990-EZ

## **Short Form** Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2015

Department of the Treasury
Internal Revenue Service

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.  $\lessgtr 7$ 

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

A F	or the	2015 calenda	ar year, or tax year beginning	January, 2015,	and ending	December	,20 15
Вс	heck if ap	plicable	C Name of organization			D Employer id	entification number
	Address ch	hange	Southern Oregon Jobs with Justice			71-100	05588
ıЩ	Name char	nge	Number and street (or P O box, if mail is not delivered to stree	t address)	Room/suite	E Telephone n	umber
_	nıtıal retur		298 Garfield Street			541-4	82-6988X
_	-inai returi Amended i	n/terminated return	City or town, state or province, country, and ZIP or foreign pos	tal code	13	F Group Exe	mption
_		n pending	Ashland, Oregon 97520			Number >	•
G A	Account	ing Method <sup>.</sup>	Cash ☐ Accrual Other (specify) ►		Н	Check ▶ 🔲 ı	f the organization is <b>not</b>
	Vebsite		SOJWJ.ORGXX				ach Schedule B
<u>j</u> Ti	ax-exen	<b>npt status</b> (che	eck only one) — 🗶 501(c)(3) 🔲 501(c)() ◀ (insert r	no ) 🔲 4947(a)(1) o	r 🔲 527	(Form 990, 990	0-EZ, or 990-PF)
			Corporation Trust Association				
			7b to line 9 to determine gross receipts. If gross receipts		nore, or if total	l assets	
(Par	t II, colu		w) are \$500,000 or more, file Form 990 instead of Form 9				13,750
Pi	art l		e, Expenses, and Changes in Net Assets o				
		Check if	the organization used Schedule O to respond to	o any question i	n this Part I	<u> </u>	<u> </u>
	1					1	7800
	2		ervice revenue including government fees and con			2	
	3		ip dues and assessments			3	3,950
60	4	Investment				4	
2018	5a		,	<u>5a</u>			
6			or other basis and sales expenses		L		
<b>(</b>	C		ss) from sale of assets other than inventory (Subtra	act line 5b from li	ne 5a)	<u>5</u> c	
	6	_	nd fundraising events			13.,	
3	a		ome from gamıng (attach Schedule G ıf gre	1	1		
Ī				<u>6a</u>			
SCANKERENAUG	D		ome from fundraising events (not including \$		f contribution	ns P	
Ĕ			th gross income and contributions exceeds \$15,00		150		RECEIVED
	c		t expenses from gaming and fundraising events	6c	(70)		The state of the s
Q	ď		ie or (loss) from gaming and fundraising events (			htract	MAY 8 1 2040
W)	_	line 6c) .				6d	MAY % 1 2018
	7a	Gross sale	s of inventory, less returns and allowances	7a	2000		
	b		of goods sold	7b	<b></b>		TIN INT
	c		it or (loss) from sales of inventory (Subtract line 7b			1.J. i7c	2000
	8		nue (describe in Schedule O)			9 8	<del></del>
	9	Total reve	<b>rrue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		C 1.1.20		13,820
	10	Grants and	f sımılar amounts paid (lıst in Schedule O)	. ISM DL	C A A CO	10	
	11	Benefits pa	aid to or for members				
88	12	Salaries, of	ther compensation, and employee benefits	l NG	IDEN. (	J 12	9,600
Expenses	13	Profession	ther compensation, and employee benefits al fees and other payments to independent contra	ctors		13	1,275
8	14	Occupancy	y, rent, utilities, and maintenance			14	1,840
Ω	15		ublications, postage, and shipping				120
	16	Other expe	enses (describe in Schedule O)			16	
	17	Total expe	enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9)	<u></u>	<u> </u>	. ▶ 17	12,835
ы	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)				985
Š	19		or fund balances at beginning of year (from line			2000 CA - 2040MB-M	
Ş		=	ar figure reported on prior year's return)			· · 19	8,104
Net Assets	20		nges in net assets or fund balances (explain in Sch				<del></del>
	21_		or fund balances at end of year. Combine lines 18	3 through 20 .	<u> </u>	. > 21	9,089
For	Paperv	work Reduct	tion Act Notice, see the separate instructions.	Cat	No 10642I		Form <b>990-EZ</b> (2015)



Form	990-1	EZ (2)	015)

Page 2

	Balance Sheets (see the instructions								
<u>`</u>	Check if the organization used Schedule	O to respond to ar	ny question in this I		<u></u>	<u> </u>			
			_	(A) Beginning of year	<b></b>	(B) End of year			
22	Cash, savings, and investments		<u> </u>	8,104	22	9,089			
23	Land and buildings				23				
24	Other assets (describe in Schedule O)		<u> </u>		24				
25	Total assets			8,104	25	9,089			
26	Total liabilities (describe in Schedule O)			8.104	26 27	0.000			
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom				21	9,089			
T GI	Check if the organization used Schedule				]	Expenses			
What	is the organization's primary exempt purpose?	Education	iy quesuon in ans i	<u> </u>		uired for section			
			f .tth			:)(3) and 501(c)(4) nizations, optional for			
as m	ribe the organization's program service accompline asured by expenses. In a clear and concise rooms benefited, and other relevant information for e	nanner, describe the	services provided	, the number of	other	•			
28	Health Care for All Oregon - State e		ian			Γ			
	Campaign to ensure all Oregonians					1 200			
		t includes foreign gra			28a	1,200			
29	Wobblie Walk Labor Monument Cam	paign							
	Capital campaign for labor monume	nt_showcasing_l\	WW labor strugg	ıles.	1				
	(Grants \$ ) If this amoun	t includes foreign ar	ente chack hara	<b></b>	29a	960			
30	(Claims 4 ) In this different				230				
			,,						
	(Grants \$ ) If this amoun				30a				
31	Other program services (describe in Schedule O)				l				
22	(Grants \$ ) If this amount Total program service expenses (add lines 28a	tincludes foreign gra	ints, check here .	· · · <u>• U</u>	31a 32				
						tions for Part IVI			
	Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)								
	Check if the organization used Schedule	O to respond to a							
	Check if the organization used Schedule	T	ny question in this I	Part IV (d) Health benefits,	<del></del>	<u> </u>			
	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week devoted to position	ny question in this I	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	<u> </u>			
Ra	<del></del>	(b) Average hours per week devoted to position	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
	(a) Name and title	(b) Average hours per week devoted to position	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
ВС	(a) Name and title	(b) Average hours per week devoted to position	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
BC Br Se	(a) Name and title alph Browning DD renda Gould ecretary	(b) Average hours per week devoted to position  2	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
Br Br Se	(a) Name and title alph Browning DD enda Gould ecretary son Houk	(b) Average hours per week devoted to position  2	ny question in this less than the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
BC Br Se Ja:	(a) Name and title alph Browning DD renda Gould ecretary son Houk easurer	(b) Average hours per week devoted to position  2  2  20	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
Br Br Se Ja: Tro	(a) Name and title alph Browning DD renda Gould ecretary son Houk easurer es Brain	(b) Average hours per week devoted to position  2  2  20	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  6,000	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
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BC Br Se Ja: Tru Ct Va	(a) Name and title alph Browning DD Tenda Gould Ecretary Son Houk Easurer Es Brain This person The State of t	(b) Average hours per week devoted to position  2  2  2  10	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  6,000	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
BC Br Se Ja: Tro Cr Ve BC	(a) Name and title alph Browning DD enda Gould ecretary son Houk easurer es Brain nairperson anessa Houk	(b) Average hours per week devoted to position  2  2  20  10	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  6,000  3,600	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee <b>(e)</b> i	Estimated amount of			
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•	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instactions for the cry officers in the organization ascar seriedate of the respond to any question in this	1 411	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		X
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		X
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		X
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
37a	during the year? If "Yes," -complete applicable parts of Schedule N	<b>36</b>	-	_X
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b	-3.5.	X
_	any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return?	38a		X
39 -	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
a b	Initiation fees and capital contributions included on line 9	-		
40a	section 4911 ► ; section 4912 ► ; section 4955 ►  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	777		×
b	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		X
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			
e	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		X
41	List the states with which a copy of this return is filed ► Oregon			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP +4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42h	Yes	No Y
	If "Yes," enter the name of the foreign country: ►	420	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	^
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1 4	â	
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	<b>42</b> c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\(\rightarrow\)</b> 43		. 1	<b>▶</b> □
			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>1</u> 2.	X
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>	X
d	Did the organization receive any payments for indoor tanning services during the year?	44c 34d	<u>\$</u> :	X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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		X

פפיוות	0-EZ (2015)					1	Page
ì6	Did the organization engage, directly or	induractly in political c	ampaign activities on	behalf of or in oppor	sition [	Yes	
ю.	to candidates for public office? If "Yes,"	" complete Schedule C	, Part I		. 46		╢┐
art '		<b>ns only</b> ons must answer que	stions 47–49b and !	52, and complete t		for lir	nes
	Check if the organization used 5	chedule O to respond	to any question in a	iis raic vi	<u> </u>	Yes	N
7	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, P		section 501(h) electio	n in effect during th	e tax	,	>
В	Is the organization a school as described				. 48	—	X
9a	Did the organization make any transfers					-	X
b D	If "Yes," was the related organization a Complete this table for the organization				. [49		Dd k
	employees) who each received more th						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation			
	None						
						<del></del> -	
					1		
				<u>.</u>	<del></del>		<del></del> .
f 1	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	on's five highest compo	ensated independent	contractors who ea	ch receive	d moi	e th
	(a) Name and business address of each indepe	endent contractor	(b) Type of serv	ice	(c) Compens	ation	
N	one						
			-		<u></u> ,		
			-				
d	Total number of other independent con	tractors each receiving	over \$100,000	<u> </u>	<del></del>		
<b>i</b> 2	Did the organization complete Sche completed Schedule A	_		nızations must atta	nch a .► 🔲 Ye	- 17	

Sign Here Jason Houk Treasurer Type or print name and title Date Preparer's signature PTIN Check if self-employed Print/Type preparer's name **Paid Preparer** Firm's EIN ▶ Firm's name ► **Use Only** Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions Phone no ☐ Yes ☐ No

### **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

a Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

a 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

Name of t	the organization S	outhern Oreg	on Jobs with Jus	stice	Employer identificatio 71-1	n number 005588
Part I	Reason for Public	Charity Status (Al	l organizations must	complete this	part.) See instruction	ons.
1 [	anization is not a private for a church, convention of or a chool described in second a cooperation or a cooperation.	oundation because it churches, or associal ction 170(b)(1)(A)(ii).	is: (For lines 1 through tion of churches descr (Attach Schedule E (F	11, check only ibed in section 1 orm 990 or 990-	one box.) 170(b)(1)(A)(ı). EZ).)	09
	A medical research organ hospital's name, city, and	nization operated in o				(iiı). Enter the
5 [	An organization operated section 170(b)(1)(A)(iv).		college or university	owned or opera	ted by a governmen	al unit described in
	] A federal, state, or local of ] An organization that nom described in section 170	mally receives a sub	stantial part of its sup			n the general public
	A community trust description organization that nome receipts from activities resupport from gross invescuired by the organization.	mally receives: (1) me elated to its exempt estment income and	ore than 33½% of its functions—subject to unrelated business	support from co certain except taxable income	ions, and (2) no more (less section 511 ta	e than 33½% of it
	An organization organized  An organization organized  one or more publicly supp  the box in lines 11a throug	l and operated exclusionted organizations	sively for the benefit of, described in section 5	to perform the fo	unctions of, or to carry on 509(a)(2). See sect	ion 509(a)(3). Checl
a	Type I. A supporting or the supported organiza organization. You must	tion(s) the power to r	egularly appoint or ele			
b	Type II. A supporting o control or management organization(s) You mu	of the supporting or	ganization vested in th			
С	Type III functionally in its supported organizat					y integrated with,
d	Type III non-functiona that is not functionally requirement (see instructional)	ntegrated. The organ	ization generally must	satisfy a distribu	ition requirement and	
е	Check this box if the or functionally integrated,					II, Type III
	Enter the number of suppo Provide the following inform					[
(1)	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes No	<del>-</del>	
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Dago	2
Page	~

Part	(Complete only if you checked the						
	Part III. If the organization fails to						illy drider
Secti	on A. Public Support	s quamy and		100 BOIO11, p	ioacc compic	to r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 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 furnished 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			1. 8 2 2 %	- 24 Á) (3+ ×		
	on B. Total Support			/			
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	( <b>c)</b> 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4						
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					12	
13	First five years. If the Form 990 is for the			d, third, fourth	i, or fifth tax ye	ear as a section	n 501(c)(3)
Casti	organization, check this box and stop he				· · · ·	•	. 🏲 📙
<u>Secti</u> 14	on C. Computation of Public Support Public Support percentage for 2015 (line			1 column (ft)	<del></del>	14	<u></u> %
15	Public support percentage for 2013 (iii)e		•	1, coluitiii (i))		15	
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2015. If the organi				d line 14 is 331		
	box and stop here. The organization qua						▶ □
b	331/3% support test - 2014. If the organ check this box and stop here. The organ					15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, . ► □
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization in the control of t	tion meets the neets the "facts	facts-and-cis-and-cis-and-circums	rcumstances" tances" test. T 	test, check the organizatio	ns box and <b>sto</b> n qualifies as a	p here publicly . ► □
18	Private foundation. If the organization di instructions				•	k this box and :	see 🕨 🗆
	instructions/	· · · · ·	<u> </u>	· · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	· <u> </u>

Support Schedule for Organizations Described in Section 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.

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

	ii die organizadori idiis to qualify	ander are	TCOCO IIOCCO I	ocioni, picase e	ompice rare	<u>'''-7</u>	
	on A. Public Support	T			T		
Calen 1	dar year (or fiscal year beginning in) a Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2012	2 (c) 2013	(d) 2014	(e) 2015	(f) Total
1	received (Do not include any "unusual grants")					11,750	11,750
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					0	
3	Gross receipts from activities that are not an					2070	2070
	unrelated trade or business under section 513					2070	2070
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	<u> </u>					
ے	furnished by a governmental unit to the						i
	organization without charge					0	
6	Total. Add lines 1 through 5					13,820	13,820
7a	Amounts included on lines 1, 2, and 3					0	
	received from disqualified persons .				<u> </u>	0	
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					0	
С	Add lines 7a and 7b	<u> </u>			<del>                                     </del>		
8	Public support. (Subtract line 7c from	Y. Y.				2 2 020	12.020
	line 6.)				1 S. S. S.	13,820	13,820
	on B. Total Support	T ( ) ====			T	T ( ) = = = =	- <del> </del>
Calen 9	dar year (or fiscal year beginning in) a Amounts from line 6	(a) 2011	(b) 2012	2 (c) 2013	(d) 2014	(e) 2015 13,820	(f) Total 13,820
10a	Gross income from interest, dividends,	<b></b>	_ <del> </del>	·	<del>                                     </del>	13,020	13.020
	payments received on securities loans, rents,						
	royalties and income from similar sources .					0	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Ì			Ì	0	•
_	acquired after J une 30, 1975 Add lines 10a and 10b		<del></del> -	<del></del>	<del></del>	13,820	12 020
11	Add lines 10a and 10b				<del> </del>	13,020	13,820
11	activities not included in line 10b, whether						
	or not the business is regularly carned on					0	
12	Other income Do not include gain or						
	loss from the sale of capital assets					0	
	(Explain in Part VI.)				<u> </u>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12.)					13,820	13,820
14	First five years. If the Form 990 is for the	DO OMBNIZA	tion's first so	cond third fourt	h or fifth tay w	poar as a soctio	l
7-7	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line			ne 13, column (f))		15	100 %
16	Public support percentage from 2014 Sci			<u> </u>		16	%
	on D. Computation of Investment In			<del></del>			
17	Investment income percentage for 2015 (					17	<u>%</u>
18 19a	Investment income percentage from 2014 331/3% support tests—2015 If the organ					18   nore than 331/30	% and line
130	17 is not more than 33½%, check this box						
b	33½% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check	a hoy on line	14 10a or 10b	check this hav	and see instru	ctions a $\square$

#### 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 Organizations

- 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 of thistoric and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 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.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1			Yes	No
3a	g <i>y</i>		₹.	
3a   3b   3c   4a   4b   4c   4c   5b   5c   5c   6   6   7   7   8   8   9a   9b   9c   10a   9b   10a   10	s d	1	) 	
3b	r	3a		iå.
3c   4a   4b   4c   4c   5b   5c   5c   6   7   8   8   9a   9b   10a   9b   10a   1	d e	3h		, <u>, , , , , , , , , , , , , , , , , , </u>
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4b	f	4a		<u> </u>
4c	ר י	4b		
4c   5a   5b   5c   6   7   8   8   9a   9b   10a   9c   10a   10a	ר מ'	,		
5a		-	*	*
5b 5c 5c 6 7 7 8 8 9a 9b 9c 10a 9c	√ ;			
5c   6   7   8   8   9a   9b   10a	/		editaban	
9a 9b 10a 9c 10a 10a 10a		5b 5c		
7		6		
9a 9b 9c 10a 10a 10a	r 1	7	***	À
9a 9b 9c 10a	>	***************************************	W	i Ši
9b 9c 10a	9			
9c 10a	1	49 2	<b>%</b>	
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	,	10b	₹•₩	

Schedu	le A (Form 990 or 990-EZ) 2015			Page <b>5</b>
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	33	1 2	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		L
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		*	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			No.
	controlled the organization's activities. If the organization had more than one supported organization,	3	, P	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	F /	<b>*</b>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. — —	1		edeci
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>*</b> 1		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>	** 3		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	- 28.	-II
Secti	on C. Type II Supporting Organizations			Ь
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	* 3	- 1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		Ś	
	or management of the supporting organization was vested in the same persons that controlled or managed	N. "	6	
	the supported organization(s).	1	XIII. X	
Secti	on D. All Type III Supporting Organizations	<del></del>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			. '
	organization's tax year, (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	] 🖣	. 1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	&K	عقد با
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		<del>  ,                                   </del>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<b>1</b> 3	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	'مشد سعا	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
<del></del>	significant voice in the organization's investment policies and in directing the use of the organization's	1	3	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	le i		1
	supported organizations played in this regard.	3	<del></del>	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		<i>ــ</i> ــــــــــــــــــــــــــــــــــ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	e).
			01.0//	<b>5</b> ).
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(F)
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		)" ,*	W.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	# W		
	how the organization was responsive to those supported organizations, and how the organization determined	[ w/		
	that these activities constituted substantially all of its activities.	2a	-	E
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	77		.56
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	, ,		
	reasons for the organization's position that its supported organization(s) would have engaged in these			r 📡
	activities but for the organization's involvement.	ALL:	ļ <b>i</b> .	- 4
2		2b	)W	-
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .			
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> .	32		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izati	ons						
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co									
Section A - Adjusted Net Income				Prior \			(B)	Current \ (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								
Section B - Minimum Asset Amount			(A) i	orior `	Year		(B)	Current \ (optional	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		4		**		, ,			
a Average monthly value of securities	1a								
<b>b</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).				T.	1				
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					Ý		С	Current Ye	ear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1	*	1	. 4	í			
2 Enter 85% of line 1	2	* 3	·4.	\$14	, 1				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4			\ \ <u>\</u>	<b>7</b> 1/2			
4 Enter greater of line 2 or line 3	4	78	di	4		<b>.</b>			
5 Income tax imposed in prior year	5	43.7	*	79/2	79.00	,			
6 Distributable Amount Subtract line 5 from line 4, unless subject to		. )	1	₩.	8.	Ž.			
emergency temporary reduction (see instructions)	6		<b>*</b>		¥ 3.		1		
7 Check here if the current year is the organization's first as a non-functional instructions)	y-ın	tegra	ited Ty	ype II	Supp	orting	org	anızatıon	(see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	izations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
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	anizations		
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.			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whice	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 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		<u> </u>	
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			Lái Vi
_3_	Excess distributions carryover, if any, to 2015:			
a			4 1 1 1	
b_				
<u>c</u>			* * * * * * * * * * * * * * * * * * *	
<u>d</u>	From 2013	N. N. Y. F.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
e_	From 2014			
f	Total of lines 3a through e	7 X 6 200 200 2		
<u>g</u>	Applied to underdistributions of prior years		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>h</u> i	Applied to 2015 distributable amount  Carryover from 2010 not applied (see instructions)			M. /. M. *W. *M.
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u> </u>	
	Distributions for 2015 from Section			
4	D, line 7:			
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2015 distributable amount	87 LS * 2		
	Remainder. Subtract lines 4a and 4b from 4.			- "Max. "
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	7 W. 47 V.		7 %
	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.			
а		A STATE OF THE STA		
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 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.)
	······································
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