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Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2015

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

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Open to Public Inspection

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Application pending Application pending Accrual Other (specify) Accounting Methods: Accrual Other (specify) Accounting Methods: Account	=		City or town, state or province, country, and ZIP or foreign postal code						
G Accounting Method:	=		President DIKAVIII KV 4/50/	•	•				
Website:									
Tax-exempt status (check only one) - 501(c)(3) 2501(c)(5) 4 (Insert no.) 4947(e)(1) or 527 (Form 990, 990-EZ, or 990-PP).									
R Form of organization: Corporation									
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.				990, 99	U-EZ, OT 99U-PF).				
Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Sevenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					A				
10 Grants and similar amounts paid (list in Schedule O) California. Travel									
11 Benefits paid to or for members									
	Expenses								
Salaries, other compensation, and employee benefits		[25,024				
Professional fees and other payments to independent contractors			Statute, outer compensation, and employee denotes . 137		3,500				
WIAA A					/				
14 Occupancy, rent, utilities, and maintenance		14	Occupancy, rent, utilities, and maintenance	14	23,845				
15 Printing, publications, postage, and shipping		15	Printing, publications, postage, and shipping	15	7.656				
16 Other expenses (describe in Schedule O)		16	Other expenses (describe in Schedule O)	16	7,00				
17 Total expenses. Add lines 10 through 16		17			77,954				
19 Evenes or (deficit) for the year (Subtreet line 17 from line 0)	Net Assets	+			59 142				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					-34,U13				
end-of-year figure reported on prior year's return)		1		1 -	314 000				
20 Other changes in net assets or fund balances (explain in Schedule O)	Ä	20		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ž			_	2// 057				
				141	Form 990-EZ (2015)				

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Pa	Balance Sheets (see the instructions			5		
	Check if the organization used Schedule	O to respond to a	ny question in this			
٠			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			314,959	22	366,997
23	Land and buildings		+	,	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)		<u> </u>		26	a// 00a
27	Net assets or fund balances (line 27 of column				27	366, 17%
Par						F
	Check if the organization used Schedule			··· · · · · · · · · · · · · · · · · ·	/Deco	Expenses ired for section
Wha	t is the organization's primary exempt purpose?	70 repres	sent and Pr	mote		(3) and 501(c)(4)
	ribe the organization's program service accompli					nzations; optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant intermation for each	nanner, describe the	e services provided	, the number of	other	s.)
28	agriculture and provid		discount	and		
_	educational Programs for	~ AUR 7 100	+ member	Mall 2		
		1	<i>11.1.</i> V.11			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	28a	
29						
	(Grants \$) If this amount	includes foreign are	ente check here		29a	
30	The this amount	includes foreign gra	arts, crieck riere .	· · · • • •	230	
50						
	(Grants \$) If this amount	includes foreign are	ants, check here .		200	
24	Other program services (describe in Schedule O)				30a	······································
31	· • · · · · · · · · · · · · · · · · · ·					
				► I=3 I		
30	(Grants \$) If this amount	includes foreign gra	ants, check here .	· · · > 🖳	31a	
32 Date	Total program service expenses (add lines 28a t	through 31a)		🕨	32	See for Dest NA
32 Par	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	through 31a)	h one even if not comp	▶ Densated—see the in	32	tions for Part IV)
32 Par	Total program service expenses (add lines 28a t	through 31a)	h one even if not comp ny question in this	oensated—see the in	32	tions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П	
•	mondono for Fart 4) Oneon it the organization used confedure of to respond to any question in this	. au t	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		2	
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		<i>L</i>	
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		~	
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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V	
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year?	37b		V	
b 39 a b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		2	
41	List the states with which a copy of this return is filed	1) ()		~	
42a	The organization's books are in care of ▶ J.A. Gilliam Treasurer Telephone no. ▶ 60			960	
b	Located at \triangleright 320 N, By Press Rd P, KeVIII Ry ZIP + 4 \triangleright 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		レ	
	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).]		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	~	
43	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			▶ □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No	
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	44a		1	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
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	L	1	

Form 990	-EZ (20	15)						1	Page 4
								Yes	No
		e organization engage, directly or ir							
. 1	to can	didates for public office? If "Yes," of	complete Schedule C	, Part I			. 46	3	1 -
Part V	_ /	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		estions 47–49b an	d 52, and	complete the	e tables	for lin	nes
		Check if the organization used Sci	hadula () to respond	to any question in	this Part	VI			
		Sheck if the organization used oci	riedule O to respond	to any question in	i tilis i ait	VI		Yes	No
		e organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec	tion in effe	ect during the	tax 47		110
•	•	organization a school as described in		ii)? If "Yes." complet	e Schedule	ε Ε	. 48		1
		e organization make any transfers to							
		s," was the related organization a se					. 49		<u> </u>
50	Comp	lete this table for the organization's	five highest compen	sated employees (nd kev
	emplo	yees) who each received more than	\$100.000 of compe	nsation from the ord	anization.	If there is none	a. enter	"None."	n
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Ho contribut benefit pl	ealth benefits, ions to employee ans, and deferred mpensation	(e) Estima		ount of
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•									
51	Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest componization. If there is no			<u> </u>	Compens		e thar
				-					
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	T-1-1			6100 000		.			
		number of other independent contra	•	· · · · · · · · · · · · · · · · · · ·	· • 				
		he organization complete Schedu	JIE A? Note: All se	ection 501(c)(3) or	ganization	s must attacr			M-
	<u> </u>	leted Schedule A		· · · · · · · · · · · · · · · · · · ·	· · · ·	· · · · ·	. ▶ ∐ Y (No
Under pe	nalties ect and	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompar n officen is based on all infi	nying schedules and state ormation of which prepar	ements, and t er has anv kn	o the best of my kn owledge.	owledge a	and belief	f, it is
			000	/		7 / 4 1-			
C:		Simple of the same	mallwood	<u> </u>		3-10-1			
Sign		Signature of officer Date Date Date							
Here		Type or print name and title	(w@od	VICE Fre	<u>sident</u>	·			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		1	
Prepa	rer					self-emplo	yea		
Use C		Firm's name				Firm's EIN ▶			
		Firm's address ▶				Phone no.			
May the	e IRS	discuss this return with the prepare	r snown above? See	Instructions			▶ ¥	. Pa	No