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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

Department of the Treasury

Do not enter social security numbers on this form as it may be made putil

Open to Public Inspection

Section Sect	Interr	uai Heven	ue Service	► Information about Form 990-	24 BITO ILS INSTRUCTION	15 15 81 WW	w.irs.gov/for	msso.	•					
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. It gross receipts are \$200,000 or more, or if total assets (Part II). Column (B) below) are \$500,000 or more, fits Form 990 instead of Form 990-E2. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule O to respond to any question in this Part I. 1 Check if the organization used Schedule O to respond to any question in this Part I. 2 Program service revenue Including government fees and contracts 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses. 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundralising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$16,000). 6 Gross income from gaming and fundralising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, leas returns and allowances. 7b Less: cost of goods sold. 7c Gross profit or (loss) from gaming and fundralising events (add lines 6a and 6b and subtract line 6c). 8 Other revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors and part of the substance of the payments of the payments to independent contractors and payments. 1 Professional fees and other payments to independent contractors and payments. 1 Professional fees and other payments to independent contractors and payments. 1 Professional fees and other payments to independent contractors and payments. 1 Professional fees and oth	J Ta	х-өхөп	npt status (ch	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4	947(a)(1) o	r □527	(Form 99	30, 990	-EZ, or 990-PF	ን.			
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2015)



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Part II	Balance Sheets (see the instructions for	•				_
	Check if the organization used Schedule	O to respond to an	y question in this			
22 Cas	h, savings, and investments			(A) Beginning of year 2546	22	(B) End of year 2839
	d and buildings				23	2839
	er assets (describe in Schedule O)				24	
	al assets			2546	1=-1	2839
	al liabilities (describe in Schedule O)				26	
7 Net	assets or fund balances (line 27 of column	(B) must agree with	n line 21)	2546	27	2839
art III	Statement of Program Service Accomp	oli shments (see th	e instructions for f	Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III []	ا	Expenses
hat is the	e organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
measur	ne organization's program service accomplis ed by expenses. In a clear and concise ma enefited, and other relevant information for eac	anner, describe the			orga	anizations, optional for ers.)
(Gran 9 (Gran			ants, check here .	_	28a	
	r program services (describe in Schedule O)		ants, check here		30a	
(Gran	its \$) If this amount if program service expenses (add lines 28a the	includes foreign gra	ints, check here .	· · · • 🖳	31a	
art IV	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and		Estimated amount of other compensation
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Page 3

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			
	instructions for that vy check if the organization used Schedule O to respond to any question in this	Part	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	1.00	~
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)	24		
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)?	34 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 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	35b 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		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	$\overline{}$		
b 38a	Did the organization file Form 1120-POL for this year?	37b		~
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		~
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	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		•
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		714-55	0-990	0
b	Located at ► 809 N. Main Street, Santa Ana, CA 92701 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	
_	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: ▶	120		-
	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.? If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ □
44-	Did the economication manufactor and desired for the state of the stat		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	448		<u>, , , , , , , , , , , , , , , , , , , </u>
ь	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
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		-
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		_ ~

Form 99	0-EZ (2	015)						F	Page 4
	רי או	•						Yes	No
46 ,	to ca	ne organization engage, directly or i ndidates for public office? If "Yes,"	nairectiy, in political c complete Schedule C	campaign activities or Part I	n behalf of o	r in oppositi	ion	. 	_
Part \		Section 501(c)(3) organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • •		. 46	<u> </u>	V
		All section 501(c)(3) organization		estions 47-49b and	52, and co	molete the	e tables f	or lin	es
		50 and 51.			J_,	,,,,p.,,,,		•	-
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				. \sqsubset
								Yes	No
47	Did to	he organization engage in lobbying ? If "Yes," complete Schedule C, Pa	activities or have a	section 501(h) election	on in effect	during the	tax 47		~
48		organization a school as described					. 48		V
49a		he organization make any transfers							~
b		es," was the related organization a s					. 49b		<u> </u>
50	Com	plete this table for the organization!	s five highest comper	nsated employees (ot	her than off	cers, directe	ors, truste	es an	ıd ke
	empi	oyees) who each received more tha	n \$100,000 or compe	nsation from the orga			enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	n benefits, to employee , and deferred nsation	(e) Estimate other con		
				 					
			}						
				Ì]			
			<u> </u>		 				
					 				
					Ì				
f	Total	number of other employees paid or	ver \$100,000	>	- '				
51	Com	plete this table for the organization	s five highest comp	ensated independen	t contractor	s who each	received	more	tha:
	\$100	,000 of compensation from the org	anization. If there is n	one, enter "None."					
	(a)	Name and business address of each indepen	dent contractor	(b) Type of sea	vice	(c)	Compensati	ion	
									
				 					
						<u> </u>			
d	Tota	I number of other independent contr	actors each receiving	over \$100,000	. >	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
52	Did	the organization complete Sched	ule A? Note: All s	ection 501(c)(3) orga	anızations r	nust attach	a		
	com	pleted Schedule A				· · · ·	.► Yes	<u>. 🗆 1</u>	No
		s of perjury, I declare that I have examined this nd complete. Declaration of preparer (other that					owledge and	d belief,	ıt ıs
	1,001. 1	L Complete Declaration of preparation of	21 officery is bused on En an	Official of William preparer	Tias any known				
Sign		Signature of officer			Da	te			
Here		▲ Cherie Kerr, Director				•			
	1	Type or print name and title			·······				
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check 🔲	ıf PTIN		
Prep						self-employ			
Use		Firm's name ▶			Fin	n's EIN ▶			
		Firm's address ▶		*	Ph	one no.			
may t	rie IRS	discuss this return with the prepare	er snown above? See	instructions	· · · ·	<u> </u>	Yes 🗌 Yes		No_
							Form 99	0-EZ	(2015

CIS CASE: DO NOT CORRESPOND FOR SIGNATURE

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· 7 1.

RECOREJECT CORR FEB 1 7 2016

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.

Form 990 or 990-EZ

QMB No. 1545-0047

2015

nternal	Revenue Service	▶ Information about	t Schedule A (Forn	n 990 or 990-EZ) and its	Instruction	ns is at ww	w.irs.gov/form95	90.	nspection
	of the organization						Employer identifi	cation num	nber
	e County Crazle	s, Inc.	÷ . 64 - 4 / 4 l9					33 <u>-057532</u>	0
Pari	Heason	ot a advata (ounda	tion because it is	organizations must	comple	te this pa	art.) See instin	uctions:	WED OSC
1				on of churches descri	,	on oray on	0 000.,	1	
2	☐ A school de	scribed in section	170(b)(1)(A)(II). (Attach Schedule E (F	orm 990	or 990-EZ	2.)	My	0 1 2016
4	A medical re hospital's na	ssearch organizationsme, city, and state	on operated in co e:	anization described in injunction with a hosp	oital desc	ribed in s	ection 170(b)(
5	An organize section 170	ition operated for to the complete of the comp	the benefit of a plete Part II.)	college or university	owned o	r operate	d by a govern	mental u	ink described in
6 7	An organiza	tate, or local governation that normally in section 170(b)(1)	receives a subs	mental unit descnbed lantial part of its sup e Part II.)	in section	on 170(b) n a govern	(1)(A)(v). Imental unit or	from the	e general public
8	☐ A communit	ty trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
	receipts from support from acquired by	m activities related m gross investme the organization a	I to its exempt nt income and fter June 30, 197	re than 331/s% of its functions—subject to unrelated business t 75. See section 509(a	certain taxable i i)(2). (Coi	exception ncome (le mplete Pa	ns, and (2) no ess section 51 art III)	more tha	an 331/3% of its
	 An organization organized and operated exclusively to test for public safety. See section sos(a)(4). An organization organized and operated exclusively for the benefit of, to perform the function of or or organized and operated exclusively for the benefit of, to perform the function of organization organizations described in section 509(a)(1) or section 509(a)(2). See Section 509(a)(3). Creck the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11a, 11f, and 11g. 								
8	- · · · · · · · · · · · · · · · · · · ·								
b	control or	management of th	e supporting org	d or controlled in con panization vested in th , Sections A and C.	nection v le same (vith its sup persons th	oported organi nat control or n	zation(s), nanage ti	by having he supported
c	Type III fo	unctionally.integra rted organization(s)	ited. A supportir (see instruction:	ng organization operation operations). You must complete	ted in co te Part P	nnection v V, Section	with, and functins A, D, and E	ionally in	tegrated with,
đ	that is not requireme	t functionally integrent (see instructions	ated. The organi s). You must co i	porting organization o zation generally must mplete Part IV, Secti	satisfy a ons A ar	distributi d D, and	on requirement Part V.	t and an	attentiveness
0				written determination onally integrated supp				ype II, Ty	ype III
`f		nber of supported o							
9	(f) Name of suppor		(ii) EIN	corted organization(s). (III) Type of organization (described on lines 1-9 above (see instructions))	(hv) to the d listed in yo	organization ur governing iment?	(v) Amount of mor support (see instructions)	0	(vi) Amount of other support (see instructions)
_					Yes	No		-	
(A)			,				,	, ,	,
(B)						:		ں۔ ہو۔	
(C)						•			Š.
(D)						į		21110	iv.
(E)							ACOURT TO THE PROPERTY OF THE	.3, 11	
Total									
For P	aperwork Reduc	tion Act Notice, see	the Instructions	for Cat.	No. 11285	-	Schedul	e A (Form t	990 or 990-EZ) 2015

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Page 2

and the state of t

Part		tions Descri	ibed in Sect	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	quality unde	er the tests lis	ited below, p	lease comple	te Part III.)	
	on A. Public Support	4 3 222 2		r			
	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 include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities turnished by a governmental unit to the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4 , .		ļ	 			<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,-					
11	Total support. Add lines 7 through 10		 		-	 	
12	Gross receipts from related activities, etc	. (see instructi	ons)		· · · ·	12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	· · · · ·	<u> </u>	<u>.</u> ▶ □
Sect	ion C. Computation of Public Support			···			
14	Public support percentage for 2015 (line					14	%
15	Public support percentage from 2014 Sci	hedule A, Part	II, line 14 .			15	%
16a	33'n% support test—2015. If the organi box and stop here. The organization qua	ization did not	check the box	con line 13, an	a line 14 is 33	'A'% Or more, o	
ь		nization did no	ot check a bo	x on line 13 o	r 16a. and line	9 15 is 331/396	or more.
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization".	015. If the orga ets the "facts- facts-and-circu	anization did r and-circumsta umstances* te	ot check a box ances' test, ch st. The organiz	c on line 13, 16 eck this box a ation qualifies	ia, or 16b, and nd stop here, as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	014. If the orgation meets the neets the "fact	anization did r afacts-and-c s-and-circums	not check a box strcumstances" stances" test. 1	x on line 13, 10 test, check ti The organization	Sa, 16b, or 17a his box and si an qualifies as	i, and line top here. a publicly
18	Private foundation. If the organization d	id not check a	box on line 11	3. 16a. 16h. 17	a or 17h chec	k this boy and	P
	instructions						▶ □
				<u></u>			000 EZ 2015

Part	Support Schedule for Organiza	tions Descri	bed in Secti	on 509(a)(2)			
	(Complete only if you checked th	e box on line	9 of Part I o	r if the organi	zation failed t	to qualify und	er Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support						
	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 include any "unusual grants.")	İ		ļ		i	
2	Gross receipts from admissions, merchandise						
•	sold or services performed, or facilities]	1	l	
	humished in any activity that is related to the					}	
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513	<u> </u>	<u> </u>				
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge		•			ľ	
8	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons .	<u></u>	ł			}	
b	Amounts included on lines 2 and 3						
	received from other than disqualified]					
	persons that exceed the greater of \$5,000	}				1	
	or 1% of the amount on line 13 for the year	ļ					
_	Add lines 7a and 7b				<u></u>		
8	Public support. (Subtract line 7c from line 6.)			1	1 '	,	-
Sacti	on B. Total Support		<u> </u>	<u> </u>	<u> </u>	l	0
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013 ·	(d) 2014	(e) 2015	(f) Total
9	Amounts from fine 6	19/2011	(5) 23 12	(0) 2010	14,20.4	19, 20.0	19 1000
10a	Gross income from interest, dividends,			 		.~	
	payments received on securities loans, rents,			1			
	royalties and income from similar sources .			<u>L</u>			
ь		i					
	section 511 taxes) from businesses			İ	[
	acquired after June 30, 1975		 	 			
-	Add lines 10a and 10b	<u> </u>	ļ	 			
11	Net income from unrelated business activities not included in line 10b, whether	1	j.			1	
	or not the business is regularly carried on	1		' '	, '111	-19-27	
12	Other income. Do not include gain or	<u> </u>		 		}	
	loss from the sale of capital assets	}	1		1		
	(Explain in Part VI.)	1			1		
13	Total support. (Add lines 9, 10c, 11,		<u> </u>	1			
	and 12.)		<u>{ </u>		0	c	0
14	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he		· · · · ·	<u> </u>	<u> </u>		🕨 🗵
	on C. Computation of Public Suppo						
15	Public support percentage for 2015 (line					15	0 %
16 Secti	Public support percentage from 2014 Sc on D. Computation of Investment in			• • • • •		16	0 %
17	Investment income percentage for 2015			w line 12 set	ma (0)	117	
18	Investment income percentage for 2015	une rec, colur 4 Schedula A	Part III line 17	, mie 13, com/	nui (<i>t))</i>	17	. 0 %
19a						18 lore than 331e9	0 %
	17 is not more than 331/2%, check this box	and stop here	. The organizat	ion qualifles as	a publiciv sunn	ige men as.93 Otted oversussi	o, auto iine on . ► 🗍
b	331/3% support tests - 2014, If the organia	zation did not o	theck a box on	fine 14 or fine	19a. and line 16	is more than 3	31n% and
	b 331/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization d	id not check a	box on line 14	l, 19a, or 19b. o	check this box	and see instruc	tions >
						ectule & (Form 990	

AT MAKE TELESTIC BELLEVILLE OF THE STATE OF

Part IV Supporting Organizations

(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.)

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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
Ь	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.	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 Part VI 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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)(8) purposes.	46		
5 a	Old 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
c	and the second s	5c	 	1
6	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.	6		
7	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).	7	 	┦
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	 -	
98		۳		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
c	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	95	<u> </u>	-
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.			
		10a		
J	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).	100		

Schodule A (Form 990 or 990-62) 2015

	e A (Form 990 or 990-EZ) 2015		
Part l	Supporting Organizations (continued)		T
11	Has the organization accepted a gift or contribution from any of the following persons?	ſ	╁
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	L	1
_	below, the governing body of a supported organization?	118	
	A family member of a person described in (a) above?	11b	
<u> </u>	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	L
			T
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		T
	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		ì
	controlled the organization's activities. If the organization had more than one supported organization.	1	l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		١
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1
2	Ord 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	i	١
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<u></u>	
Cooti	on C. Type II Supporting Organizations	2	1
30Cu	on C. Type ii Supporting Organizations		Т
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		ı
	or management of the supporting organization was vested in the same persons that controlled or managed		╽
C 4:	the supported organization(s)	1	
secu	on D. All Type III Supporting Organizations		7
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	†
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	١
	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?	1	4
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	4	1
	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	-	1
	significant voice in the organization's investment policies and in directing the use of the organization's		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	L	
Conti	supported organizations played in this regard. on E. Type III Functionally-integrated Supporting Organizations	3	
			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I The organization satisfied the Activities Test. Complete line 2 below.	เกรซา	V(
a b	The organization satisfied the Activities fest. 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	see in	21
2	Activities Test. Answer (a) and (b) below.		1
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1
 8		l	
1 ~	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI Identify		1
1 ~	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.	l	Ì
1 ~	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		
8	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	
8	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. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	
8	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. 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	2a	
8	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. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
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b	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. 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. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors or		
b 3	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. 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. Parent of Supported Organizations. Answer (a) and (b) below.		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop	tru mpl	st on Nov. 20, 1970. See ete Sections A through E	instructions. All
Section A - Adjusted Net Income		(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	Γ		
maintenance of property held for production of income (see Instructions)	16	!	
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)
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 secunties	18	!	
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Γ———	
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		
Section C - Distributable Amount			Current Year
1 Adjusted net Income for prior year (from Section A, line 8, Column A)	11		
2 Enter 85% of line 1	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 instructions).	lly-ir	itegrated Type III support	ing organization (see

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year
1				
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5_				
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.			
8				
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, Ilne 6			
10_	Line 8 amount divided by Line 9 amount			
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2015:			
a				
ь				
c	<u> </u>			
	From 2013			
	From 2014			
<u>f</u>	Total of lines 3a through e			
8_	Applied to underdistributions of prior years			
<u>h</u>				<u> </u>
	Carryover from 2010 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section		ì	1
	D, line 7:	ļ	ļ_ _	
			<u> </u>	
b_	Applied to 2015 distributable amount			
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
ь				
C	Excess from 2013 . , .			
d	Excess from 2014			l
	5 201E			

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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.)

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