Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

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

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

OMB No 1545-1150

2015

Open to Publice: Inspection * 1

A	For t	the 2015 ca	elendar year, or tax year beginning $5/01$, 2015, and ending	g 4/30		, 2016
누	Check	if applicable ss change	C		D Employer	identification number
┝	•		Deer Path Art League		36-61	L12791
┝	Initial		400 E. Illinois Road #218		E Telephone	
┝	1	turn/terminated	Lake Forest, IL 60045-2355		847-2	234-3743
F	1	ded return				
L	1	ation pending			F Group E Number	xemption
G	Acco	unting Met		H Check	k ► 🗓 if the	e organization is not
J	Web	site: ► <u>w</u>	ww.deerpathartleague.org	requir	red to attach	Schedule B
J	Tax-ex	xempt status ((Form	1 990, 990-E 	Z, or 990-PF).
_		of organiza				
_	asse	ts (Part II,	c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E	or more, or i Z	r total ►\$	162,583.
Pa	ırt.l.	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (S	ee the ins	tructions	for Part I)
ደል		Check if t	the organization used Schedule O to respond to any question in this Part I			X
Õ	1	Contributi	ions, gifts, grants, and similar amounts received		1	9,895.
3	2	Program s	service revenue including government fees and contracts		2	152,645.
\$	3	Membersh	hip dues and assessments		3	
	4	Investmer	nt income		4	43.
	5 a		ount from sale of assets other than inventory 5 a		- (-2)	
SCANNED JAN 2	Ь		t or other basis and sales expenses 5b			
Z	_		s) from sale of assets other than inventory (Subtract line 5b from line 5a)			
M	6	Gaming a				
OR.	1	-	ome from gaming (attach Schedule G if greater than \$15,000)		1,183	
Ž	1		- ;			
mc/my	"		ome from fundraising events (not including \$ of contri traising events reported on line 1) (attach Schedule G if the sum	ributions		
Ē		of such gr	ross income and contributions exceeds \$15,000) . 6b			
			ct expenses from gaming and fundraising events 6 c			
		6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and libtract line 6c)		6 d	
	7 a	Gross sale	es of inventory, less returns and allowances 7a			
			t of goods sold. 7b			
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		, 7c	
	8	Other reve	enue (describe in Schedule O)	/FD	8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>		162,583.
	10	Grants an	d similar amounts paid (list in Schedule O) paid to or for members JAN 2 3	101	10	1,100.
	11	Benefits p	paid to or for members JAN 2 3	2017	11	
E	12	Salaries,	other compensation, and employee benefits	15	12	38,368.
EXPENSES	13	Profession	nal fees and other payments to independent contractors $\ - \mathbb{Q} \mathbb{Q} \mathbb{D} \mathbb{F} \mathbb{N} \ $	3 7	13	5,673.
Ň	14	Occupano	cy, rent, utilities, and maintenance	, , ,	14	44,674.
Ě	15	Printing, p	publications, postage, and shipping		15	10,390.
3	16	Other exp	enses (describe in Schedule O) See Sche	edule O	16	69,688.
	17	Total expe	enses. Add lines 10 through 16		► 17	169,893.
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	-7,310.
ASSET S	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree orted on prior year's return)	e with end-of	S2.7833	
ŢŢ	20		nges in net assets or fund balances (explain in Schedule O)		20	112,092.
3	21		s or fund balances at end of year. Combine lines 18 through 20		► 21	104,782.
BA			rk Reduction Act Notice, see the separate instructions.	· · · · · · · · · · · · · · · · · · ·		Form 990-EZ (2015)
		F				()

Form	1990-EZ (2015) Deer Path Art Le	eaque		3	6-611	2791 Page 2
Par	Balance Sheets (see the Inst Check if the organization used Sche	ructions for Part Ii)	estion in this Part II			X
<u> </u>	oncore if the organization used other	dule o to respond to any que	30011 111 (1131 011 11	(A) Beginning of y	ear	(B) End of year
22	Cash, savings, and investments		<u> </u>	109,72		101, 983.
	Land and buildings		. F	100,12	23	101/3031
24	Other assets (describe in Schedule O)	See Schedule	· O ·	5,38		4,611.
25	Total assets		<u> </u>	115,11		106,594.
	Total liabilities (describe in Schedule O)	See Schedule	: O	3,01	~~	1,812.
	Net assets or fund balances (line 27 of		ine 21)	112,09		104,782.
	t III	complishments (see the inst	ructions for Part III)		<u> </u>	Expenses
What	Check if the organization used Sclus the organization's primary exempt purpose? See	nedule O to respond to any q	uestion in this Part II	<u> </u>	=4 (17) = 41	uired for section 501 and 501(c)(4)
Desc	is the organization's program service as	complishments for each of it	e three largest progr	am services as		nizations, optional
meas	ribe the organization's program service as sured by expenses. In a clear and concise	manner, describe the service	es provided, the nun	ber of persons	for ot	hers)
	fited, and other relevant information for e			-	┼-	
28	Art classes are provided				4 1	
	the costs. Approximately	<u> 15 artists teach</u>	400 students	<u>in the art </u>	4	
	<u>classes offered.</u>) If th	is amount includes foreign gr	onto obook horo	 -	1 28a	71 (25
29		is amount includes loreigh gi	arits, check here		20 a	71,635.
23	See Schedule 0				-	
				_ 	-	
	(Grants \$ 100.) If th	is amount includes foreign gr	ante check here		1 29 a	33,880.
30				d aurabasa	23a	33,800.
30	The art gallery provides				-	
	of local art. Approxima	tery_izu_artists_s	err ruerr mor	K_irom cue	-	
	Grants \$ 1,000) If th	is amount includes foreign gr	onts obook boro	- -	∏ 30 a	20.002
21	Other program services (describe in Sch	adula (1)	ants, theth here] 30 a	28,982.
JI	· ·	eddie O) is amount includes foreign gr	ante check here	▶ [31 a	
32	Total program service expenses (add lin		arits, crieck fiele		<u>31 a</u> ▶ 32	134,497.
	t IV. List of Officers, Directors,		lorence (hat arab ara a	was if not componented	- · · · ·	
rai.	Check if the organization used Sci				- 566 (16 (
		(b) Average hours per	(c) Reportable compensati (Forms W-2/1099-MISC)	on (d) Health bene	fits,	(e) Estimated amount of
	(a) Name and title	week devoted to	(Forms W-2/1099-MISC) (if not paid, enter -0-)	porioni piano, ana c	leferred	other compensation
				compensation		
See						
	_Schedule_0		7.70		^	0
	Schedule_O		7,789	9.	0.	0.
	Schedule_O.		7,789	9.	0.	0.
	Schedule_O.		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
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	Schedule_O		7,789	9.	0.	0.
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	Schedule_O		7,789	9.	0.	0.
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	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.
	Schedule_O		7,789	9.	0.	0.

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	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			
25.	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
357	a 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)?	35 a		Х
ı	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	33 5		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
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	26		
37 :		36	A85. 5%	X ≹≛⊹i
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. Did the organization file Form 1120-POL for this year?	37 b	314.14	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	324	3387	Ĥ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
ı	or If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	886.FF	s, •≹¹	2.0
39	Section 501(c)(7) organizations Enter		,	
á	Initiation fees and capital contributions included on line 9		12 8°	
ŀ	Gross receipts, included on line 9, for public use of club facilities 39b N/A		841	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	Samuel Same	¥. (1	
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	1.5	*/ ***	
t	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			لنات
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
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.	٤	131, 14	# · y#
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	, , , ;		
•	by the organization by the			
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			JL'N
	Shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u> </u>
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed IL	40 e		<u> </u>
	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed IL	40 e		<u> </u>
41	List the states with which a copy of this return is filed IL The organization's			<u> </u>
41	List the states with which a copy of this return is filed ► II. The organization's books are in care of ► Pamela Payton Telephone no. ► 847-23	34-3		<u>x</u>
41 42 a	List the states with which a copy of this return is filed ► IL The organization's books are in care of ► Pamela Payton Located at ► 400 E. Illinois Road Lake Forest IL ZIP + 4 ► 60045-	34-3	5	
41 42 a	List the states with which a copy of this return is filed II The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	34-3° -235		No
41 42 a	List the states with which a copy of this return is filed ► IL The organization's books are in care of ► Pamela Payton Located at ► 400 E. Illinois Road Lake Forest IL ZIP + 4 ► 60045-	34-3	5	
41 42 a	The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL 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)?	34-3' -235 42b	5	No
41 42 a	The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL 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)?	34-3' -235 42b	5	No
41 42 a	The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL 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)?	34-3 -235 42b	5	No
42 a	The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	34-3' -235 42b	5	No X
42 a	Telephone no. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). The organization's books are in care of Pamela Payton	34-3 -235 42b	5	No
42 a	The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	34-3 -235 42b	5	No X
42 a	Telephone no. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). The organization's books are in care of Pamela Payton	34-3 -235 42b	5	No X
42 a	Telephone no. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). The organization's books are in care of Pamela Payton	34-3 -235 42b	5	No X
42 a	The organization's books are in care of Pamela Payton Located at P400 E. Illinois Road Lake Forest IL 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country:	34-3 -235 42b	Yes	No X
42 a	List the states with which a copy of this return is filled IThe organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest IL 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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	34-3 -235 42b	Yes	No X X
42 a	The organization's books are in care of Pamela Payton Located at P400 E. Illinois Road Lake Forest IL 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country:	34-3 -235 42b	Yes	No X
41 42 a b	In the organization's books are in care of Pamela Payton Telephone no. 847-2. Located at 400 E. Illinois Road Lake Forest II. 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	34-3 ³ -235 42b 42c	Yes	No X X N/A N/A
41 42 a b c c c 43	It the states with which a copy of this return is filed ► II IT the organization's books are in care of ► Pamela Payton	34-3 -235 42b	Yes	No X X X
41 42 a b c c c 43	In the organization's books are in care of Pamela Payton Telephone no. 847-2. Located at 400 E. Illinois Road Lake Forest II. 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	34-3 ³ -235 42b 42c	Yes	No X X N/A No X
41 42 a b 44 a b	It be organization's books are in care of ▶ Pamela Payton Located at ▶ 400 E. Illinois Road Lake Forest II. 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)? If 'Yes,' enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	34-3 ³ -235 42b 42c	Yes	No X X N/A N/A
41 42 a b 44 a b c	List the states with which a copy of this return is filled II. The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest II. ZIP + 4 600 45 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	42 c 44 a 44 b	Yes	No X X N/A No X
41 42 a b c d	Is the states with which a copy of this return is filed ► III The organization's books are in care of ► Pamela Payton	42 c 44 a 44 d 44 d	Yes	No X X N/A No X X
41 42 a b c d 45 a	List the states with which a copy of this return is filled II. The organization's books are in care of Pamela Payton Located at 400 E. Illinois Road Lake Forest II. ZIP + 4 600 45 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)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	42 c 44 a 44 b	Yes	No X X N/A No X

Form	990-EZ (2015)	Deer	Path	<u>Ar</u> t	League	
·46	Did the organiz	ation en	igage, di	rectly	or indirectly,	ın p

2	6-	6	1	1	2	7	9	1
_,	v	v	_	ᅩ	_	•	_	-

Page 4
Yes No

Form **990-EZ** (2015)

	the organization engage, directly or indired didates for public office? If 'Yes,' complete		ign activities on behalf o	f or in opposition to	46	X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only ons must answer q	uestions 47-49b and	d 52, and complete	the tables	_
	Check if the organization used Schedul	e O to respond to any	question in this Part VI			
	the organization engage in lobbying activities	or have a section 501(h)) election in effect during	the tax year? If 'Yes,'		No
	plete Schedule C, Part II e organization a school as described in se	ection 170(h)(1)(A)(u)2	If 'Ves' complete Scher	dule F		$\frac{X}{X}$
	the organization make any transfers to an		•			$\frac{x}{x}$
	es,' was the related organization a section	•			49Ъ	 -
	plete this table for the organization's five high loyees) who each received more than \$100,00				ey	
	(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 employee benefit plans, and deferred compensation	(e) Estimated amount other compensation	of
None						
51 Com	I number of other employees paid over \$1 plete this table for the organization's five high pensation of from the organization of there is	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of	
	(a) Name and business address of each independent of		(b) Type	of service	(c) Compensation	
None_						
- -						
					_	
	I number of other independent contractors	•		<u> </u>		
	the organization complete Schedule A? N o pleted Schedule A	ote: All section 501(c)	(3) organizations must a	ttach a	► X Yes	No
Under penalti	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	dules and statements, and to the	e best of my knowledge and be		
true, correct,	and complete Declaration of preparer (other than office	based on all information of	or wrich preparer has any knowl	l2/12/1/		
Sign	Signature of officer	}		Date		
Here	Gerard Gunaling Type or print name and title	<i>)</i>		President		
Paid	Print/Type preparer's name Sheila Y. Kaczynski	Preparer's signature	Date IZ 2	. Check 🗀 if	PTIN 200218480	
Preparer	Firm's name Kaczynski & Asse	ociates, Ltd.	00'			
Use Only	Firm's address ► 17W635 Butterfi		40	Firm's EIN	36-4266894	
	Oakbrook Terrac	e, IL 60181		Phone no 630	916-8920	
May the IF	RS discuss this return with the preparer sh	own above? See instri	uctions		► X Yes N	lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

2015

Open to Public Inspection

Name o	of the organization					Employer identifica	tion number
Dee	r Path Art League					36-611279	1
	Reason for Public Cha	arity Status (All or	rganizations must c	omple	te this		
	rganization is not a private found						
1	A church, convention of church	nes, or association of ch	nurches described in sect	ion 170(t	X1XAXi).	
2	A school described in section			•		•	
3	A hospital or a cooperative h		•	•	•	Yiii).	
4	A medical research organiza	,					nter the hospital's
•	name, city, and state	mon operated in conju	anction with a hospital a	CSCIIDCO	- III 300		ntor the hospital s
5	An organization operated for the 170(b)(1)(A)(iv). (Complete I	ne benefit of a college of	or university owned or ope	erated by	a gover	nmental unit described in	section
6	A federal, state, or local gov		ntal unit described in s	ection 1	70(bX1)	(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p					olic described
8	A community trust described		A)(vi). (Complete Part I	1)			
9	X An organization that normally from activities related to its exinvestment income and unreduced June 30, 1975 See section	receives (1) more than empt functions — subjections lated business taxable	33-1/3% of its support froct to certain exceptions, as income (less section 5	om contr and (2) n	o more t	han 33-1/3% of its suppo	ort from gross
10	An organization organized a	nd operated exclusive	ly to test for public safe	ty. See	section	509(a)(4).	
11	An organization organized a or more publicly supported or lines 11a through 11d that do	rganizations describe	d in section 509(a)(1) o	r sectio	n 509(a)	(2). See section 509(a)	t the purposes of one (X3). Check the box in
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	ion operated, supervise egularly appoint or elect A and B.	d, or controlled by its sup t a majority of the director	ported or s or trus	rganızatı tees of tl	on(s), typically by giving he supporting organization	the supported on You must
b	Type II. A supporting organize management of the supporting must complete Part IV, Section 11.	ı organızatıon vested ın	ontrolled in connection the same persons that co	with its : ontrol or	supporte manage	ed organization(s), by the supported organization	naving control or on(s). You
С	Type III functionally integrated organization(s) (see instruction)	l. A supporting organizations) You must comp	tion operated in connection plete Part IV, Sections A	n with, an A, D, and	id function I E.	onally integrated with, its	supported
d	Type III non-functionally integ functionally integrated The c instructions) You must com	rated. A supporting org organization generally plete Part IV, Section	panization operated in cor must satisfy a distribut is A and D, and Part V.	nection vion requ	with its s irement	supported organization(s) and an attentiveness r	that is not requirement (see
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS tl			
f	Enter the number of supported						
g	Provide the following informatio	n about the supported	d organization(s)				<u> </u>
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizati in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
'A)							
,		 				<u> </u>	
(B)							
(C)							
,		 		 			
(D)							
Έ)							
Γotal			2 3 - 3 <u>- 3 4 6</u>				
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Schedule A (Form 990 or 990-EZ) 2015

Partill: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only i	f you checked the box on line 5, 7	, or 8 of Part I or if the organization failed to qualify under Part	III If the
		d below, please complete Part III)	

Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from line 4 Gross income from line 4 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	Sec	tion A. Public Support						
2 Tax revenues leved for the organization's benefit and on its behalf and its properties of seclies through 3 3 The potnor of total continues of the properties of the proper		inning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or expended organization without charge 4 Total. Add lines through 3 5 The portion without charge 4 Total. Add lines through 3 6 Public support. Subtract line 5 5 Section B. Total Support Calendar year (or fiscal year benon) Calendar year (or fiscal year benon) Governmental unit to make a subtract line 5 Section B. Total Support Calendar year (or fiscal year benon) Governmental unit or make a subtract line 5 Gross income from ine 4 8 Gross income from ine 4 8 Gross income from ine 4 8 Gross income from ine 4 9 Net income from subtract line 5 Total support. Add lines 7 Total support. Add lines 7 10 Other income. Do not include gain or loss from the sale of gain o	1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
facilities furnished by a governmental unit to the governmental unit to the governmental unit to the governmental unit to drag of governmental unit or publicly supported organization without charge of governmental unit or publicly supported organization included on line I that exceeds 2% of the amount show on line I1, column (5) 6 Public support. Subtract line 5 Section B. Total Support Callendar year (or fiscal year beginning in) P 7 Amounts from line 4 8 Gross ancome from interest, divident organization securities loans, rents, royaltes and income from similar sources 9 Net income from unrelated obusiness activities, whether or carried on securities loans, rents, royaltes and income from similar sources 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 incompliant organization and solve here. The organization of the public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line I1, column (f)) 15 Public support percentage for 2015 (line 6, column (f) divided by line I1, column (f)) 16 33-1/3% support test = 2015, lith organization did not check he box on line I3, and line I4 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test = 2015, lith the organization did not check a box on line I3, life, or flob, and line I4 is 10% or more, and if the organization meets the facts-and-circumstances set, check this box and stop here. Explain in Part VI how the organization meets the lacts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the lacts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the lacts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the lacts-and-circumstances test. Check this box and stop here. Explain in Part VI how the organizat	2	organization's benefit and either paid to or expended						
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15 Public support percentage from 2014 Schedule A, Part II, line 14 16 a 33-1/3% support test — 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here.								
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b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	15	Public support percentage from 2	2014 Schedule A,	Part II, line 14			15	%
and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported or	box on line 13, ar rganization	nd line 14 is 33-1/	3% or more, ch	eck this box
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 b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	t	33-1/3% support test – 2014. If t and stop here. The organization	the organization d qualifies as a pul	lid not check a bo blicly supported o	x on line 13 or 16 rganization	ia, and line 15 is 3	33-1/3% or more	e, check this box
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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	17 a	or more, and if the organization i	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	r e. Explain in Pa	art VI how . 🦳
	t	or more, and if the organization is	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	re. Explain in P	ne 15 is 10% art VI how the
	18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check the		

Deer Path Art League

Part III 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')					Ì	
	received (Do not include	01 705	0 600	6 505	7 005	0 005	E4 C42
2	Gross receipts from admis-	21,725.	8,603.	6,535.	7,885.	9,895.	54,643.
2	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	161,801.	138,587.	147,829.	159,823.	152,645.	760,685.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	101/001.	2307301.	111/025.	1037023.	192/0101	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
	Total. Add lines 1 through 5.	183,526.	147,190.	154,364.	167,708.	162,540.	815,328.
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,100.	635.	8,313.	7,818.	7,059.	24,925.
1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						_
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	1,100.	635.	8,313.	7,818.	7,059.	24,925.
	Public support. (Subtract line 7c from line 6)						790,403.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		-	F		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 6	183,526.	147,190.	154,364.	167,708.	162,540.	815,328.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	389.	214.	72.	54.	43.	772.
-	: Add lines 10a and 10b	389.	214.	72.	54.	43.	772.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12)	183,915.	147,404.	154,436.	167,762.	162,583.	816,100.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, oi	r fifth tax year as	a section 501(c)(3) 	' ► □
	tion C. Computation of Pul			10 1 15			0.0.0.0
	Public support percentage for 20		• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		15	96.85 %
	Public support percentage from 2					16	97.64 %
	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	•	mn (f))	17	0.09 %
	Investment income percentage fr					18	0.15 %
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check 33-1/3% support tests — 2014. If	this box and stop	p here. The organ	nization qualifies a	as a publicly supp	orted organization	► [X]
	line 18 is not more than 33-1/3%	, check this box a	ind stop here. Th	ie organization qu	alifies as a public	ly supported organ	ızatıon ► 📙
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instructions	▶

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.)

S

Se	ction 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		M.
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	اً کفنت	, , , , , , , , , , , , , , , , , , ,
	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	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		
4	a 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	مان میشود مستوریسو	
	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)(B) purposes	4c		
5	a 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)	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?	うき 5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	,,', <u>`</u>	,
9	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	9a	, 37 , 3 ,	
i	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	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	9с	,	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		

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

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Pa	tt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
	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		
ı	b A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
		Fox said of	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activitive of 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			
	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	ch 2		
Sec	ction C. Type II Supporting Organizations			
		Standing or the State of State	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management or supporting organization was vested in the same persons that controlled or managed the supported organization(s).	f the	ibi i	
Sec	tion D. All Type III Supporting Organizations			
			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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	22.14. 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		ŽŽ.
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations playin this regard	ed 3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
á	The organization satisfied the Activities Test Complete line 2 below.	•		
ŀ	The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).		
_				
2	Activities Test Answer (a) and (b) below.	(2%, %)	Yes	No
ā	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	d		
	substantially all of its activities	2a	1	280
t	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 the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	for2b		
2	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 trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	f . 3a	·	*
_		. 34		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	. 3b	1	<u> </u>
				=

ra	<u>(k,v.:) Type III Non-Functionally Integrated 509(a)(5) Supporting Organical Control (a) (5) Supporting Organical Control </u>	ınıza	นอกร	
` 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete	ovemb	er 20, 1970. See instruction	ons. All
Sec	tion 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 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)	3 10		
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A) .	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions)	egrate	d Type III supporting orga	anızatıon

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	IL V 3 Type III Non-Functionally Integrated 509(a)(3) St	apporting Organiza	tions (continued)		
	ection D - Distributions				
_1	Amounts paid to supported organizations to accomplish exempt pu				
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of su				
4	Amounts paid to acquire exempt-use assets	<u>.,, </u>			
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 the organization Part VI) See instructions				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
Sec	tion 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	Di B ERR OPE			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)				
3	Excess distributions carryover, if any, to 2015:				
a					
b	法推准的 化二甲酸丙烯酯 网络人名德拉尔 经		"ANN SEAR OF		
<u>c</u>	事。NOTES 1986年1986年1988年1988年1988年1988年1988年1988年	1443 - 1514 No :	- 11.4 4.11.1 1.35		
	From 2013				
	From 2014				
	Total of lines 3a through e				
	Applied to underdistributions of prior years	A A Service of the Addition			
h	Applied to 2015 distributable amount	. Y [W () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
i	Carryover from 2010 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		1. N. 1984 Marie 1994		
	Distributions for 2015 from Section D, line 7 \$				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	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.			***	
	Breakdown of line 7		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	直 15 。 注 46 0 28 1 上籍的 46 0 1 1 16 16 16 16 16 16 16 16 16 16 16 16				
	Excess from 2013	4.7.8.444.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5			
d					
	Excess from 2015	\$		3 \ - 3 \ 3 \ 3 \ 3 \ 3 \ 3 \ 3 \ 3 \ 3	

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Schedule A (Form 990 or 990-EZ) 2015

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.)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection, 3

Internal Revenue Service	at www.irs.gov	//torm990.	M:1.	
Name of the organization	· · · · · · · · · · · · · · · · · · ·		Employer identification	number
Deer Path Art I	League		36-6112791	
Form 990-EZ, F Other Expense	Part I, Line 16 es			
Bank Fees Business Mee Depreciation	nd supplies rental materials fees d permits as		\$ Total <u>\$</u>	15,808. 3,068. 50. 778. 1,450. 3,599. 28,521. 2,169. 5,061. 25. 60. 4,792. 1,059. 375. 882. 1,991. 69,688.
Form 990-EZ, P Other Assets	Part II, Line 24			
Machinery an Security Dep	nd Equipment posit	_ \$ Total <u>\$</u>	3,445.	Ending 1,166. 3,445. 4,611.
Form 990-EZ, P Total Liabilities	Part II, Line 26			
			Beginning	Ending
Accounts Day	vable and Accrued Expenses			
necounts ray	able and Accided Expenses	Total \$	3,018. \$ 3,018. \$	1,812. 1,812.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To stimulate, promote, and maintain interest in the visual arts, both from the standpoint of appreciation and creation.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Annual art show in town square provides a place for the residents of Lake Forest and the surrounding communities to show, see and purchase art. Artists pay an entry fee to participate in the show, and fees are paid for judging the artwork. The program served 180 artists and the public attendance was approximately 20,000 people.

Name of the organization	Employer identification number
Deer Path Art League	36-6112791

Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Gerard Gundling President	0.25	\$ 0.	\$ 0.	\$ 0.
Ann Grant Vice President	4	0.	0.	0.
Jane Jones Director	0.25	0.	0.	0.
Stephanie Toral Secretary	0.25	0.	0.	0.
Jacqueline Blatchford Director	0.25	4,107.	0.	0.
Phyllis Churbuck Director	0.25	0.	0.	0.
David E. Dallison Director	0.25	0.	0.	0.
Helen LaCroix Director	0.25	0.	0.	0.
Lucy Gundling Director	0.25	0.	0.	0.
Edith Ottoman-Risher Director	0.25	0.	0.	0.
Mary Lou Schwall-Komie Director	0.25	0.	0.	0.
Karin Seiller Director	0.25	0.	0.	0.
Doris Volpe Director	0.25	3,682.	0.	0.
Anne Whipple Director	0.25	0.	0.	0.
Jolan Horen Director	0.25	0.	0.	0.
	Total	\$ 7,789.	\$ 0.	<u>\$ 0.</u>

Name of the organization

Deer Path Art League

Schedule O (1911) 930-122/2015

Employer identification number

36-6112791

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
 No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No