events (add lines	6a and 6b and su	btract	0
		line 6c)			· · 60	27,568.
	7a	Gross sale	s of inventory, less returns and allowances	7a		
	b	Less: cost	of goods sold	7b		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line	e 7a)	70	0.
	8	Other reve	nue (describe ın Schedule O)		,8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEIVED	. ▶ 9	
	10	Grants and	similar amounts paid (list in Schedule O)		7 S 10	
	11	Benefits pa	ther compensation, and employee benefits	ຸກບາງ ອຸສຸລບ ຸ ຍເ	i Ci	
Expenses	12	Salaries, o	ther compensation, and employee benefits	.NOV. 2.1 2016.	(r) 12	
en.	13		al fees and other payments to independent contractors !		_ 13	
ğ	14	Occupanc	, rent, utilities, and maintenance	OGDEN, UT	14	
Щ	15		ublications, postage, and shipping			
	16		nses (describe in Schedule O)			
	17	Total expe	nses. Add lines 10 through 16	<u> </u>	. > 17	
ध	18		deficit) for the year (Subtract line 17 from line 9)			
Se	19		or fund balances at beginning of year (from line 27, colu			
As			r figure reported on prior year's return)			
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)			
	21		or fund balances at end of year. Combine lines 18 through	20	. ▶ 21	
For	Papen	work Reduct	on Act Notice, see the separate instructions.	Cat No 106421		Form 990-EZ (2015)

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Form	990-EZ (2015) SENECA VALLEY ALC	5H 5	chool	BOOSTER C	MB, INC.		Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part	11)				
	Check if the organization used Schedule			ny question in this	Part II	<u></u>	🛚
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investments					22	17,881.
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	15 001
25	Total assets					25	17,881.
26	Total liabilities (describe in Schedule O))		26 27	17,881.
27	Net assets or fund balances (line 27 of column III Statement of Program Service Accom					21	17,001.
Par	Check if the organization used Schedule						Expenses
Mha	t is the organization's primary exempt purpose?						quired for section
	cribe the organization's program service accomplis				rogram convices		(c)(3) and 501(c)(4) anizations, optional for
as n	neasured by expenses. In a clear and concise months benefited, and other relevant information for ea	anner,	describe the	e services provided	I, the number of	othe	
28	TO ASSIST SENECA VALUE	EY H	IGH SCI	HOOL ACTIV	ITIES		ļ
							,
29	(Grants \$) If this amount					282	
23							
	(Conto \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ingludo	- foreign ar	enta abook horo		298	
30	(Grants \$) If this amount					296	\
							\
	(Grants \$) If this amount	ınclude	s foreign gra	ints, check here .	• 🗖	30a	
31	Other program services (describe in Schedule O)					-	'
	(Grants \$) If this amount	ınclude	s foreign gra	ints, check here .	▶ □	31a	1
			 _			_	
	Total program service expenses (add lines 28a t	hrough	31a)		•	32	
32 Par	Total program service expenses (add lines 28a t LIV List of Officers, Directors, Trustees, and Key	hrough Employ	31a) /ees (list eacl	one even if not com	▶ pensated—see the in	32	
	Total program service expenses (add lines 28a t	hrough Employ O to re	31a) yees (list eaclespond to a	one even if not com ny question in this	pensated – see the in	32	
	Total program service expenses (add lines 28a t LIV List of Officers, Directors, Trustees, and Key	Employ O to re (b)	31a) /ees (list eacl	one even if not com	pensated—see the in Part IV (d) Health benefits, contributions to employ	32 nstru ee (e)	ctions for Part IV)
Par	Total program service expenses (add lines 28a to the lines of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employ O to re (b) hourdevote	31a) yees (list each spond to an Average s per week d to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
Par	Total program service expenses (add lines 28a to the control of th	Employ O to re (b) hourdevote	31a)	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
Par G	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ENNY DORSAINVIL PRESIDENT ELISSA REGAN	hrough Employ O to re (b) hourdevote	31a) yees (list each spond to an Average s per week d to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
Par G M	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ENNY DORSAINVIL PRESIDENT ELISSA REGAN VICE-PRESIDENT	hrough Employ O to re (b) hour devote	31a)	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
Par G M	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) PRESIDENT (c) PRESIDENT AN CURRINGHAM TREASURER	hrough Employ O to re (b) hour devote	31a)	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
Par G M	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title PRESIDENT ELISSA REGAN YICE-PRESIDENT AY CUNNINGHAM TREASURER MY JACKSON	hrough Employ O to re (b) hour devote	31a)	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
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Par G M	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title PRESIDENT ELISSA REGAN YICE-PRESIDENT AY CUNNINGHAM TREASURER MY JACKSON	hrough Employ O to re (b) hour devote	31a) yees (list each spond to a Average sper week do to position HRS . HRS .	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)
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Par G M	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title PRESIDENT ELISSA REGAN YICE-PRESIDENT AY CUNNINGHAM TREASURER MY JACKSON	hrough Employ O to re (b) hour devote	31a) yees (list each spond to a Average sper week do to position HRS . HRS .	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 nstru ee (e)	ctions for Part IV)

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	Instructions for Fair Vy Check if the organization used ochequic of to respond to any question in the		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		V
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		V
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		
_	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			M.
b	Did the organization file Form 1120-POL for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20		
_	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
39	Section 501(c)(7) organizations. Enter:	-	~	
a	Initiation fees and capital contributions included on line 9	31.5	3,	
b	Gross receipts, included on line 9, for public use of club facilities	12.4		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		1,74,	
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	7	<u> </u>
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		10 M	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			2 2
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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► JAY CUNDINGHAM, TREASURERelephone no. ► 30 Located at ► 19401 CRYSTAL ROCK DR., GERMANTOWN, MD ZIP + 4 ► 20 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1-910 2872	ر – م Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
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		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		T.22		<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

	SENECA VA	ILLEY HIG	SH SCHOOL B	∞STE	RCL	B, INC.	27-4023549
Par							ons.
The c	organization is not a private founda	ation because it	is: (For lines 1 through	h 11, che	ck only o	ne box.)	
1	A church, convention of church						
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative ho	-	▼				
4	4 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:						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal 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 i			Part II.)			
9	An organization that normally				from con	tributions, members	ship fees, and gross
	receipts from activities related						
	support from gross investme						x) from businesses
	acquired by the organization a				-		
10	An organization organized and	*		-			
11	An organization organized and						
	one or more publicly supported the box in lines 11a through 11	d that describes	the type of supporting	organiza	tion and o	complete lines 11e, 1	1f, and 11g.
а	☐ Type I. A supporting organiz	•	The state of the s	-			
	the supported organization(s organization. You must con			ect a majo	ority of the	e directors or trustee	es of the supporting
b	Type II. A supporting organi	•				•	· · ·
	control or management of th			ne same p	ersons t	nat control or manaç	ge the supported
	organization(s). You must co	-			••	111 16 11	
С	Type III functionally integral its supported organization(s)	(see instruction	s). You must comple	te Part I	/, Section	ns A, D, and E.	-
d	☐ Type III non-functionally in	_		-			
	that is not functionally integr requirement (see instructions						an attentiveness
_	☐ Check this box if the organiz	·	=				II. Type III
е	functionally integrated, or Ty						n, Type m
f	Enter the number of supported of			_			0.
g	Provide the following information		oorted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						, , , , , , , , , , , , , , , , , , , ,	11011001101
				Yes	No		<u> </u>
(A)							
(B)							
(C)							
(D)							
(E)							
						_	

Schedu	le A (Form 990 or 990-EZ) 2015 SENECA	VALLEY H	IGH SCHOOL	OL BOOST	ER CWB	, INC.	Paç	ge 2
Part								
	(Complete only if you checked the						alify under	r
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	on A. Public Support		·	T'-				
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	1					0.	
	include any "unusual grants.")							
2	Tax revenues levied for the							
	organization's benefit and either paid						0	
•	to or expended on its behalf	ļ			<u> </u>			<u>-</u>
3	The value of services or facilities	1						
	furnished by a governmental unit to the organization without charge	!					0	١.
4	Total. Add lines 1 through 3	0,	0.	0.	0,	0.		<u> </u>
4	•							÷
5	The portion of total contributions by							
	each person (other than a governmental unit or publicly					The off		
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.	AND STANKS				******		<u>5.</u>
Secti	on B. Total Support	1						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	0.	0.	٥.	0.	0.	(<u>o.</u>
8	Gross income from interest, dividends,					!		
	payments received on securities loans,				İ			
	rents, royalties and income from similar					{		_
	sources							<u>o.</u>
9	Net income from unrelated business					ļ		
	activities, whether or not the business				Ì			_
	is regularly carried on							<u>o.</u>
10	Other income. Do not include gain or	.						
	loss from the sale of capital assets (Explain in Part VI.)						,	$\overline{}$
44	•		entar per transce t	Alice There are 100	Maria Company			쓹
11 12	Gross receipts from related activities, etc	75-72-72-74-74-74-74-74-74-74-74-74-74-74-74-74-	A14-14-14-14-14-14-14-14-14-14-14-14-14-1		CONTRACTOR CONTRACTOR	12	·	<u>٠.</u>
13	First five years. If the Form 990 is for the	-	-	d third fourth	or fifth tax v		n 501(c)(3)	
	organization, check this box and stop he	=					_	П
Secti	on C. Computation of Public Support							
14	Public support percentage for 2015 (line			1, column (f))		14	0.	%
15	Public support percentage from 2014 Sc	hedule A, Part	II, line 14 .			15	0.	%
16a	331/3% support test-2015. If the organi	zation did not	check the box	on line 13, and	d line 14 is 33 ¹	/3% or more, c	neck this	
	box and stop here. The organization qua	ilifies as a publ	icly supported	organization			. ▶	
b	331/3% support test-2014. If the organ					15 is 331/3%	or more,	
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	janization .		. ▶	
17a	10%-facts-and-circumstances test —2							
	10% or more, and if the organization me							
	Part VI how the organization meets the "f			_	=	as a publicly si	upported	_
	organization							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza							

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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Part III	Support Schedule for	Organizations Descri	ribe	ed in Section	509	(a)(2۱

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

Sect	ion A. Public Support	dilder the te	sts listed bei	ow, please co	Jimpiete Part		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 20 11	(3) 2012	(6) 2010	(4) 2014	(6) 2010	(1) 10141
	received. (Do not include any "unusual grants.")	2,215	3,377	4,246	8,379	2,504	20,721.
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	20,405		40,117			176,987
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,		٥.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	22,620	48,982	44,363	51,671	30,072	197,708
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	,	•	,	,		0.
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						0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from	***************************************			N. F. S.		
	line 6.)					医乳腺	197,708.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	22,620	48,982	44,363	51,671	30,072	197,708.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	·		ĺ	ŕ	,	٥.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
C	Add lines 10a and 10b	0.	0.	0.	ó	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	22,620	48.982	44,363	51.671	30.072	197,708.
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Section	on C. Computation of Public Suppor			· · · · ·			<u>_</u>
15	Public support percentage for 2015 (line 8			3. column (f))		15	00.00%
16	Public support percentage from 2014 Sch					16	00-00%
Section	on D. Computation of Investment Inc						<u> </u>
17	Investment income percentage for 2015 (I			/ line 13, colun	nn (f))	17	0.00%
18	Investment income percentage from 2014					18	0.00%
19a	331/3% support tests-2015. If the organi						
	17 is not more than 331/8%, check this box a		_	•		-	_
b	331/3% support tests – 2014. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization du						_

Page 4

Supporting Organizations Part IV

(Complete only if you checked a box in line 11 on 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. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- 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.
- 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.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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?
- 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

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Schedu	ule A (Form 990 or 990-EZ) 2015 SENECA VALLEY HIGH SCHOOL BOOSTER CLUB, INC.		Page 5
Part	IV Supporting Organizations (continued)		
	(N/A)	Y	es 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	
	, , , , , , , , , , , , , , , , , , , ,	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	
Sect	ion B. Type I Supporting Organizations		
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.		es No
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	ion C. Type II Supporting Organizations		
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).	Y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	es No
Secti	ion D. All Type III Supporting Organizations		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Y	es No
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).	2	- V
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.	3	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ons):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		
b c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (some support of the complete in the complete i	see ınstrı.	ıctıons).
2	Activities Test. Answer (a) and (b) below.	<u></u>	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		es No
a	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	Parent of Supported Organizations. Answer (a) and (b) below.	33) 3	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	

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

Schedule A (Form 990 or 990-EZ) 2015 SENECA VALLEY HIGH SCHOOL BOOSTER CLUB, INC. Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			structions. All
Section A - Adjusted Net Income	יוקווו	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries 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	0.	0,
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0.	0.
e Discount claimed for blockage or other 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		
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 prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	0.	0
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		0.
 7 Check here if the current year is the organization's first as a non-functionall instructions). 	ىتا	tegrated Type III supporting	

Schedule A (Form 990 or 990-EZ) 2015 SENECA VALLEY HIGH SCHOOL BOOSTER CLUB, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 0. Line 8 amount divided by Line 9 amount 10 (ii) (iii) (i) Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable **Excess Distributions** Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: 3 to the first was C From 2013 е From 2014 Total of lines 3a through e 0 Applied to underdistributions of prior years 0 Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3ı from 3f. Distributions for 2015 from Section D. line 7: Applied to underdistributions of prior years а 0 Applied to 2015 distributable amount b 0, Remainder. Subtract lines 4a and 4b from 4. C Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 0 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 31 and 4c. 0. Breakdown of line 7: 8

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Excess from 2013

Excess from 2014

Excess from 2015

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(N/A)

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SCHEDULĖ O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization 27-4023549 SENECA VALLEY HIGH SCHOOL BOOSTER CLUB INC 990-EZ PART I LINE 10, GRANTS PAID: SCHOOL FUNDING, GRANTEE: = #23.767 CASH GRANT LINE 16, OTHER EXPENSES: BANK CHARGES = # 13 LEGAL & PROFESSIONAL = \$ 120. OFFICE EXPENSES = \$161. REPAIRS & MAINTENANCE = \$59 SUPPLIES = # 119. TAXES & LICENSES = \$150. MISCELLANEOUS = \$34. FUNDRAISING SUPPLIES = \$11,512. MEMBERSHIP EXPENSES = \$ 100. # 12,268.

Sch	edule O (Form 990 o	or 990-EZ) (2015)						Page 2
Nar	ne of the organizatio	n			_			Employer identification number
	SENECA	VALLEY	HIGH	SCHOOL	BOOSTER	CLUB	INC.	27-4023549
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