Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2015

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

OMB No. 1545-1150

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. Open to Public Inspection

		2015, and ending Time	12	, 2015
A F	or the 2	2013 Calefidat year, of tax year beginning [[[]]]	ver ider	tification number
B CI	neck if app			
A	ddress ch	An Seasons Chamber Players 22-	one nur	14 955 8 nber
N	lame chan	Number and street for F.O. box, it mail is not delivered to silver and		3-1331
-	nitial return			
_		City or town, state or province, country, and ZIP or foreign postal code		ption
	mended re	1 VENTALFAST, P J OTHER TITLE (USA)	oer ▶	
-		H Check ►		the organization is not
GA	labaita	required required		ch Schedule B
1 VV	ebsite:	ppt status (check only one) — \(\) 501(c)(3) \(\) 501(c) (\) \ (insert no.) \(\) 4947(a)(1) or \(\) 527 \(\) (Form 99	0, 990-	EZ, or 990-PF).
		organization: Corporation Trust Association Other		
K F	orm of o	organization: (A Corporation — must — must be solved as the second of th		
LA	t II ook	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions	for Part I)
Ľ	art I	Check if the organization used Schedule O to respond to any question in this Part I		
		Check if the organization used Schedule O to respond to any question in the Fairt	1	78 284
	1	Contributions, gifts, grants, and similar amounts received	2	11. 915
	2	Program service revenue including government fees and contracts	3	110
	3	Membership dues and assessments	4	3.000
	4	Investment income	7019340	3,000
	5a	Gross amount from sale of assets other than inventory 5a D		
	b	Less: cost or other basis and sales expenses	6.00	۸ .
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	3,000
	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than		
e e	, a	\$15,000)		
Revenue	_	Gross income from fundraising events (not including \$ \$\mathcal{U}\$ of contributions		
9	b	from fundraising events reported on line 1) (attach Schedule G if the		
ď		sum of such gross income and contributions exceeds \$15,000)		
		Sulli of Such group meeting and		
	С	Less: direct expenses from gaming and fundraising events	37	
	d		6d	O
		line 6c) Cross sales of inventory less returns and allowances	910,000	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less, cost of doods sold	7c	0
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	O
	8	Other revenue (describe in Schedule O)	9	43, 299
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	3
	10	Grants and similar amounts paid (list in Schedule O)	-	
	11	Benefits paid to or for members	11	0
S	12	Salaries, other compensation, and employee benefits	12	30, 377
Expenses	13	Professional fees and other payments to independent contractors	13	70, 711
be	14	Occupancy, rent, utilities, and maintenance	14	MAMS
ă	15	Printing, publications, postage, and shipping	15	7,872
	16	Other expenses (describe in Schedule O)	16	755
	17	Total expenses, Add lines 10 through 16	17	39,004
	10	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,295
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	100	20 5
SS	1	end-of-year figure reported on prior year's return)	19	2,757
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,957
Fo		rwork Reduction Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2015

22 30 be 23 Land and buildings	Check if the organization used Schedule O to respond to any question in this Part II Cash, savings, and investments Cash s	Cl					aut 11		
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		Ara, Myr Deerh 12. Pete 12. OF U Mr. Alan 12. Over Vof. Ho Creace Sundra 70 Pros Dr. Jutt Du Lak	Kabakow Ira Pd. Demax a Wrupe! II Rd., Demare Sy Fine Lindsor Park E Land Rd Demax ward La Harca H Ave., Cliffad Cabe pect Ave. Hock a Civewelding a Rd. Demare sephson	My JUTUZONO MAJERIANE MAJE	(b) Average hours per week devoted to position 1/2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(a) Health benefits, contributions to employ benefit plans, and deferred compensation (b)	yee (e)	Estimated amount other compensation () () () () () () () () () (
	· · · · · · · · · · · · · · · · · · ·	Ara, Myr Deerh 12. Pete 12. OF U Mr. Alan 12. Over Vof. Ho Creace Sundra 70 Pros Dr. Jutt Du Lak	Kabakow Ira Pd. Demax a Wrupe! II Rd., Demare Sy Fine Lindsor Park E Land Rd Demax ward La Harca H Ave., Cliffad Cabe pect Ave. Hock a Civewelding a Rd. Demare sephson	My JUTUZONO MAJERIANE MAJE	(b) Average hours per week devoted to position 1/2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(a) Health benefits, contributions to employ benefit plans, and deferred compensation (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	yee (e)	Estimated amount other compensation () () () () () () () () () (
		Ara, Myr Deerh 12. Pete 12. OF U Mr. Alan 12. Over Vof. Ho Creace Sundra 70 Pros Dr. Jutt Du Lak	Kabakow Ira Pd. Demax a Wrupe! II Rd., Demare Sy Fine Lindsor Park E Land Rd Demax ward La Harca H Ave., Cliffad Cabe pect Ave. Hock a Civewelding a Rd. Demare sephson	My JUTUZONO MAJERIANE MAJE	(b) Average hours per week devoted to position 1/2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(a) Health benefits, contributions to employ benefit plans, and deferred compensation (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	yee (e)	Estimated amount other compensation () () () () () () () () () (
		Deerh Deerh 15. Person 15. Alan 2 Over 10. Ho Creace 20 Pros 00. Just 00 Lak	Kabakow Ira Pd. Demax a Wrupe! II Rd., Demare Sy Fine Lindsor Park E Land Rd Demax ward La Harca H Ave., Cliffad Cabe pect Ave. Hock a Civewelding a Rd. Demare sephson	My JUTUZONO MAJERIANE MAJE	(b) Average hours per week devoted to position 1/2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(a) Health benefits, contributions to employ benefit plans, and deferred compensation (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	yee (e)	Estimated amoun other compensation (2) (2) (3) (4) (5) (6) (6)
		Ara, Myr Deerh 12. Pete 12. OF U Mr. Alan 12. Over Vof. Ho Creace Sundra 70 Pros Dr. Jutt Du Lak	Kabakow Ira Pd. Demax a Wrupe! II Rd., Demare Sy Fine Lindsor Park E Land Rd Demax ward La Harca H Ave., Cliffad Cabe pect Ave. Hock a Civewelding a Rd. Demare sephson	My JUTUZONO MAJERIANE MAJE	(b) Average hours per week devoted to position 1/2	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(a) Health benefits, contributions to employ benefit plans, and deferred compensation (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	yee (e)	C) C) C) C) C) C) C) C) C

	Uther Information (Note the Schedule A and personal benefit contract statement requirements instructions for Bort V. Chock if the organization used Schedule O to respond to any question in this			ſ
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	Yes	N
3	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	,	X
ı	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		×
а	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		
0	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		
2	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		X
	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		X
3	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	53.3	des all	
3	Did the organization file Form 1120-POL for this year?	37b		·×
)	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	6000	1
3	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
)	Gross receipts, included on line 9, for public use of club facilities	-		
1	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	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		>
	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	100 100 100		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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		>
	List the states with which a copy of this return is filed ▶			
	The organization's books are in care of Dean Strickholm Telephone no. ► (20) Located at ► 15 Orchard Ret. Demarest, NO ZIP+4 ► 076.		68°	1
	Located at ► 15 Orchard Ret. Demarest, 107 ZIP + 4 ► 076. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	-
	If "Yes," enter the name of the foreign country:	420		-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			180
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	School No. 1211	>
	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	>
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	N
	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	147.34	(
	Did the organization receive any payments for indoor tanning services during the year?	44c		\leq
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	444		-
	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		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			

D	_			1
P	d	g	е	•

				0000 St. 1000 4000		Yes No
	d the organization engage, directly or in					
	candidates for public office? If "Yes," o		, Part	<u> </u>		. 46
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47–49h and	52 and co	mplete th	e tables for lines
	50 and 51.	s must answer que	3110113 47 400 4114	02, and 00	inploto tri	o tables for infec
	Check if the organization used Sci	nedule O to respond	I to any question in t	his Part VI		
					15 00 1011	Yes No
	d the organization engage in lobbying				during the	
	ar? If "Yes," complete Schedule C, Par					47
	the organization a school as described in d the organization make any transfers t					
	'Yes," was the related organization a se		HANDS HEATHER SHOWS SHOW THE COURSE			
50 Cc	emplete this table for the organization's	five highest compen	sated employees (oth	er than offi	cers, direct	/ ***
em	nployees) who each received more than	\$100,000 of comper	nsation from the organ	nization. If t	here is non	e, enter "None."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans,	n benefits, s to employee , and deferred nsation	(e) Estimated amount of other compensation
	None					
	tal number of other employees paid ov					
	emplete this table for the organization			contractors	s who each	received more than
	00,000 of compensation from the orga		I			
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c	Compensation
	None					
			10			
d To	tal number of other independent contra	ectors each receiving	over \$100,000	 	L	
52 Did	the organization complete Schedumpleted Schedule A	•			nust attach	n a .▶☑Yes ☐ No
	ties of perjury, I declare that I have examined this a and complete. Declaration of preparer (other than					nowledge and belief, it is
	Jean Stricks			Dec. 2	7,2015	
Sign	Signature of officer	Signature of officer Strickholm, Co-			te	. C.
Here	Type or print name and title	nolm, (0-	Director			
Doid	Print/Type preparer's name	Preparer's signature	Da	te	Chest	PTIN
Paid Prepare					Check L self-emplo	yed
Use On				Firr	n's EIN ▶	
May the If	RS discuss this return with the preparer	chown about Con-	natruotions	Pho	one no.	► □ v □ N
iviay tile Ir	a discuss this return with the preparet	SHOWIT ADOVE? See	nstructions	· · · ·	· · · ·	► Yes No Form 990-EZ (2015)
						rorm 330°CL (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

2015

Employer identification number Name of the organization 22-2411 558 Chamber Players All Seasons 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above (see instructions)) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN other support (see listed in your governing support (see instructions) instructions) No (A) (B) (C) (D) (E)

	e A (Form 990 or 990-EZ) 2015	W B	ile and in Cart	one 170/h)/4	MAN(iv) and	170(b)(1)(Δ)(vi	i)
Part	Support Schedule for Organiza (Complete only if you checked th	itions Descr	o 5 7 or 8 of	Part Lor if the	e organizatio	n failed to que	alify under
	Part III. If the organization fails to	aualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Section	on A. Public Support	, quality array	01 1110 10010				
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.")		•				
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					Senior de case	
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.		S 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2007. 24.	
	on B. Total Support						,
	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						1
12	Gross receipts from related activities, etc.	s. (see instruct	tions)			12	501/2/(2)
13	First five years. If the Form 990 is for t	he organization	on's first, seco	nd, third, fourt	n, or fifth tax	year as a section	on 501(c)(3)
	organization, check this box and stop he						· · · · ·
***************************************	ion C. Computation of Public Suppo	rt Percentag	ge	11 lump (f)	·	14	9/
14	Public support percentage for 2015 (line	6, column (f) c	divided by line	i i, column (i))		15	0,
15 16a	Public support percentage from 2014 Sc 331/3% support test—2015. If the organ box and stop here. The organization qua	ization did not alifies as a pub	t check the boo	x on line 13, ar d organization	nd line 14 is 33	3 ¹ / ₃ % or more, o	check this
b	331/3% support test—2014. If the organ check this box and stop here. The organ	anization did n nization qualifi	not check a bo les as a publici	ox on line 13 o y supported or	or 16a, and lir ganization	ne 15 is 33½%	or more, ► [
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts 'facts-and-circ	s-and-circumst cumstances" te	ances" test, ch est. The organi:	ieck this box a zation qualifie	and stop here. s as a publicly s	Explain in supported
b		2014. If the orgation meets the meets the "fac	ganization did ne "facts-and-ots-and-circum	not check a bo circumstances stances" test.	ox on line 13, 1 test, check The organizati	16a, 16b, or 17a this box and s ion qualifies as	a, and line stop here. a publicly
18	Private foundation. If the organization of instructions	did not check a	a box on line 1	3, 16a, 16b, 17	a, or 17b, che	ck this box and	d see

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.)

Section A Public Support

	on A. Public Support				- IN 2014	/-\ 001 <i>E</i>	(f) Total
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(i) rotai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30, 991	14,224	25,073	29,384	<u> </u>	100,672
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,019	10,705	11,770	11, 915	*****	46,405
3	Gross receipts from activities that are not an unrelated trade or business under section 513	Ø	0	0	0	٥	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	O	0	C	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0 197,077
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	4 3,006	26,929	34,843	42,299	0	0
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	0	v	O	0	0	U
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)		e properties de	Mary Land	Control of		147,07
	on B. Total Support	1		T	1 10 0011	(-) 001E	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	150,0176
9	Amounts from line 6	43,000	26, 428	30,97	19 - 1211		1)0,010
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	2	57	19	1.01	30k	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	O	0	0	c)	0	Ö
С	Add lines 10a and 10b	3	.57	19	101	300	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	O	0	v	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	O	0	O	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	43,008	24,985	36,861			150,153
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Sect	ion C. Computation of Public Suppo	rt Percentag		4-6/30	3	1.5 / // /	8.9 %
15	Public support percentage for 2015 (line			13, column (f))			8.4 %
16	Public support percentage from 2014 Sc			(0) 11/1	113012	16	70
	ion D. Computation of Investment In Investment income percentage for 2015	(line 100 colu	entage 7	01 14	4		005 %
17 18	Investment income percentage from 201	4 Schedule A	Part III. line 17	7			2005 %
19a	331/3% support tests-2015. If the orga	nization did no	t check the bo	ox on line 14, a	and line 15 is r	nore than 331	3%, and line
100	17 is not more than 331/3%, check this box	and stop here	e. The organiza	tion qualifies as	a publicly supp	orted organiza	ation .
b	331/3% support tests – 2014. If the organ line 18 is not more than 331/3%, check this	ization did not box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 s as a publicly s	6 is more than supported orga	331/3%, and anization ▶ □
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this box	and see insti	ructions ► □
					Sc	hedule A (Form	990 or 990-EZ) 2015

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Pan VI	Ill, 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.)
	None
	*

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	Schedule A (Form 990 or 990-F7) 2019