2015
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			Short Form	l	OMB No 1545-1150
Form	, 99	O-EZ	Return of Organization Exempt From Income T	'ax	2014
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private t	(enoitsbnuo	
			► Do not enter social security numbers on this form as it may be made put	olic,	Open to Public
Depa Inten	utment o nel Rever	f the Treasury Tue Service	▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form	n990.	Inspection
A F	or the	2014 calenda	ar year, or tax year beginning June 16 , 2014, and ending	December	31 ,20 14
Bo	heck if ap	plicable	C Name of organization	D Employer id	entification number
$\overline{}$	Ad dro sa c		Alaska Benteh Capital, LLC		7-1351114
_	untal cetro Verne che	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone n	
		ri/terminated	P.O. Box 871565 City or town, state or province, country, and ZIP or foreign postal code		7-373-7960
	Amended			F Group Exe Number	
		n pending ting Method,	Wasilla, AK 99687 ☐ Cash ☑ Accrual Other (specify) ► H		f the organization is not
	/ebsite	. •			ach Schedule B
				•	0-EZ, or 990-PF).
		organization:		<u>, </u>	
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	
(Par	t II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>► g</u>	0
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		for Part I)
			the organization used Schedule O to respond to any question in this Part I		<u> </u>
	1		ons, gifts, grants, and similar amounts received	1	0
	2		ervice revenue including government fees and contracts	2	0
	3		ip dues and assessments	3	0
	4 5a	Investment		4	0
	b		or other basis and sales expenses		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	a
	6		id fundraising events		<u>u</u>
9	а	Gross inc \$15,000) .	ome from gaming (attach Schedule G if greater than		
Revenue	ь		me from fundraising events (not including \$ 0 of contribution		
ě	-		aising events reported on line 1) (attach Schedule G if the		
_			th gross income and contributions exceeds \$15,000) 6b	o	
	С	Less: direc	t expenses from gaming and fundraising events 6c	0	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract	
	l .	line 6c) .		· · 6d	0
	7a		s of inventory, less returns and allowances	0	
	b		of goods sold	O	
	8	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. • 9	0
	10	Grants and	I similar amounts paid (list in Schedule O)	. 10	0
	11		aid to or for members		0
9	12		ther compensation, and employee benefits	. 12	0
Expenses	13		all fees and other payments to independent contractors	13	0
8	14		y, rent, utilities, and maintenance	. 14	0
Ω	15	Printing, po	ublications, postage, and shipping	. 15	0
	16	Other expe	enses (describe in Schedule O)	16	0
	17	Total expe	anses. Add lines 10 through 16	. > 17	0
호	18		(deficit) for the year (Subtract line 17 from line 9)		0
Net Assets	19	end-of-yea	or fund balances at beginning of year (from line 27, column (A)) (must agree or figure reported on prior year's return)	with 19	a
Med	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	0
_		8164 666-4-	and the decimal property of the second sections of the second section of the section of the second section of the section		· · · · · · · · · · · · · · · · · · ·

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

0

0

0 Form **990-EZ** (2014)

Cat No 10642I

	990-EZ (2014)					Page 2
Pal	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	<u>0</u>
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		[24	
25	Total assets		<i>.</i> Г	Q	25	0
28	Total liabilities (describe in Schedule O) .			0	26	0
27	Net assets or fund balances (line 27 of column	ı (B) must agree wit	n line 21)		27	
Par	Statement of Program Service Accome Check if the organization used Schedule	plishments (see th	e instructions for F	art III)		Ехрепяев
What	t is the organization's primary exempt purpose?					juired for section
						c)(3) and 501(c)(4) nizations; optional for
as m	which the organization's program service accompline neasured by expenses. In a clear and concise money the control of the cont	nanner, describe the			othe	
		acir program due.			 	
20	Business start date of 6/16/2014				1	
		~				Ì
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here	<u> ▶ ⊔</u> _	28a	0
29		f 4-J-J-J			ļ .	ļ
		, , , , , , , , , , , , , , , , , , , ,	,			1
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	29a	ıl
30						
						1
	**************************************	·				
	(Grants \$) If this amount			L	30a	
04		t includes foreign gr			308	
31	Other program services (describe in Schedule O)				١	İ
	(Grants \$) If this amount	includes foreign gr	ants, check here	<u>, , , ▶ Џ</u>	31a	
	Total program service expenses (add lines 28a				32	
12/10	t IV List of Officers, Directors, Trustees, and Ke	v Emplovees (list esc	h one even it not com	pensated—see the	INGTH I	ctions for Part IVI
					ii ioti u	
	Check if the organization used Schedule		ny question in this	Part IV		🗀
				(d) Health benefits, contributions to emplo benefit plans, and	yee (e)	Estimated amount of other compensation
	Check if the organization used Schedule	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Marc	Check if the organization used Schedule (a) Name and tide ia Clemons	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (ff not paid, enter -0-)	Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	 уче (е)	Estimated amount of other compensation
Marc Chair	Check if the organization used Schedule (a) Name and tide ia Clemons	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	yee (e)	Estimated amount of
Marc Chali Richs	Check if the organization used Schedule (a) Name and title ia Clemons r and Porter	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	уее (e) оп	Estimated amount of other compensation
Marc Chali Rich	Check if the organization used Schedule (a) Name and title ia Clemons and Porter Chair	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (ff not paid, enter -0-)	Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	 уче (е)	Estimated amount of other compensation
Marc Chair Rich Vice Nich	Check if the organization used Schedule (a) Name and title ia Clemons and Porter Chair clas R. Charles, Jr.	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	уее (e) оп	Estimated amount of other compensation
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Form 99	0-EZ (2014)		P	ege 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			Yes	Nρ
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		<u>√</u>
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		<u>✓</u>
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		√
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 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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			数数
þ	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
p	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39_	Section 501(c)(7) organizations. Enter:			
8 6	Initiation fees and capital contributions included on line 9 , ,	1833		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
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			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed None			
42a		907-37	73-796	0
b	Located at > 951 E. Bogard Road, Suite 101, Wasilla, AK 99654 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)?	99849 42b	7es	
	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	· ·	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	5.00	
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		2/2	
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		
				(2014)

Form 99	90-EZ (2	(014)					Page 4
46	to ca	he organization engage, directly or in indidates for public office? If "Yes," o	complete Schedule C	ampaign activities o	on behalf	of or in opposit	Yes No ion 46 ✓
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47–49b an	d 52, and	complete the	e tables for lines
		50 and 51 Check if the organization used Sci	hedule O to respond	I to any question in	this Part	· :VI	<u> </u>
47		the organization engage in lobbying? If "Yes," complete Schedule C, Par	activities or have a				Yes No tex . 47 ✓
48 49a	Is the	e organization a school as described in the organization make any transfers t	n section 170(b)(1)(A)(i)? If "Yes," complet			. 48 ✓
50	If "Ye	es," was the related organization a se plete this table for the organization's oyees) who each received more than	ection 527 organization five highest comper	on?	 other than	officers, direct	ors, trustees and key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu benefit p	ealth benefits, tions to employee lans, and deferred impensation	(e) Estimated amount of other compensation
None					<u> </u>		
	445 A 4 11 11 11 11 11 11 11 11 11 11 11 11 1						
				<u> </u>			
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	's five highest comp	ensated independe one, enter "None."		ctors who each	ı received more thai
	(e)	Name and business address of each independ	dent contractor	(b) Type of a	ervice	(c)) Compensation
None							
47/				 			
							_
				-			<u> </u>
d 52		number of other independent contre the organization complete Schedu			. ►	ns must attac	0 ha
Under p	comp	oleted Schedule A	return, including accompa	tving schedules and state	ements and	to the best of my k	.► Yes No
	mect, ar	nd complete. Declaration of preparer (other than	n officer) is based on all inf	ormation of which prepar	er has any k		
Sign Here		Signature of officer Marcia Clemons, Chair Type or print name and title				Date 4/1	9/10
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	r PTIN
Prep Use		Firm's name ►				Firm's ElN ▶	
		Firm's address > discuss this return with the prepare	rehown above 2 5	instructions		Phone no.	NOV. CO
widy (I	10 II 10	Giographic return with the prepare	GHOWH ADOVEY 088	matructions	<u> </u>	<u> </u>	► Yes No Form 990-EZ (2014

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

OMB No. 1545-0047

2014

Open to Public

nteme	Revenue Service	► Information abou	nt Schedule A (For	n 990 or 990-EZ) and its	instruction	is is at ww	w.lrs.gov/form990.	Inspection
Name	of the organization				-		Employer identification	number
	a Benteh Capital		31 61 4 (40)	,,			47-13!	
Par				organizations must s: (For lines 1 through				ns.
				s; (For lines 1 through on of churches descri				
				Attach Schedule E.)	D80 (11 20	Caon 17	ν(υ)(1)(ν-γ(η).	
				anization described in	n section	170(6)(1	λ(Α)(iii).	
				injunction with a hosp				iii). Enter the
-	hospital's na	ame, city, and stat	e:				• • • • • • • • • • • • • • • • • • • •	
5		tion operated for (b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
				mental unit described tantial part of its supp				the general public
		section 170(b)(1)		•				
				(1)(A)(vi). (Complete I				
9				re than 331/3% of its				
				functions—subject to				
		-		unrelated business t 75. See section 509 (s				O Kotu odsinesses
10		_		sively to test for public		•	•	
		-		vely for the benefit of,	•			out the purposes of
				escribed in section 5				
				the type of supporting				
а	☐ Type (. A :	supporting organiz	ation operated,	supervised, or control	led by its	supporte	ad organization(s), ty	pically by giving
		rted organization(s on, You must con		egularly appoint or ele ections A and B.	ct a majo	rity of the	e directors or trustee	s of the supporting
b	🔲 Type II. A	supporting organi	zation supervise	d or controlled in coni	nection w	nth its suj	oported organization	n(s), by having
				anization vested in th	ie same p	ersons th	nat control or manag	e the supported
				Sections A and C				
C	its suppor	ted organization(s)	(see instruction:	g organization operates) You must comple	te Part I\	/, Section	ns A, D, and E.	
d				porting organization o				
				zation generally must nplete Part IV, Secti				an attentiveness
_		•	•	written determination				I Type III
е				onally integrated supp				ii i i po iii
f		ber of supported	•					
g				orted organization(s).	, , ,	, , .		
	(I) Name of suppor	ted organization	(II) EIN	(iii) Type of organization		rgenization	(v) Amount of monetary	(vi) Amount of
			l	(described on lines 1-9 above or IRC section		ur governing ment7	support (see (natructions)	other support (see instructions)
]	(see instructions))	<u></u>		,	,
				· · · · · · · · · · · · · · · · · · ·	Yes	No		
(A)					_			
(B)								
(C)								
(D)								
(E)								
	······································				75570	A 2 4 2 5 5 7		<u> </u>
Total					0-5			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedul	le A (Form 990 or 990-EZ) 2014						Page 2	2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua		_
Secti	on A. Public Support	duality disde	i trie teata na	ica bejow, p	lease comple	ic rait in.j		-
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	-
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(0) 2011	(0) 2012	(u) 2013	0		_ 0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0		<u>0</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge :					o		0
4	Total. Add lines 1 through 3					0		0
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)							0
6	Public support. Subtract line 5 from line 4.			7.5				0
	on B. Total Support							_
	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Yotal	_
7	Amounts from line 4	\						_
8	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0		0
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0		
, 1 0	Other Income. Do not Include gain or loss from the sale of capital assets (Explain in Part VI.) , . , . ,					0		0
11	Total support. Add lines 7 through 10							0
12	Gross receipts from related activities, etc					12		0
13	First five years. If the Form 990 is for the		1's first, secor	ıd, third, fourth	n, or fifth tex y	rear as a sectio		
Carri	organization, check this box and stop he		<u> </u>	<u> </u>	- · · - ·	<u> </u>	· <u> </u>	<u> </u>
	on C. Computation of Public Suppor	_ 		14		144		_
14 15	Public support percentage for 2014 (line Public support percentage from 2013 Sci					15		% %
16a	331/3% support test—2014. If the organi	ization did not	o, and 14	on line 13 an	d line 14 is 33			
. • •	box and stop here . The organization qua							
ь	331/3% support test—2013. If the organ	-		_				_
	check this box and stop here. The organ							\Box
17a	10%-facts-and-circumstances test—29 10% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here . I	Explain in upported	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization m	ition meets the neets the "fact	s "facts-and-c s-and-circums	ircumstances" etances" test. 1	test, check t	his box and st	op here.	
18	supported organization	 lid not check a	box on line 13		a, or 17b, chec		. ► [see	
	instructions	· · · · ·	<u></u>	<u> </u>	<u> </u>	·	. 🕨	Ĺ

Schedul	e A (Form 990 or 990-EZ) 2014				_		Page 3
Part							
	(Complete only if you checked the						ler Part II.
0	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part II	.)	_
	on A. Public Support dar year (or fiscal year beginning in)	(=) 0D10	6-) 00d t	(0) (0) (0)	(-A 0013	(a) 2014	(f) Total
Cajen	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(i) rota
•	received (Do not include any "unusual grants.")				ļ		1:
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		ľ	l	Ì		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid]			
_	to or expended on its behalf , , ,						
5	The value of services or facilities				į		
	furnished by a governmental unit to the organization without charge				ĺ		
6	-						
	Total. Add lines 1 through 5				 		
••	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				ļ ,		
	or 1% of the amount on line 13 for the year			!	ĺ		_
G	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			and the state of	777	real and	
	line 6.)						
	on B, Total Support				· · · · · · · · · · · · · · · · · · ·		 _
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
108	Gross income from interest, dividends, payments received on securities loans, rents,			-	<u> </u>		
	royalties and income from similar sources .		1		ļ		ļ
ь	Unrelated business taxable income (less	<u> </u>		 			
	section 511 taxes) from businesses						
	acquired after June 30, 1975]		1	1		
c	Add lines 10a and 10b				i		
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1	{		
	(Explain in Part VI.)						ļ <u>-</u>
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4.4	First five years. If the Form 990 is for the		's frat acce	1	l	or on a cooti	00 501(0)(3)
14	organization, check this box and stop he	•			i, or martax ye		on 50 n(c)(5) ► □
Secti	on C. Computation of Public Suppo			<u> </u>	·•	``	<u> </u>
15	Public support percentage for 2014 (line			13. column (f))		15	%
18	Public support percentage from 2013 Sc					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014			y line 13, colu	mn (f))	17	%
18	Investment Income percentage from 201	3 Schedule A, I	Part III, line 17	·		18	%
19a	331/3% support tests - 2014. If the organ						
	17 is not more than 331/2%, check this box		_				_
b	331/3% support tests - 2013. If the organic						
^~	line 18 is not more than 331/a%, check this						
20	Private foundation. If the organization d	посслеска	POX ON IING 14	, 19a, or 19b,	CHECK THIS DOX	and see instr	uctions -

Schedule A (Form 990 or 990-EZ) 2014

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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

- 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.
- 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.
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 Old one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

Yes No 1 2 3я 3ь 3с 4a 4b 4c 5я 0, 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedu	le A (Form 890 or 990-EZ) 2014	Page 5
Part	V Supporting Organizations (continued)	
c	Has the organization accepted a glift or contribution from any of the following persons? 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? A family member of a person described in (a) above? 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.	Yes No 11a 11b 11c
OCCI	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 controlled the organization's activities. If the organization had more than one supported organization,—describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
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 of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
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
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 played in this regard.	3
Secti	on 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 it	instructions):
a b c	☐ The organization satisfied the Activities Test Complete line 2 below ☐ 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 (s	s ee instructions).
2	Activities Test Answer (e) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	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? Provide details in Part VI.	3a
b	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

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
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) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	4		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<u> </u>		Current Year
1 Adjusted net income for pnor year (from Section A, Ilne 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	T		
emergency temporary reduction (see instructions)	6	(u,v,y)	
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-ir	itegrated Type III supportin	g organization (see

	le A (Form 990 or 990-EZ) 2014			Page 7
Part	(-)(-)) Supporting Organi	zations (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		THE PART WALL	
a				
b				
C				
- d				
	From 2013		2.0	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	and the second		
i	Carryover from 2009 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
•	D, line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015 Add lines 3j and 4c.			
8	Breakdown of line 7:		1922 1935 1937 1941 1957	
				36.5 (S. 24.5 (S. 25.2)
b	THE RESIDENCE OF THE PROPERTY	HONOR VICTORIAN CARREST CONTRACTOR CONTRACTO		
C				
d	Excess from 2013			
е	Excess from 2014			
			The second secon	The second secon

	orm 990 or 890-EZ) 2014 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)
	Part III, line 12. Also complete this part for any additional information. (See instructions)
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