Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public

Inspection

Form **990-EZ** (2015)

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2015 calenda	ar year, or tax year beginning October 1 , 2015, and ending	Septe	mber 30	, 20	16
В	Check if ap	oplicable:	C Name of organization	D Employ	er identificatio		
	Address c	hange	USA Track & Field Connecticut Association		20-389520		
	Name cha	inge		E Telepho	one number		
=	Initial retur		226 Guilds Hollow Road		203-266-54	.02	
=	Final return Amended	n/terminated		F Group	Exemption		
=		n pending	Bethlehem, CT 06751	Numb	er ▶		
		ting Method:		Check ►	if the orga	anization is	s not
	N ebsite	· ·			o attach Sche		
JΤ	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3)	Form 990), 990-EZ, or 9	990-PF).	
			☐ Corporation ☐ Trust ☑ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets			
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	🕨	\$		
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the i	nstruct	ions for Par	rt I)	
			the organization used Schedule O to respond to any question in this Part I				
	1		ns, gifts, grants, and similar amounts received		1		
	2		ervice revenue including government fees and contracts		2	24	4,111
	3	•	ip dues and assessments	🗀	3		4,030
	4	Investment		🗀	4		.,,
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		0
	6	•	d fundraising events				
	а	_	ome from gaming (attach Schedule G if greater than				
ne							
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions	5			
š			aising events reported on line 1) (attach Schedule G if the				
_			h gross income and contributions exceeds \$15,000) 6b				
	С	Less: direc	t expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract			
		line 6c) .			6d		0
	7a	Gross sale	s of inventory, less returns and allowances				
	b		of goods sold				
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		0
	8	-	nue (describe in Schedule O)	🗀	8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ □	9	48	3,141
	10		similar amounts paid (list in Schedule O)		10		0
	11		uid to or for members	🗆	11		0
Š	12		her compensation, and employee benefits		12		0
Expenses	13		al fees and other payments to independent contractors	_	13		
be	14		/, rent, utilities, and maintenance		14		
Ä	15		ublications, postage, and shipping		15		
	16		nses (describe in Schedule O)		16	51	1,941
	17		enses. Add lines 10 through 16		17		1,941 1,941
	18		deficit) for the year (Subtract line 17 from line 9)		18		,800)
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			(3)	,000)
SS	-		r figure reported on prior year's return)		19	72	3,444
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	_	20	/3	3,444 0
	21		or fund balances at end of year. Combine lines 18 through 20		21	60	9 644

Form 990-EZ (2015) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 73,444 **22** 22 Cash, savings, and investments 69,644 23 23 Land and buildings 24 Other assets (describe in Schedule O) 73,444 **24** 69,644 25 25 Total assets Total liabilities (describe in Schedule O) 26 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 73.444 27 69.644 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any guestion in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provide T&F championships, certify officials, organize road and Cross Country Grand Prix, attend national convention, membership administration) If this amount includes foreign grants, check here 28a (Grants \$ 34,464 Provide age group competition for indoor and outdoor track and field and Junior Olympic Cross Country 29a (Grants \$) If this amount includes foreign grants, check here . 11,265 Membership, Awards) If this amount includes foreign grants, check here 30a 6,212 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 51,941 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Robert Fontaine 226 Guilds Hollow Rd., Bethlehem, CT 06751 President - 10hrs Yvonne Grimes 1 Bennett's Bridge Rd., Sandy Hook, CT 06482 1st VPresident 5hrs William Mongovan 1169 Hope St. B-4, Stamford, CT 06907 2nd President 5hrs Brad Overturf 136 Woodland Drive, Cromwell, CT 06416 3rd VPresident 5hrs Robert Gemske 7 Dorset Rd. West Hartford, CT 06119 Treasurer - 5Hrs Joyce Baiardi 27 Vermont Ave., Milford, CT 06460 Secretary- 5hrs. 65 Vista Terrace, New Haven, CT 06515 Membership -5 hrs

Form 990-EZ (2015)

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the expenization engage in any significant activity not provide a transfer to the IDS2 If "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4955 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
L	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	and onto the unionic of tax oxompt interest received or approach a during the tax year.		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Page 3

Form 99	0-EZ (2	015)								-	Page 4
										Yes	No
46		he organization engage, directly or in									
		ndidates for public office? If "Yes," o		, Part I					46		
Part '		Section 501(c)(3) organizations		47 401	. = 0						
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, an	d con	nplete th	e tab	les to	or IIn	es
		50 and 51.			. U.S. D.	//					_
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	πνι					- L
47	Did +	he organization engage in lobbying	activities or have a	coction 501/b) alor	otion in of	foot d	uring the	tov [Yes	No
71		off "Yes," complete Schedule C, Part				iect u	uning the	lax	47		
48	-	organization a school as described in				 ا مار		•	48		+
49a		ne organization make any transfers to						+	49a		+
b		es," was the related organization a se	-	_				- +	49b		
50		plete this table for the organization's						L		es ar	าd ke
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganizatio	า. If the	ere is non	e, ent	er "N	lone.	"
			(b) Average	(c) Reportable		Health b		/-\ - -	4! 4		
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	hanafit		o employee nd deferred		timate er com		
			devoted to position	(FOITIS VV-2/1099-IVII)	(30)	ompens	ation				
f	Total	number of other employees paid over	er \$100,000	. ▶	l						
51	Com	plete this table for the organization'	s five highest compe	ensated independe	ent contra	ctors	who each	n rece	eived	more	e tha
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."							
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Comp	ensati	on	
				-							
				-							
				1							
			·								
				_							
	T , .			A 400.555							
		number of other independent contra	_		- ►						
52		the organization complete Schedu pleted Schedule A	ile A? Note: All se	ection 501(c)(3) of	ganizatio	ns mu	ust attacr		Yes		No
Lindor n		of perjury, I declare that I have examined this r	esturn including accompan	ving schodules and stat	omonte and	to the k	oct of my kr				
		d complete. Declaration of preparer (other than						iowied	ge and	Dellel	, 11 15
		\									
Sign		Signature of officer				Date					
Here		Robert Gemske									
		Type or print name and title					_				
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN		
Prep	arer						self-emplo	yed			
Use (Only	Firm's name					s EIN ▶				
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See i	instructions		Phon	e no.	▶ □	Yes		Nο

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	Track & Field Connecticut Association					20-38	95201
Pa						<u> </u>	ons.
The o	organization is not a private founda				-	•	
2	☐ A church, convention of church☐ A school described in section						
3	☐ A hospital or a cooperative hos		•				
4	☐ A medical research organization						(iii). Enter the
	hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
11	☐ An organization organized and one or more publicly supported the box in lines 11a through 11d	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	Type II. A supporting organize control or management of the organization(s). You must control or management organization	e supporting org	anization vested in th				· / ·
С	 Type III functionally integral its supported organization(s) 						y integrated with,
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported of	organizations .					
g	•						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						

	(Complete only if you checked th				-	•	alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests iis	stea below, p	iease compie	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(u) 2011	(6) 2012	(0) 2010	(d) 2014	(6) 2010	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				T		
_	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for th organization, check this box and stop her	e organization	n's first, secon	d, third, fourth			
Secti	on C. Computation of Public Suppor	t Percentag	<u> </u>				
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15 16a	Public support percentage from 2014 Sch 33 ¹ / ₃ % support test—2015. If the organiz	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹	15 /3% or more, c	%
b	box and stop here. The organization qual 33 ¹ / ₃ % support test—2014. If the organ	ization did no	ot check a box	on line 13 o	r 16a, and line		or more,
	check this box and stop here. The organi	•	. ,	• • • • • • • • • • • • • • • • • • • •	-		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization management organization	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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.)

Secti	on A. Public Support			, p		,	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	41,333	54,482	46,438	43,168	48,141	233,562
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	11,000	01,102	10,100	10,100	10,111	200,002
•	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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	41,333	54,482	46,438	43,168	48,141	233,562
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	41,333	54,482	46,438	43,168	48,141	233,562
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	41,333	54,482	46,438	43,168	48,141	222.542
14	First five years. If the Form 990 is for the organization, check this box and stop here	e organization	's first, second		or fifth tax ye	ar as a sectio	. , . ,
Secti	on C. Computation of Public Suppor			<u> </u>	· · · · ·	<u> </u>	
15	Public support percentage for 2015 (line 8			3. column (f))		15	100 %
16	Public support percentage from 2014 Sch					16	100 %
	on D. Computation of Investment Inc					1 1	100 70
17	Investment income percentage for 2015 (I			v line 13. colun	nn (f))	17	0 %
18	Investment income percentage from 2014		.,	•	. , ,	18	0 %
19a	33 ¹ / ₃ % support tests—2015. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2014. If the organiz	_	-	-		_	
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions ► [

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	110
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)			
5а	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in</i> Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	6		
•	regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990 or 990-EZ).</i> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
D	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	 s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that those activities constituted substantially all of its activities.			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 instructions).	y-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2						
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
<u>6</u>	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.	h tha avarani-ation is was				
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive			
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Elifo o amount arriada by Elifo o amount		(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a						
b						
	From 2013					
<u>d</u> e	E 0011					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
— j	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section					
	D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions). Excess distributions carryover to 2016. Add lines 3					
7	and 4c.					
8	Breakdown of line 7:					
a						
b						
C	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)