Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

DEMBO-JONES

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

OCTOBER 27, 2015

SALUTE TO MILITARY GOLF ASSOCIATION, INC 11308 WILLOW DALE DRIVE GERMANTOWN, MD 20876 ATTENTION: MR. ED HENDERSON

DEAR ED

ENCLOSED IS THE 2014 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2014 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

DONALD K. MARSHALL

Filing Instructions Prepared for: Prepared by: SALUTE TO MILITARY GOLF ASSOCIATION, DEMBO JONES HEALY PENNINGTON & MARSHA 11308 WILLOW DALE DRIVE 6010 EXECUTIVE BOULEVARD, SUITE 900 GERMANTOWN, MD 20876 ROCKVILLE, MD 20852 2014 FORM 990 ELECTRONIC FILING: THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2015.

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2014, or fiscal year beginning _______, 2014, and ending _______. Po not send to the IRS Keep for your records

SALUTE TO MILITARY GOLF ASSOCIATION, INC SALUTE TO MILITARY GOLF ASSOCIATION, INC SALUTE TO MILITARY GOLF ASSOCIATION, INC SOLF ASSOC	Department of the Treasury	▶ Do	not send to the IRS. Keep 1	for your records.		
SALUTE TO MILITARY GOLF ASSOCIATION, INC 55-1296873 International to differ JAMIE WINSLOW DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form \$879 €O and enter the applicable amount, if any, from the return, if you check the box on ine 1a, 2a, 3a, 4a, 5c, 5a, below, and the amount on that fine for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, on ine 1a, 2a, 3a, 4a, 5c, 5a, below, and the amount on that fine for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0.). But, if you entered 0- on the return, then enter 0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form \$90 check here		► Information about For	m 8879-EO and its instruct	ions is at www.ire.gov/forms	887000	
SALUTE TO MILITARY GOLF ASSOCIATION, INC Same and title of officer	Name of exempt organization			www.iis.govnoriiic	Employer i	dentification number
James and site of officer JAMIE WINSLOW						
James and site of officer JAMIE WINSLOW	SALUTE TO MIL	ITARY GOLF ASSO	CIATION, INC		65-12	296873
DIRECTOR Part Type of Return and Return Information (Whole Dollars Only) Type of Return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1st, 2s, 3s, 4s, of 5s, below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 -on the return, then enter -0 -on the applicable line below. Do not complete more than 1 line in Part.					1 44	
Part II Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879 €0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being flied with this form was blank, then leave line 1a, 2b, 3a, 4a, or 5a, below, and the amount on that line for the return being flied with this form was blank, then leave line 1a, 2b, 3a, 4b, or 5b, 3b, 4b, or 5b, whichever is applicable line below. Do not complete more than I line in Part I. I a Form 980 check here						
Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879 €0 and enter the applicable amount, if any, from the return. If you check the box on ine 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filled with this form was blank, then lisave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter o'). But, if you entered -0 on the return, then enter 0 on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 980 check here ▶ □ b Total revenue, if any (Form 980, Part VIII, column (A), line 12) □ 1b 590, 649. 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) □ 2b 3a Form 1120-POL check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) □ 2b 3d Form 1120-POL check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) □ 2b 3d Form 1120-POL check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) □ 2b 3d Form 1120-POL check here ▶ □ b Balance Dut (Form 8866, Part I, line 8c) □ 5b □ 5						
Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 6b, 6b, whichever is applicable, blank (do not enter -0.) But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 beck here		Poturn and Poturn Info	rmation (Martin Dallana o	A I. A		
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, withchever is applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 Check here			,	- · · · · · · · · · · · · · · · · · · ·		
2b Total revenue, if any (Form 990-EZ, line 9) 2b As Form 1920-PDC, check here b b Total tax (Form 1920-PDC, Line 2e) 3c Form 1920-PDC, check here b b Total tax (Form 1920-PDC, Line 2e) 3c Form 1930-PDC, check here b b Total tax (Form 1930-PDC, Line 2e) 3c Form 1930-PDC, check here b b Balance Due (Form 8868, Part I, line 3c) 4a Form 990-PDC, check here b b Balance Due (Form 8868, Part I, line 3c) 4b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b	on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on the	hat line for the return being f	filed with this form was blank	, then leave l	ine 1b, 2b, 3b, 4b, or 5b,
2b Total revenue, if any (Form 990-EZ, line 9) 2b As Form 1920-PDC, check here b b Total tax (Form 1920-PDC, Line 2e) 3c Form 1920-PDC, check here b b Total tax (Form 1920-PDC, Line 2e) 3c Form 1930-PDC, check here b b Total tax (Form 1930-PDC, Line 2e) 3c Form 1930-PDC, check here b b Balance Due (Form 8868, Part I, line 3c) 4a Form 990-PDC, check here b b Balance Due (Form 8868, Part I, line 3c) 4b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 8868, Part I, line 3c) 5c Form 18868 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b Balance Due (Form 1886) and 1886 check here b	1a Form 990 check here	▶ X b Total revenu	e, if any (Form 990, Part VIII.	. column (A). line 12)	1b	590,649.
38 Form 120-POL check here	2a Form 990-EZ check he	ere b D Total rev	venue, if any (Form 990-EZ, li	ine 9)	2b	
Sample		chere b D b Total	I tax (Form 1120-POL line 2	2)	3b	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I applicable, it authorize the U.S. Treasury Financial Agent to initiate an electronic funds withdrawal (direct debth) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent to initiate an electronic funds withdrawal (direct debth) entry to the financial institution to debt the entry to the payment of the tenty of the electronic payment of taxes to receive confidental information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box		h Tax base	ed on investment income (F	-/990-PF Part VI line 5)	4h	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount in Sort I and to the Dest of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount in Sort I and to the Dest of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount in Sort I and the						
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's return to necessary the content of the complete of the declare that the amount in Part I above is the amount shown on the copy of the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund withdrawal (direct debt) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-457 no later than 2 business days prior to the payment (fatherent) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I must selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize DEMBO JONES HEALY PENNINGTON & MARSHALL to enter my PIN Designation and the return is designation of the return is being filed with a state agency(les) regulating charities as par	Ja Tomi oooo check here	b Dalance Due	s (i oitii oooo, i aiti, iiile oo c	71 art II, IIIIe ocj	56 _	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's return to necessary the content of the complete of the declare that the amount in Part I above is the amount shown on the copy of the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fund withdrawal (direct debt) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-457 no later than 2 business days prior to the payment (fatherent) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I must selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize DEMBO JONES HEALY PENNINGTON & MARSHALL to enter my PIN Designation and the return is designation of the return is being filed with a state agency(les) regulating charities as par	Part II Declarat	ion and Signature Auth	norization of Officer			
as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 5257260104 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶ Date ▶	intermediate service provide (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in: 1-888-353-4537 no later the processing of the electron payment. I have selected a organization's consent to expend the service of th	der, transmitter, or electronic re- of receipt or reason for rejection applicable, I authorize the U.S. Il institution account indicated stitution to debit the entry to the lan 2 business days prior to the ic payment of taxes to receive a personal identification number electronic funds withdrawal.	eturn originator (ERO) to sen n of the transmission, (b) the Treasury and its designated in the tax preparation softwa his account. To revoke a pay e payment (settlement) date confidential information nec	nd the organization's return to e reason for any delay in proc I Financial Agent to initiate an are for payment of the organi ment, I must contact the U.S . I also authorize the financial essary to answer inquiries ar	o the IRS and cessing the re- n electronic fu ization's fede S. Treasury F I institutions and resolve iss	d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this financial Agent at involved in the sues related to the
as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 5257260104 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶ Date ▶	X I authorize DE	MBO JONES HEALY	PENNINGTON &	MARSHALL	to enter m	96873
is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date ▶ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52557260104 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Date ▶					,	Enter five numbers, bu
indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 1 certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date	is being filed wit	h a state agency(ies) regulating	g charities as part of the IRS			
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52557260104 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature	indicated within	this return that a copy of the r	eturn is being filed with a sta			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52557260104 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature	Officer's signature			Date		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52557260104 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature	Dort III Cortifica	tion and Authoritoatio	n			
number (EFIN) followed by your five-digit self-selected PIN. S2557260104 do not enter all zeros						
do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature				5255726010	7	
I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date	number (EFIN) followed by	your five-digit self-selected Pl	N.			
	confirm that I am submitting	ng this return in accordance wi		lectronically filed return for th	ne organizatio	
FRO Must Retain This Form - See Instructions	ERO's signature			Date ▶		
		FRO Mu	st Retain This Form -	See Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)

EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

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

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

and ending

Open to Public

В	Check if applicable:	C Name of organization	D Employer identifi	cation number
	Address	SALUTE TO MILITARY GOLF ASSOCIATION, INC		
F	lchange Name	· · · · · · · · · · · · · · · · · · ·	─ 65_1	296873
	change	Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/		
	return Final	11308 WILLOW DALE DRIVE		620-8846
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	590,649.
	Amende		H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
F	Applica-	-	for subordinates	
-	pending	SAME AS C ABOVE	H(b) Are all subordinates i	
$\overline{\Gamma}$	Tax-exer	npt status: X 501(c)(3)		list. (see instructions)
		: ► WWW.SMGA.ORG	H(c) Group exemption	
K	Form of o	rganization: Corporation Trust X Association Other L	Year of formation: 2007	
	art I	Summary		·
Ф.	1 B	riefly describe the organization's mission or most significant activities: TO PROVI	DE REHABILITI	VE GOLF
Activities & Governance	E	EXPERIENCES FOR COMBAT-WOUNDED VETERANS IN A	AN EFFORT TO I	MPROVE THE
rns	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its net a	
OVe	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	18
ত প্ৰ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		18
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2
Σį	6 T	otal number of volunteers (estimate if necessary)	6	50
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b N	et unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ne		ontributions and grants (Part VIII, line 1h)	336,243.	266,131.
en.		rogram service revenue (Part VIII, line 2g)	226,450.	323,077.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,349.	1,441.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	565,042.	590,649.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	I	enefits paid to or for members (Part IX, column (A), line 4)	116,746.	97,067.
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	97,007.
en	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ä	1 D I	otal fariationing experience (Fart IX, Goldmir (B), Info 26)	446,078.	474,461.
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	562,824.	571,528.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)evenue less expenses. Subtract line 18 from line 12	2,218.	19,121.
Or Sec	3	evenue less expenses. Subtract line 16 nont line 12	Beginning of Current Year	End of Year
ets (20 T	otal assets (Part X, line 16)	520,454.	561,754.
ASS	21 T	otal liabilities (Part X, line 26)	20,061.	22,951.
Net Assets	22 N	et assets or fund balances. Subtract line 21 from line 20	500,393.	538,803.
		Signature Block	,	,
Unc	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sig	ın	Signature of officer	Date	
He	re	JAMIE WINSLOW, DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		OONALD K. MARSHALL	self-employ	
		irm's name DEMBO JONES HEALY PENNINGTON & MARS		52-1073331
Use	Only	Firm's address 6010 EXECUTIVE BOULEVARD, SUITE 900		04 \ 0.00
		ROCKVILLE, MD 20852	Phone no. (3	01)770-5100
Ма	y the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No

		Page 2
Ра	rt III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	Λ
•	TO PROVIDE REHABILITIVE GOLF EXPERIENCES FOR COMBAT-WOUNDED VETERANS	
	IN AN EFFORT TO IMPROVE THE QUALITY OF LIFE FOR THESE AMERICAN HEROE	S.
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	_1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported.	a
4a	(Code:) (Expenses \$ 442,352 • including grants of \$) (Revenue \$ 152,59	46.
iu	TRAINING OF COMBAT WOUNDED OR INJURED VETERANS - SMGA ACCOMPLISHED T	
	FOLLOWING SO FAR: 1. TO DATE WE HAVE EQUIPPED OVER 1200 WOUNDED	
	WARRIORS WITH PROPERLY FIT GOLF CLUBS 2) WE HAVE, TO DATE, OFFERED FI	REE
	LESSONS OR CLINICS IN EXCESS OF 2500 COMBAT WOUNDED OR INJURED VETER	ANS
	3) ENABLED THE REHABILITATIVE BENEFITS OR GOLF TO IMPROVE THE MENTAL	
	AND PHYSICAL CONDITION OF EACH VETERAN WHO HAS PARTICIPATED IN AN SMO	GA
	GOLF PROGRAM 4)PROVIDED WOUNDED WARRIORS WITH INDIVIDUALIZED PLAYER	10
	DEVELOPMENT PROGRAMS - OFFERING GOLF COURSE ACCESS, TOURNAMENT PLAYING ORDERS OF THE COURSE ACCESS.	
	OPPORTUNITIES, FREE CLINICS, PERSONAL LESSONS, ADDITIONAL/SPECIALIZES EQUIPMENT, AND GOLF EXPERIENCES.	
	EQUIPMENT, AND GOLF EXPERIENCES.	
	CHAPTERS INCLUDE 9 LOCATIONS - OLNEY, MD; FT. BELVOIR, VA; FT. EUSTI	S .
4b	(Code:) (Expenses \$ 43,739 • including grants of \$) (Revenue \$ 41,75	
	ANNUAL SMGA CHARITY GOLF CLASSIC - HELD AT MANOR COUNTRY CLUB IN	
	ROCKVILLE, MD, THIS IS THE SAME COURSE THAT SMGA CO-FOUNDERS, JIM ES'	res
	AND JAMIE WINSLOW, LEARNED TO PLAY THE GAME OF GOLF. THE TOURNAMENT	
	HAS SOLD OUT ALL PREVIOUS YEARS, AND RAISES TENS OF THOUSANDS OF	
	DOLLARS TO SUPPORT POST-9/11 WOUNDED AMERICAN VETERANS. A FULL HOUSE	OF
	MORE THAN 144 PLAYERS, VETERANS, AND GUESTS GATHER TO PLAY AND TO	
	LISTEN TO THE EVENING'S KEYNOTE SPEAKER EACH YEAR. THE SMGA BOARD	NT/ITI
	THANKS ALL PARTICIPANTS, SPONSORS, AND VOULNTEERS FOR MAKING THE EVEN SO SUCCESSFUL. ALL NET PROCEEDS FROM THE EVENTS HAVE EITHER GONE OR	N.T.
	WILL GO TO THE PURCHASE OF EQUIPMENT, LESSONS, AND GOLF COURSE ACCESS	<u> </u>
	FOR POST-9/11 WOUNDED VETERANS.	
4c	(Code:) (Expenses \$	
	BAH TOURNAMENT - VIA A PARTNERSHIP BETWEEN SMGA AND THE INTERNATIONAL	
	CONSULTING FIRM BOOZ ALLEN HAMILTON, A SERIES OF TOURNAMENTS ACROSS	PHE_
	COUNTRY ARE HELD TO BENEFIT SMGA'S CHAPTER AND AFFILIATE OPERATIONS,	
	GOLF TRIPS FOR WARRIORS, AND OUR NEW AMERICAN GOLFER PROGRAM, WHICH	
	PROVIDES LESSONS AND FITTINGS TO VETERANS NOT NEAR SMGA CHAPTER LOCATIONS. THIS YEAR, 17 TOURNAMENTS ACROSS THE US WILL BE HELD, WHICH	711
	INCLUDED WOUNDED WARRIORS, SMGA REPRESENTATIVES, AND BAH STAFF.	<u></u>
	THOUGHT HOURT HIMMITOND, DEGN KEINEDENIAIIVED, AND DAIL DIAFF.	
4d	Other program services (Describe in Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 490,274 •	
<u>4e</u>	Total program service expenses ► 490 , 274 . Form 990	(201.4)
40000	FOILITE	· (2014)

Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(q)f) (other than a private foundation)? 1 Yes, "complete Schedule or District Complete Schedule 6, Schedule 5, Schedule 6, Schedule 6, Schedule 6, Schedule 6, Schedule 6, S				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization regigae in direct or indirect political campagn activities on behalf of or in opposition to candidates for public direct if "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(h) election in effect during the tax year If "Yes," complete Schedule C, Part II 5 Is the organization as ection 501(c)(4) of 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation essement, including essements to presense open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for rivestments - other securities in Part X, line 11 It has a sets reported in Part X, line 12? If "Yes," complete Schedule D, Part XI 11 Did the organization report an amount for other liabilities in Part X, line 12? If "Yes," complete Schedule D, Part XI 12 Did the organization report an amount for o	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501c()3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III. 5 Is the organization ascention 501(ic)(4), 501(ic)(5), 501(ic)(6), 50			1		
public office? If "Yes," complete Schedule C, Part I Section 501(K) 3 organizations. Did the organization engage in lobbying activities, or have a section 501(K) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(G) 501(G)(S) or 501(G)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Children or a section 501(G) 501(G)(S) or 501(G)(S) or 501(G)(S) organization that receives membership dues, assessments, or similar amounts as adefined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II Children organization maintain any donor advised funds or any similar funds or accounts If "Yes," organized Schedule D, Part II Children organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic or advised funds or any similar funds or account liability, serve as a custodian for amounts in such conservation easement, including easements to preserve open space, the environment, historic all resources, or complete Schedule D, Part III Children organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V II Children organization feport an amount for lend, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II Children organization report an amount for lend, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X II Children organization report an amount of or investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part X II Children organization report an amount of or investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part X II Children	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts III "Yes," complete Schedule D, Part II 7 Did the organization members or hold a consensoration easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt megotiation servers? If "Yes," complete Schedule D, Part IV 10 Did the organization is nawer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 11 Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 11 Did the organization report an amount for othe	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II 5 1s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 7 7 7 7 7 7 7 7 7		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section \$01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.192 if "Yes," complete Schedule C, Part III 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical trassures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II III If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part VI II III III III III III III III III	4				1
similar amounts as defined in Revenue Procedure 98.197 ff "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasil-endowments? If "Yes," complete Schedule D, Part V in the organization in answer to any of the following questions is "Yes," then complete Schedule D, Part SV in Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI in Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI in Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in Did the organization or port an amount for investments or the tax year include a chortoot that addresses the organization included in consolidated, independent audited financial statements for the tax year include a chortoot tenta		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 bild the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 bild the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 bild the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 bild the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII bild the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII bild the organization report an amount for investments - other securities in Part X, line 10 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII bild bild the organization report an amount for there assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII bild bild the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII bild bild the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII bild bild the organization report an amount for thei	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VIII If the organization report an amount for linvestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 If the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VIII 11 If the Organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part IVIII 11 If the Organization is perpeted in Part X, line 16? If "Yes," complete Schedule D, Part IXII 11 If		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization organization propt an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, III. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XVIII. 14 Did the organization is a biblity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 15 Did the organization is a biblity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 16 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional. 13 Is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, f	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII II II Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization or sport an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization or sport an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization oreport an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization oreport an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization is separate or consolidated financial statements for the tax year or more of the stotal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II and III 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and XII 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and XII 13 Stete organization ashort of Schedule F, Parts II and IV 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 15 Did the organization report an amount for other lasbitises in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 16 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization maintain an office, employees, or agents outside of the United States? 10 Did the organization report on Part IX, column (A), line 3, more than \$5,00	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 15 Did the organization report an amount for other lasbitises in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 16 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III III 18 Did the organization maintain an office, employees, or agents outside of the United States? 19 Did the organization maintain an office, employees, or agents outside of the United States? 10 Did the organization report on Part IX, column (A), line 3, more than \$5,00		Schedule D, Part III	8		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III d Did the organization's isbaility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X IIII X III	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 1b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 1b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 1b Did the organization report an amount for investments - organizated in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d Did the organization stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d Did the organization bid bid by for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X X X X X X X X X X		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional 12a X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional 13 Is the organization in action of described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X I and XII is optional 14a Did the organization may service activities outside the United Stat		If "Yes," complete Schedule D, Part IV	9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets sets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III d Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 11d e Did the organization separate amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III 11d 11d 11d 11d 11d 11d 11d	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d 11d e Did the organization is because or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 21d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization an answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 14a Did the organization and intain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d i Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 Did the organization and in office, employees, or agents outside of the United States? 14a 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part III 17 Did the organization report at otal		as applicable.			
b Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11c f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d 12a Did the organization isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X and XII 12b Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Lab 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States, or aggregate grants or other assistance to or for foreign individual		Part VI	11a	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	b				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," com		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 17 Did the organ	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 Did the organization operate one or more hospital facilit		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," compl	d				
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 1 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1 16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1 16 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization peparate one or more hospital faci		Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization obtained the organization attach a copy of its audited financial statements to this return?	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return?			11f	X	<u> </u>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b 20c 20b	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), Ine 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b 20b		Schedule D, Parts XI and XII	12a	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return? 20 Did III and IV 20 Did III and IV 20 Did the organization attach a copy of its audited financial statements to this return?	b				
Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			12b		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization attach a copy of its audited financial statements to this return?	13		—		X
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return? 20b			14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization attach a copy of its audited financial statements to this return? 20 Did the organization of Part VIII and IV 21 Did the organization of Part VIII and IV 22 Did Tyes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	b				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			14b		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 Job	15				
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			15		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			16		X
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17				77
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18				7.7
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			18		X
20aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H20abIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b	19				77
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b					X
					X
= ^^^	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(0.0.1.0)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
•	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 2			
	filed for the calendar year ending with or within the year covered by this return		1		Х
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		- 21
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		SD		_
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
h	If "Yes," enter the name of the foreign country:	account) :	-1 a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	· ·	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		00		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			77
14a			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	90	14b	000	(00.1.1
			⊢∩rn	990	171114

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		- 22
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		450		Х
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IJD		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.5		
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 240-620-8846			
	11308 WILLOW DALE DRIVE, GERMANTOWN, MD 20876			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization	nor any related	orga	aniza	ation	COI	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week	-	1	<u> </u>	T	T	100,	from the	from related	other
	(list any hours for	or director				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Individual trustee	Institutional trustee		oyee	Highest compensated employee		,		and related
	below	vidua	itutior	Je.	Key employee	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) PETE BECHTEL	3.00	١								
CHAIRMAN		Х		_				0.	0.	0.
(2) JIM ESTES	3.00	↓								
CO-FOUNDER AND DIRECTOR		Х						0.	0.	0.
(3) JAMIE WINSLOW	3.00	↓								
PRESIDENT		Х		_				0.	0.	0.
(4) EDWIN HENDERSON	3.00	١								
TREASURER		Х		_				0.	0.	0.
(5) TONY FERNANDEZ	3.00	١								
GENERAL COUNSEL		Х		_				0.	0.	0.
(6) ANDY MCCANN	3.00	١								
SECRETARY		Х		_				0.	0.	0.
(7) CHRIS JOHNSON	3.00	١								
DIRECTOR		Х		_				0.	0.	0.
(8) DARIN AYERS	3.00	١								
DIRECTOR		Х		_				0.	0.	0.
(9) JIM KNORR	3.00	١								
VICE-PRESIDENT	2 00	Х		_				0.	0.	0.
(10) BRIAN FINAN	3.00	١						_		
DIRECTOR	2 00	Х						0.	0.	0.
(11) JOHN BARNES	3.00	١,,						_		
DIRECTOR	2 00	Х		_				0.	0.	0.
(12) CRAIG NIIYA	3.00	٠,,								
DIRECTOR	2 00	Х		_	_			0.	0.	0.
(13) DEWITT OSBOURNE	3.00	٠,,								
DIRECTOR	2 00	Х	_	_	_			0.	0.	0.
(14) DAVID BOWIE	3.00	٠,,								
DIRECTOR	2 00	X		_	_			0.	0.	0.
(15) FRANK DORCHAK	3.00	٠,						_		
DIRECTOR	3 00	X		_				0.	0.	0.
(16) CHRIS BOWERS	3.00	₩.						0.	0.	_
DIRECTOR	2 00	Х	\vdash	\vdash	\vdash	\vdash	_	0.	0.	0.
(17) TJ BROOKS	3.00	₩.						0.	_	
DIRECTOR	1	X	l	ı	l	l	l	Ι	0.	0.

432007 11-07-14

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than		Reportable	Reportable	- 1		timate	
	week					is bot or/trus		compensation from	compensation from related	- 1		nount o other	OT
	(list any	ctor						the	organization	- 1		pensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS			om the	
	related	stee o	rustee			beusa		(W-2/1099-MISC)			_	anizati	
	organizations below	ual tru	onal t		ployee	t com						d relati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	JI 15
(18) CHARLES EGGLESTON	3.00	_	_			1 0	_						
DIRECTOR		Х						0.		0.			0.
						_	_						
		-											
						\vdash							
		1											
						t							
		1											
						_							
		-											
						\vdash							
		1											
						\vdash							
		1											
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportab	le			0
compensation from the organization										—		Yes	No
3 Did the organization list any former officer,	director or tru	iste	e ke	av er	mnlc	vee	or	highest compensated e	mnlovee on	1		100	110
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X
5 Did any person listed on line 1a receive or a	-				-			ted organization or indiv	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors									*				
 Complete this table for your five highest co the organization. Report compensation for 										npens	ation	rom	
(A)	tric calcridar y	cai	Cridi	ng v	VILII	OI W		(B)	ycar.		((2)	
Name and business	address	N	INC	3				Description of s	ervices	С		nsatio	n
							\dashv						
							\dashv						
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >					0						000	
											Form	990 (2	2014)

		Check if Schedule O conta	ains a resnonse	or note to any line	e in this Part VIII			
		Officer if our leading of contra	airis a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
3rai	b	Membership dues	1b					
S, (c	Fundraising events	1c					
Sift		Related organizations						
imi	e	Government grants (contributi	ions) 1e					
tior	f	All other contributions, gifts, grant	ts, and					
the		similar amounts not included abov	/e 1f	266,131.				
d of	ç	Noncash contributions included in lines	1a-1f: \$	1				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	266,131.			
				Business Code				
မွ	2 a			561499	313,577.			
e Ž		AUCTION PURCHAS		561499	8,900.	8,900.		
Sun	c	FLAG & TEE PURC	HASES	561499	600.	600.		
ran ev	c	I						
Program Service Revenue	e							
۵	f	All other program service reve	nue					
	ç	Total. Add lines 2a-2f			323,077.			
	3	Investment income (including			4 444			
		other similar amounts)			1,441.			1,441.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents		\vdash				
		Less: rental expenses		\vdash				
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		\vdash				
	b	Less: cost or other basis						
		and sales expenses		+				
		Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising	•					
Ver		including \$ contributions reported on line	of					
Be		•	,					
Other Revenu		Part IV, line 18 Less: direct expenses						
ō		Net income or (loss) from fund						
		Gross income from gaming ac	-					
	5 6	Part IV, line 19						
	r	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	•					
		and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	c	All other revenue						
		Total. Add lines 11a-11d						
10.55	12	Total revenue. See instructions.			590,649.	323,077.	0.	1,441.
43200 11-07	9 14							Form 990 (2014)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 82,103. 53,416. 28,687. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,215. 7,749. 14,964. Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 7,189. 5,535. 1,654. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,255. 4,646. 3,609. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 8,469. 8,469. Depreciation, depletion, and amortization 22 3,491. 3,671. 180. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) '..... 128,821. 128,821. GOLF EQUIPMENT TOURNAMENT EXPENSE 117,166. 117,166. GOLF LESSONS 92,456. 92,456. 32,109 32,109. CAPS, SHIRTS, & CLOTHIN 76,325 48,730. 27,595. SEE SCH O All other expenses 571,528. 490,274 81,254. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2014) Part X Balance Sheet

Par	ίλ	Balance Sheet					
		Check if Schedule O contains a response or note	to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			427,159.	1	507,817
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			52,567.	3	9,130
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and form					
		trustees, key employees, and highest compensate	ed empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifie	d perso	ns (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sectio	n 501(c)	(9) voluntary			
ţ2		employees' beneficiary organizations (see instr). C	omplete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
٤	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	69,391.			
	b		10b	24,584.	40,728.	10c	44,807
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	520,454.	16	561,754		
	17	Accounts payable and accrued expenses			20,061.	17	22,951
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	rt IV of	Schedule D		21	
Se	22	Loans and other payables to current and former o	fficers, o	directors, trustees,			
₫		key employees, highest compensated employees,					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelate	ed third	parties		23	
	24	Unsecured notes and loans payable to unrelated t	third par	ties		24	
	25	Other liabilities (including federal income tax, paya	bles to	related third			
		parties, and other liabilities not included on lines 1	7-24). C	omplete Part X of			
		Schedule D			00.064	25	00.054
\rightarrow	26	Total liabilities. Add lines 17 through 25			20,061.	26	22,951
		Organizations that follow SFAS 117 (ASC 958),		nere 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 and			400 202		F20 000
auc	27	Unrestricted net assets			488,393.	27	538,803
Bal	28	Temporarily restricted net assets		<u> </u>	12,000.	28	0
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (ASC	C 958), (check here			
ğ		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equi				31	
Net Assets or	32	Retained earnings, endowment, accumulated inco			E00 202	32	E30 003
_	33	Total net assets or fund balances			500,393.	33	538,803
	34	Total liabilities and net assets/fund balances			520,454.	34	561,754

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		50	0,3	93.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		19,28		89.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		53	8,8	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?					X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SALUTE TO MILITARY GOLF ASSOCIATION, INC 65-1296873 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 SALUTE TO MILITARY GOLF ASSOCIATION, INC65-1296873 Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if 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 organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	234,582.	318,083.	346,985.	337,243.	266,131.	1503024.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	224 502	210 002	246 005	227 242	266 121	1502024
	Total. Add lines 1 through 3	234,582.	318,083.	346,985.	337,243.	266,131.	1503024.
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,						414 105
	column (f)						414,195.
	Public support. Subtract line 5 from line 4.						1088829.
	etion B. Total Support	() 0040	#1.0044	() 0040	(1) 0040	() 004.4	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2010 234, 582.	(b) 2011 318,083.	(c) 2012 346, 985.	(d) 2013 337, 243.	(e) 2014 266,131.	(f) Total 1503024.
	Amounts from line 4	234,302.	310,003.	340,903.	337,243.	200,131.	1303024.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	759.	785.	1,348.	2,349.	1,441.	6,682.
_	and income from similar sources	133.	705.	1,340.	2,349.	1,441.	0,002.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	418.	2,996.	460.	3,839.	8,900.	16,613.
11	Total support. Add lines 7 through 10	1101	2,3300		3,033	0,3001	1526319.
12		etc. (see instruction	ons)			12	800,237.
	First five years. If the Form 990 is for	,	,				
	organization, check this box and stop						▶ □
Sec	ction C. Computation of Publ						,
14	Public support percentage for 2014 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	71.34 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	74.96 %
	33 1/3% support test - 2014. If the o					nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2013. If the o	•		•		·	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	ū					*
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		*				
	organization meets the "facts-and-circ						▶∐.
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

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.)

Se	ction A. Public Support	<u> </u>	p. 0.10 1 G. 1 111)				
	endar 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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support			1		1	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)		-		 		
	Total support. (Add lines 9, 10c, 11, and 12.)	Alexander Control				504/->/0\	
14	First five years. If the Form 990 is for	· ·	•		-		
80	check this box and stop here ction C. Computation of Publ	io Support Do	roontago				P
				l (f)		15	0/
	Public support percentage for 2014 (I					16	<u>%</u>
	Public support percentage from 2013 ction D. Computation of Inves					10	<u>%</u>
	-					17	20
	Investment income percentage for 20					18	<u>%</u>
	Investment income percentage from 2 a 33 1/3% support tests - 2014. If the						% 17 is not
13							
	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, 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 Did 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		
	3a		
	3b		
	3с		
	4-		
	4a		
	41		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	8		
	9a		
	9b		
	9c		
	10a		
2 01	10b	0 EZ\	

Schedule A (Form 990 or 990-EZ) 2014 SALUTE TO MILITARY GOLF ASSOCIATION, INC65-1296873 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	Ţ.
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See instr u	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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-functionall	y-integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014 SALUTE TO MILITARY GOLF ASSOCIATION, INC65-1296873 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
		Distributions		,	Current Year
1	Amoun	ts paid to supported organizations to accomplish exe	mpt purposes		
2	Amoun	ts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiz	rations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other of	distributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	e details in Part VI). See instructions.			
9	Distrib	utable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Secti	on E - I	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		· · ·		Pre-2014	Amount for 2014
1_		utable amount for 2014 from Section C, line 6			
2		distributions, if any, for years prior to 2014			
	•	nable cause required-see instructions)			
3	Excess	distributions carryover, if any, to 2014:			
<u>a</u>					
<u>b</u>					
C					
<u>d</u>	From 2	012			
		ors of lines 3a through e			
		d to underdistributions of prior years			
		d to 2014 distributable amount			
- "		ver from 2009 not applied (see instructions)			
÷		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2014 from Section D,			
	line 7:	\$			
а		to underdistributions of prior years			
		d to 2014 distributable amount			
		nder. Subtract lines 4a and 4b from 4.			
		ning underdistributions for years prior to 2014, if			
		ubtract lines 3g and 4a from line 2 (if amount			
		than zero, see instructions).			
6	Remair	ning underdistributions for 2014. Subtract lines 3h			
	and 4b	from line 1 (if amount greater than zero, see			
	instruc	tions).			
7	Exces	s distributions carryover to 2015. Add lines 3j			
	and 4c				
8	Breako	lown of line 7:			
а					
b					
С					
d	Excess	from 2013			
•	Evenes	from 2014			

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).
 Also complete this part for any additional information. (See instructions).