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COMMUNITY INVOLVEMENT COMMITTEE

**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.

2015

**Open to Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990-EZ)

► 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.

EIN: 47-5655515

lame	of the organization					Employer identification	number	
	MUNITY INVOLVEMENT COMMITTEE					47-56	55515	
	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
	organization is not a private founda							
		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  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	A medical research organization						(iii) Enter the	
•	hospital's name, city, and stat		onjuniodon with a noof	ona, acoc	nibod iii c	,	(m): Enter the	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).		
	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public	
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	☑ An organization that normally	receives: (1) mo	re than 331/3% of its	support	from con	tributions, members	hip fees, and gross	
	receipts from activities related	d to its exempt	functions-subject to	certain	exception	ns, and (2) no more	than 331/3% of its	
	support from gross investme						x) from businesses	
	acquired by the organization a		=		•	•		
	An organization organized and							
11	An organization organized and							
	one or more publicly supported the box in lines 11a through 11a							
_				_		•	<del>-</del>	
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com	s) the power to re	egularly appoint or ele					
b	_	-		nection w	ith its su	oported organization	n(s), by having	
	control or management of th							
	organization(s). You must co	omplete Part IV,	Sections A and C.					
С	☐ Type III functionally integrated its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in	tegrated. A supp	porting organization o	perated i	n connec	tion with its support	ed organization(s)	
	that is not functionally integr							
	requirement (see instructions							
е	Check this box if the organiz functionally integrated, or Ty						I, Type III 	
f	Enter the number of supported of						[]	
g								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
4)								
3)								
C)								
) )								
Ξ)								
		Q 4 1/5 [4 [57]; 1 7]; H	Trainty of a part of the original	113 GG/				
ota				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

**Total** 

EIN: 47-5655515

Schedule À (Form 990 or 990-EZ) 2015

Part							
	. (Complete only if you checked the						alify under
Cooti	Part III. If the organization fails to	quality unde	er the tests lis	tea below, p	lease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calent 1	Gifts, grants, contributions, and	(a) 2011	(0) 2012	(6) 2013	(4) 2014	(6) 2013	(i) Total
•	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						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	7. 1		, , ,		n - 3 13 13 13 13 13 13 13 13 13 13 13 13 1	<del></del>
5	The portion of total contributions by		13.3		to the total	and the second	
	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.	15. 1.1.1	The state of the state of	- 1		(1,-4)	
_	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest, dividends,						
	payments received on securities loans,	1					
	rents, royalties and income from similar sources				1		
9	Net income from unrelated business					<del> </del>	<del></del>
3	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	<b>Total support.</b> Add lines 7 through 10					1	<u> </u>
12	Gross receipts from related activities, etc					12	= E01(a)(2)
13	First five years. If the Form 990 is for to organization, check this box and stop he						M 50 1(c)(5) <b>►</b> □
Section	on C. Computation of Public Suppo			· · · · ·	<del></del>		· · · <u>- </u>
14	Public support percentage for 2015 (line			11. column (fl)		14	%
15	Public support percentage from 2014 Sc					15	%
16a	331/3% support test-2015. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33	3% or more, o	check this
	box and stop here. The organization qua						
b	331/3% support test-2014. If the orga	nization did no	ot check a box	x on line 13 o	r 16a, and line		
	check this box and stop here. The organ						_
17a	10%-facts-and-circumstances test-2						
	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						
	organization	racts-and-circ	umstances te	st. The organiz	ation qualifies	as a publicly s	► 🔲
	•	 1044		ot aback a ba	v on line 19 1:	 6a 16b ar 17a	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization						▶ 🛚
18	Private foundation. If the organization of					ck this box and	see
	instructions			· · · ·			▶ 🗀

Page 3 Schedule A (Form 990 or 990-EZ) 2015

Part III	Support Sche	dule for Organization	ns Described in Sec	tion 509(a)(2)

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

Cooti	or A Dublic Support	runder the te	ests listed belo	ow, piease co	omplete Part	11.)	
$\overline{}$	on A. Public Support	T () 0044	11.0010	4 3 6646	400044	1 20045	(0 T-1-1
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
'	received. (Do not include any "unusual grants.")				i .	40070	40070
2	Gross receipts from admissions, merchandise		-			19976	19976
	sold or services performed, or facilities	}	\			1	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			<del></del>			<del></del>
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid		İ				
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					19976	19976
7a	Amounts included on lines 1, 2, and 3						<del></del>
	received from disqualified persons .		<b>\</b>				
b	Amounts included on lines 2 and 3						
	received from other than disqualified					•	
	persons that exceed the greater of \$5,000		Ì		1		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		<u> </u>				
8	Public support. (Subtract line 7c from	1	1		-	1. 2543	
Casti	line 6.)	1.2 1.3	1	( rts ; e <sup>2</sup>		= 1.	19976
_	on B. Total Support	(-) 0011	(1-) 0040	(-) 0010	(-1) 0014	(-) 0015	(f) Total
Calen	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_			<del> </del>			19976	19976
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less	-	<del> </del>		<del></del>		
-	section 511 taxes) from businesses						
	acquired after June 30, 1975		Į				
c	Add lines 10a and 10b						
11	Net income from unrelated business				<del>                                     </del>		<del></del>
••	activities not included in line 10b, whether						
	or not the business is regularly carried on		Į.		Į		
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,						· · · · · · · · · · · · · · · · · · ·
	and 12.)	L	<u> </u>		<u> </u>	19976	19976
14	First five years. If the Form 990 is for t	_	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	
_	organization, check this box and stop he			<u> </u>	<u> </u>	· · · · ·	▶/☑
	on C. Computation of Public Suppo					7' 1	
15	Public support percentage for 2015 (line			• • • •		_	<u>%</u>
16	Public support percentage from 2014 Sc			<del></del>	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In				(0)	147	
17	Investment income percentage for 2015	-		-			<u>%</u>
18	Investment income percentage from 2014 Schedule A, Part III, line 17						
19a	17 is not more than 331/3%, check this box						
1_			-	· · ·			<del>-</del>
b	331/3% support tests – 2014. If the organi line 18 is not more than 331/3%, check this						
20	<b>Private foundation.</b> If the organization d		_				
20	Titate realization if the organization of	and thou officery a	DOX OIL HITE 14	, ıba, ul Ibu, '	ういたいく いいつ ロロメ	min see mond	

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

EIN: 47-5655515

Schedule A (Form 990 or 990-EZ) 2015

#### 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.)

Section	A. All	Supporting	Organ	izations

ecti	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	a P s	
<b>3</b> 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	ا در ا عداهمست	ret l
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	\$ 4.74	ئىلىنىڭ ئىلىنىڭ
С	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		, j., .,
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	4 / 1 4 / 1	
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		3 1 - 1 - 1 - 1
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).	<b>5a</b>		
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	; 	
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 (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.	5c	2 K 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	0 ( ) 0 ( ) ( ) 2 ( ) ( )	
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 or 990-EZ).	8	ر در دمو هه	*** , " , " , " , " , " , " , " , " , "
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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	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.	9c	- ' - + '	110
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		1	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

trustees of each of the supported organizations? Provide details in Part VI.

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.

COMMUNITY INVOLVEMENT COMMITTEE EIN: 47-5655515 Schedule A (Form 990 or 990-EZ) 2015 Page 5 Supporting Organizations (continued) Part IV Yes No 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? 11a b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 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 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 Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No 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? 1 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 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 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. No Yes a 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 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

За

instructions).

EIN: 47-5655515

Schedule A (Form 990 or 990-EZ) 2015 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Tart v Type in Non-1 unctionally integrated 309(a)(3) Supporting Org	<u>jaii</u>	Zauviio		
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru	st on Nov. 20, 1970. <b>See in</b>	structions. All	
Section A - Adjusted Net Income	וקייי	(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		<del></del>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<del></del>	
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			
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			
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		<del></del>	
4 Enter greater of line 2 or line 3	4		<u> </u>	
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	lv-in	tegrated Type III supporting	organization (see	

Schedule A (Form 990 or 990-EZ) 2015

EIN: 47-5655515

Schedule A (Form 990 or 990-EZ) 2015

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish e							
2	Amounts paid to perform activity that directly furthers exe							
	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)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Elio o alloani dividos by Elio o alloani		(ii)	(iii)				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6	77 + 17 3	17 (1)					
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			College of the state of				
3	Excess distributions carryover, if any, to 2015:			7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
a	Excess distributions carryover, if any, to 2010.	ه او پرد چه او خوا در او د						
b		1						
<u>_</u>		1,7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	From 2013	3,7 (2,2)	3.4					
e	From 2014		, , , , , , , , , , , , , , , , , , , ,					
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years	A STATE OF S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, v				
h	Applied to 2015 distributable amount		19 10 10 10 10	<u> </u>				
i	Carryover from 2010 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	· · · · · · · · · · · · · · · · · · ·	15 15 15 15 15 15 15 15	11/2014/1955				
4	Distributions for 2015 from Section		(4) ( 5) ( 7) ( 7)	A Company of the Comp				
•	D, line 7: \$							
а	Applied to underdistributions of prior years			125 125 200				
b	Applied to 2015 distributable amount	71 10 10						
С	Remainder. Subtract lines 4a and 4b from 4.			7 7 7				
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h	2 - 52 - 54						
	and 4b from line 1 (if amount greater than zero, see	and the state of t						
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j			, , , , , , , , , , , , , , , , , , , ,				
	and 4c.			The Car To				
8	Breakdown of line 7:	300 1757 N E.		The Mark Street				
а	The state of the state of the state of the state of	<b>1.13.16.16.16.16.16.16.16.16.16.16.16.16.16.</b>		The state of the s				
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c	Excess from 2013	17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	والمراجع المراجع المراجع المراجع	177 - 17 1 17 1 17 1 1 1 1 1 1 1 1 1 1 1				
d	Excess from 2014	1 3 4 2 5 1 1 1 1		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
е	Excess from 2015	1 3 4 3						

# COMMUNITY INVOLVEMENT COMMITTEE

EIN: 47-5655515 Schedule A'(Form 990 or 990-EZ) 2015 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.)

### COMMUNITY INVOLVEMENT COMMITTEE

EIN: 47-5655515

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Aug. 10, 2016 LTR 2695C 0 R

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COMMUNITY INVOLVEMENT COMMITTEE 3939 OSUNA RD NE ALBUQUERQUE NM 87109



044425

#### **DECLARATION**

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

\_\_\_\_\_

Date

Co-Treasurer

Title