# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

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

| Α                |            | he 2014 calendar year, or tax year beginning , 2014, and ending  | ,                     |                          |
|------------------|------------|--|-----------------------|--------------------------|
| 片                |            | if applicable: s change C Name of organization D E   | Employer ide          | ntification number       |
| =                |            |  | 31-171                | 9247                     |
| -                | Initial re | Number and street (or P.O. box. if mail is not delivered to street address) Room/suite F T   | Telephone nu          | mber                     |
| =                | 1          |  | (614)                 | 901-6504                 |
|                  |            | City or town, state or province, country, and ZIP or foreign postal code   | Croup Evo             | mation                   |
|                  | Applica    |  | Group Exe<br>Number . |                          |
| G                |            | unting Method: X Cash Accrual Other (specify) ► H Check ►  | if the or             | ganization is <b>not</b> |
| 1                | Webs       | site: WestervilleParksFoundation.org required to   |                       |                          |
| J                | Тах-ех     | xempt status (check only one) — X 501(c)(3) 501(c) ( ) ∢(insert no.) 4947(a)(1) or 527 (Form 990,  | , 990-EZ, o           | or 990-PF).              |
| K                | Form       | of organization: X Corporation Trust Association Other   |                       |                          |
| L                |            | ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | <b>▶</b> \$           | 67 506                   |
| D                | art I      | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct  |                       | 67,506.                  |
| Г                | <u> </u>   | Check if the organization used Schedule O to respond to any question in this Part I  |                       | X                        |
|                  | 1          | Contributions, gifts, grants, and similar amounts received   | . 1                   | 67,081.                  |
|                  | 2          | Program service revenue including government fees and contracts  | . 2                   |                          |
|                  | 3          | Membership dues and assessments  | . 3                   |                          |
|                  | 4          | Investment income  | . 4                   | 425.                     |
|                  | 5 a        | Gross amount from sale of assets other than inventory  |                       |                          |
|                  | b          | Less: cost or other basis and sales expenses   |                       |                          |
|                  | с<br>6     | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | . 5 c                 |                          |
| R                | _          | Gross income from gaming (attach Schedule G if greater than \$15,000)   6 a  |                       |                          |
| R<br>E<br>V<br>E |            | Gross income from fundraising events (not including \$ of contributions  |                       |                          |
| N<br>U<br>E      |            | from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)   |                       |                          |
|                  | С          | Less: direct expenses from gaming and fundraising events   |                       |                          |
|                  | d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | . 6 d                 |                          |
|                  | 7 a        | Gross sales of inventory, less returns and allowances  |                       |                          |
|                  |            | Less: cost of goods sold   |                       |                          |
|                  | С          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | . 7с                  |                          |
|                  | 8          | Other revenue (describe in Schedule O)   | . 8                   |                          |
|                  | 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9                     | 67,506.                  |
|                  | 10         | Grants and similar amounts paid (list in Schedule O)   |                       |                          |
|                  | 11         | Benefits paid to or for members  | . 11                  |                          |
| Ē                | 12         | Salaries, other compensation, and employee benefits  | . 12                  |                          |
| X P E N S E S    | 13         | Professional fees and other payments to independent contractors  | . 13                  | 1,750.                   |
| N                | 14         | Occupancy, rent, utilities, and maintenance  | . 14                  | ,                        |
| E                | 15         | Printing, publications, postage, and shipping  | . 15                  | 1,286.                   |
| S                | 16         | Other expenses (describe in Schedule O)  | eș 16                 | 24,726.                  |
|                  | 17         | Total expenses. Add lines 10 through 16  | 17                    | 27,762.                  |
| -                | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)  | . 18                  | 39,744.                  |
| A S S E T S      | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year   |                       | _ · , ·                  |
| 턅                |            | figure reported on prior year's return)  | . 19                  | 259,096.                 |
| 'T<br>S          | 20         | Other changes in net assets or fund balances (explain in Schedule O)   |                       |                          |
|                  | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21                    | 298,840.                 |
| D 4              | A E        | Ponowyork Doduction Act Nation and the congrete instructions   |                       | Came 000 F7 (0044)       |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

| Гаі   | Check if the organization used Sched   | ule O to respond to any questi   | on in this Part II   |  |                               |  |
|---|--|--|--|--|-------------------------------|--|
|   |  | and a to respond to any queen  |  | (A) Beginning of year  | r                             | (B) End of year                            |
| 22  | Cash, savings, and investments   |  |  | 259,096  |                               | 298,840.                                   |
| 23  | Land and buildings   |  |  | 0  | . 23                          | 0.   |
| 24  | Other assets (describe in Schedule O)  |  |  | 0 .  | . 24                          | 0.   |
| 25  | Total assets   |  |  | 259,096  |                               | 298,840.                                   |
| 26<br>27  | Net assets or fund balances (line 27 of c  |  | <u> </u>   | 0<br>259,096   | . 26<br>. 27                  | 298,840.                                   |
| Par   | ,  | · , · ·  | ,  | 259,096  | .   21                        | Expenses                                   |
|   | Check if the organization used Sche  | edule O to respond to any que  | stion in this Part III   |  | (Rea                          | uired for section 501                      |
| What  | is the organization's primary exempt purpose? $\underline{\mathtt{Cr}}$  | eate Funding/Raise   | Community Aw   | areness  | (c)(3)                        | and 501(c)(4)                              |
| Desc<br>meas<br>bene  | ribe the organization's program service acc<br>sured by expenses. In a clear and concise n<br>fited, and other relevant information for eac  | omplishments for each of its th<br>nanner, describe the services  <br>h program title. | ree largest program se<br>provided, the number of                                    | ervices, as<br>if persons  |                               | nizations; optional<br>thers.)             |
| 28  | Raise funds to provide fu  | nding for Westervi   | lle Parks  |  |                               |  |
|   | including train depot, bi  |  | <u>iches at</u>  |  |                               |  |
|   | various Westerville parks  |  | oto obook boro   |  | 20.0                          |  |
| 29  | (Grants \$ 0.) If thi  | s amount includes foreign grai   | its, check here  |  | 28 a                          | 22,813.                                    |
| 23  |  |  |  | /  |                               |  |
|   |  |  |  |  |                               |  |
|   | (Grants \$ ) If thi  | s amount includes foreign grai   | nts, check here  | ▶ □  | 29 a                          |  |
| 30  |  |  |  |  |                               |  |
|   |  |  |  |  |                               |  |
|   | (Grants \$ ) If thi  | s amount includes foreign grai   | nts check here   |  | 30 a                          |  |
| 31  | Other program services (describe in Sched  |  |  |  | oou                           |  |
|   | (Grants \$ ) If thi  | s amount includes foreign grai   | nts, check here  | ▶ 🔲  | 31 a                          |  |
|   | Total program service expenses (add lin  |  |  |  | 32                            | 22,813.                                    |
| Par   | List of Officers, Directors, Check if the organization used Sche   |  |  |  |                               |  |
|   | Greek ii tiio organization acca cont   | (b) Average hours per  | (c) Reportable compensation  | (d) Health benefits.   |                               |  |
|   | (a) Name and title   | week devoted to position   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | contributions to employ benefit plans, and defer compensation        | red                           | (e) Estimated amount of other compensation |
| Lau   |  | week devoted to  | (Forms W-2/1099-MISC)  | benefit plans, and defer   | red                           |  |
|   | (a) Name and title  uren Hoffman Officio   | week devoted to  | (Forms W-2/1099-MISC)  | benefit plans, and defer<br>compensation                             | rred                          |  |
| Ex<br>Rac   | ren_Hoffman<br>Officio<br>chel_Corday  | week devoted to position  0.50   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | benefit plans, and defe<br>compensation                              | orred 0.                      | other compensation                         |
| Ex<br>Rac<br>Men  | ren_Hoffman<br>Officio<br>chel_Corday<br>ber   | week devoted to position   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | benefit plans, and defe<br>compensation                              | rred                          | other compensation                         |
| Ex<br>Rac<br>Men<br>Mar   | ren Hoffman Officio chel Corday ber k Dilley   | week devoted to position  0.50  0.50   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | benefit plans, and deference compensation                            | 0.<br>0.                      | O .  |
| Ex<br>Rac<br>Men<br>Mar<br>Co-  | ren Hoffman Officio chel Corday ber k Dilley Vice Chairperson  | week devoted to position  0.50   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | benefit plans, and deference compensation                            | orred 0.                      | other compensation                         |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia   | ren Hoffman Officio chel Corday ber k Dilley   | week devoted to position  0.50  0.50   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | benefit plans, and deference compensation                            | 0.<br>0.                      | O .  |
| Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan   | ren Hoffman Officio Chel Corday Chel Corda | 0.50 0.50 0.50   | (Forms W-2/1099-MISC) (If not paid, enter -0-)                                       | benefit plans, and deference compensation                            | 0.<br>0.                      | O .  O .  O .                              |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan<br>Men                                    | ren Hoffman Officio Chel Corday Chel Corda | week devoted to position  0.50  0.50   | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-)                                    | benefit plans, and deference compensation                            | 0.<br>0.                      | O .  |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan<br>Men<br>Joh                             | ren Hoffman Officio Chel Corday Chel Corday Chel Corday Chel Chairperson Chairperson Chel Chairperson  | 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0                                    | benefit plans, and deference compensation                            | 0.<br>0.<br>0.                | O .  O .  O .                              |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan<br>Men<br>Joh                             | ren Hoffman Officio Chel Corday Chel Corda | 0.50 0.50 0.50   | (Forms W-2/1099-MISC) (If not paid, enter -0-)                                       | benefit plans, and deference compensation                            | 0.<br>0.                      | O .  O .  O .                              |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan<br>Men<br>Joh<br>Tre                      | ren Hoffman Officio Chel Corday Chel Corday Chel Corday Chel Chairperson Chairperson Chel Chairperson  | 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0                                    | benefit plans, and deference compensation                            | 0.<br>0.<br>0.                | O .  O .  O .                              |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan<br>Joh<br>Tre<br>Lis<br>Cha               | ren_Hoffman Officio chel Corday chel Corday cher ck_Dilley Vice Chairperson cher ches_McCann cher ches_McCan | 0.50 0.50 0.50 0.50 0.50 0.50 0.100  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0                           | benefit plans, and deference compensation                            | 0. 0. 0. 0. 0.                | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex<br>Rac<br>Men<br>Mar<br>Co-<br>Dia<br>Men<br>Jan<br>Men<br>Joh<br>Tre<br>Cha<br>Lis<br>Co- | ren Hoffman Officio chel Corday chel Corday chel Corday cher ck Dilley Vice Chairperson chec C Fosselman cher ches McCann ches | 0.50 0.50 0.50 0.50 0.50   | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0                              | benefit plans, and deference compensation                            | 0. 0. 0. 0.                   | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Raccomment Man Men Jan Men Joh Lis Cha   | ren Hoffman Officio chel Corday chel Corday chel Corday cher ck Dilley Vice Chairperson chec C Fosselman cher ches McCann ches McCa | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0                     | benefit plans, and defe- compensation  .                             | 0. 0. 0. 0. 0. 0.             | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Race Men Marror Co-Dia Men Jan Men Joh Tre Cha Lis Cou Lis Men                             | ren Hoffman Officio chel Corday chel Corday chel Corday cher ck Dilley Vice Chairperson chec C Fosselman cher ches McCann ches McCann cher ches McCann | 0.50 0.50 0.50 0.50 0.50 0.50 0.100  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0                           | benefit plans, and defe- compensation  .                             | 0. 0. 0. 0. 0.                | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Race Men Mar Men Jan Men Joh Lis Cha L F Cou Lis Men Dr.                                   | ren Hoffman Officio chel Corday chel Corday cher ck Dilley Vice Chairperson che C Fosselman cher ches McCann ches McCann cher ches McCann cher ches McCann | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0                     | benefit plans, and defe- compensation  .                             | 0. 0. 0. 0. 0. 0.             | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Race Men Mar Co-Dia Men Jan Men Joh Lis Cha Lis Men Dr. Men Dr. Sco                        | ren Hoffman Officio chel Corday ber ck Dilley Vice Chairperson ne C Fosselman ber nes McCann ber n Bokros casurer na Kluchurosky cirperson cete Otterson na Dempsey-Wanner ber Scott Ebbrecht ber  | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0  0  0               | benefit plans, and deference compensation                            | 0. 0. 0. 0. 0. 0. 0. 0.       | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Rac Men Mar Co-Dia Men Jan Men Joh Lis Men Dr. Lis Men Dr. Sco Co-                         | ren Hoffman Officio chel Corday ber k Dilley Vice Chairperson me C Fosselman ber mes McCann ber m Bokros masurer ma Kluchurosky mirperson cete Otterson mcil Liaison ma Dempsey-Wanner ber Scott Ebbrecht ber Vice Chairperson   | week devoted to position  0.50  0.50  0.50  0.50  0.50  0.50  0.50  0.50  0.50         | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0                     | benefit plans, and deference compensation                            | 0. 0. 0. 0. 0. 0. 0.          | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Race Men Mar Co-Dia Men Jan Men Joh Lis Men Dr. Lis Men Dr. Sco Co-Kri                     | ren Hoffman Officio chel Corday ber k Dilley Vice Chairperson me C Fosselman ber mes McCann ber m Bokros masurer ma Kluchurosky mirperson cete Otterson mcil Liaison ma Dempsey-Wanner ber Scott Ebbrecht ber vit Stalnaker Vice Chairperson stine Robbins   | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0 0 | benefit plans, and deference compensation                            | 0. 0. 0. 0. 0. 0. 0. 0. 0.    | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Rac Men Mar Co-Dia Men Jan Men Joh Lis Cha Lis Men Dr. Sco Co-Kri Men                      | ren Hoffman Officio chel Corday ber k Dilley Vice Chairperson me C Fosselman ber mes McCann ber m Bokros masurer ma Kluchurosky mirperson mete Otterson moil Liaison ma Dempsey-Wanner ber Scott Ebbrecht ber ott Stalnaker Vice Chairperson stine Robbins ber   | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0  0  0               | benefit plans, and deference compensation                            | 0. 0. 0. 0. 0. 0. 0. 0.       | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Rac Men Mar Co-Dia Men Jan Men Joh Lis Cha L F Cou Lis Men Sco Co-Kri Men Dia Men Dia      | ren Hoffman Officio chel Corday ber k Dilley Vice Chairperson me C Fosselman ber mes McCann ber m Bokros masurer ma Kluchurosky mirperson cete Otterson mcil Liaison ma Dempsey-Wanner ber Scott Ebbrecht ber vit Stalnaker Vice Chairperson stine Robbins   | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)  0  0  0  0  0  0  0  0  0  0  0  0 0 | compensation  compensation  compensation  compensation  compensation | 0. 0. 0. 0. 0. 0. 0. 0. 0.    | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |
| Ex Rac Men Mar Co-Dia Men Jan Men Joh Lis Cha L F Cou Lis Men Sco Co-Kri Men Dia Men Dia      | ren Hoffman Officio chel Corday chel Corday cher ck Dilley Vice Chairperson che C Fosselman cher ches McCann ches ches ches McCann ches ches ches ches ches ches ches ches   | 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.50  | (Forms W-2/1099-MISC) (If not paid, enter -0-)                                       | compensation  compensation  compensation  compensation  compensation | 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .    |

| Pa   | the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V   |             |             | . $\square$ |
|------|--|-------------|-------------|-------------|
| 33   | Did the organization engage in any significant activity not previously reported to the IRS?  |             | Yes         | No          |
| 34   | 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          |             | Х           |
| 04   | a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34          |             | Х           |
| 35   | a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities  |             |             | - 22        |
|      | (such as those reported on lines 2, 6a, and 7a, among others)?   | 35 a        |             | Х           |
|      | 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   | 35 b        |             |             |
|      | 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   | 35 c        |             | Х           |
| 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          |             | Х           |
| 37   | a Enter amount of political expenditures, direct or indirect, as described in the instructions   37 a  |             |             |             |
|      | b Did the organization file <b>Form 1120-POL</b> for this year?  | 37 b        |             | Х           |
|      | a 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?                       |             |             |             |
|      |  | 38 a        |             | X           |
|      | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved   |             |             |             |
| 39   | Section 501(c)(7) organizations. Enter:  |             |             |             |
|      | a Initiation fees and capital contributions included on line 9   |             |             |             |
|      | b Gross receipts, included on line 9, for public use of club facilities  |             |             |             |
|      |  |             |             |             |
| 40 8 | a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |             |             |             |
|      | section 4911 ; section 4912 ; 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  | 40 b        |             | Х           |
|      | c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization  |             |             |             |
|      | managers or disqualified persons during the year under sections 4912, 4955, and 4958   |             |             |             |
|      | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |             |             |             |
| •    | e 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   | 40 e        |             | Х           |
| 41   | List the states with which a copy of this return is filed Ohio   |             |             |             |
|      |  |             |             |             |
|      |  |             |             |             |
| 42   | a The organization's   |             |             |             |
|      | books are in care of Mark Meyer Telephone no. (625)  | <u> 393</u> | <u>-512</u> | <u>4</u>    |
|      | Located at 7914 Saddle Run Powell OH ZIP+4 43064   | r           | 1           |             |
| ı    | b 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)?           | 42 b        | Yes         | No<br>X     |
|      | If 'Yes,' enter the name of the foreign country:   |             |             |             |
|      |  |             |             |             |
|      |  |             |             |             |
|      |  |             |             |             |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |             |             |             |
| •    | c At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42 c        |             | Х           |
|      | If 'Yes,' enter the name of the foreign country:   |             |             |             |
|      |  |             |             |             |
|      |  |             |             |             |
|      |  |             |             |             |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  |             |             |             |
|      | 43   |             | Yes         | No          |
| 44   | a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead  |             | .03         |             |
|      | of Form 990-EZ   | 44 a        |             | Х           |
| ı    | 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  | 44 b        |             | Х           |
| (    | c Did the organization receive any payments for indoor tanning services during the year?   | 44 c        |             | X           |
|      | 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  | 44 d        |             |             |
|      | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45 a        |             | X           |
| ı    | 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) | 45 b        |             | Х           |

|               |                              |  |  |  |                                    |                              |  | _           |                         | es (       | No |
|---------------|------------------------------|--|--|--|------------------------------------|------------------------------|--|-------------|-------------------------|------------|----|
|               | •                            | engage, directly or indirectly   |  |  |                                    |                              |  |             |                         |            |    |
|               |                              | office? If 'Yes,' complete So  |  |  |                                    |                              |  |             | 46                      |            | X  |
| Part          |                              | <b>01(c)(3) organizations</b><br>501(c)(3) organization<br>) and 51                                |  | estions 47-4                           | 49b and 52                         | 2, and c                     | omplete th   | ne table    | S                       |            |    |
|               |                              | organization used Schedule   | O to respond to any que                              | estion in this F                       | Part VI                            |                              |  |             |                         |            |    |
| 47            | Did the organization         | engage in lobbying activities  | or have a section 501/                               | h) election in                         | effect during                      | the tay v                    | aar? If 'Vos '   |             | Y                       | 'es        | No |
| 41            | complete Schedule (          | C, Part II   |  |  |                                    |                              |  |             | 47                      |            | Х  |
| 48            | Is the organization a        | school as described in sect  | ion 170(b)(1)(A)(ii)? If 'Y                          | 'es,' complete                         | Schedule E                         |                              |  | [           | 48                      |            | Х  |
|               | -                            | make any transfers to an ex  | •  | •                                      |                                    |                              |  | _           | 49 a                    |            | X  |
|               |                              | ted organization a section 52<br>for the organization's five hig                                   | -  |  |                                    |                              |  | <u> </u>    | 49 b                    |            |    |
|               |                              | ch received more than \$100,   |  |  |                                    |                              |  |             |                         |            |    |
|               | (a) Name and title           | of each employee   | (b) Average hours<br>per week devoted<br>to position | (c) Reportable<br>(Forms W-2/          | compensation<br>1099-MISC)         | contribution<br>benefit plar | Ith benefits,<br>ns to employee<br>is, and deferred<br>pensation |             | timated ar<br>er comper |            |    |
| NONI          | E                            |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               | <del>-</del>                 |  |  | V.                                     |                                    |                              |  |             |                         |            |    |
| 51            | Complete this table f        | er employees paid over \$100<br>for the organization's five hig<br>the organization. If there is n | hest compensated inde                                | pendent cont                           | ractors who                        | each rece                    | ived more th   | an \$100,0  | )00 of                  |            |    |
|               | (a) Name and busine          | ess address of each independent cor  | tractor  |  | (b) Type o                         | of service                   |  | (c)         | Compen                  | sation     |    |
| NONI          | E                            |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  | •                                      |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
|               |                              |  |  |  |                                    |                              |  |             |                         |            |    |
| d             | Total number of other        | er independent contractors e   | ach receiving over \$100                             | ),000                                  |                                    |                              |  | <b>&gt;</b> |                         |            |    |
| 52            | Did the organization         | complete Schedule A? Note  | e. All section 501(c)(3) o                           | rganizations                           | must attach a                      | a                            |  |             | <br>]                   | Г          |    |
|               |                              | A  |  |  |                                    |                              |  |             | Yes                     | <u>L</u>   | No |
| true, coi     | rrect, and complete. Declara | e that I have examined this return, inc<br>ation of preparer (other than officer) is               | based on all information of whi                      | s and statements,<br>ch preparer has a | and to the best o<br>ny knowledge. | of my knowled                | ige and belief, it   | IS          |                         |            |    |
|               | Signature of o               | officer  |  |  |                                    | 04/<br>Date                  | 24/15  |             |                         |            |    |
| Sign<br>Here  |                              |  |  |  |                                    |                              |  |             |                         |            |    |
| пете          | 001111                       | name and title   |  |  |                                    | Treasu                       | ırer   |             |                         |            |    |
|               | Print/Type prepare           | er's name  | Preparer's signature                                 |  | Date                               |                              | Check X if   | PTIN        |                         |            |    |
| Doid          | SAMUEL W                     | SIBLEY, CFE  | SAMUEL W SIBLE                                       | EY, CFE                                |                                    |                              |  | P0019       | 1859                    |            |    |
| Paid<br>Prepa | E                            | SAMUEL W. SIBLE  |  | · · · · ·                              |                                    |                              |  |             |                         |            |    |
| Use C         |                              | 976 KEVIN DR   |  |  |                                    | F                            | irm's EIN  | 34-6        | 7470                    | 69         |    |
|               |                              | KENT   |  | ОН                                     | 44240-2                            | 036 F                        | hone no. (3  |             | 73-03                   | <u>354</u> |    |
| May th        | he IRS discuss this re       | eturn with the preparer shov   | n above? See instruction                             | ons                                    |                                    |                              |  | ► 🛚 🗓       | Yes                     | <u> </u>   | No |

### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

Inspection

Employer identification number

| Wes        | terville Parks Founda   | ation  |  |  |                       | 31-171924   | 7   |
|------------|---|--|--|--|-----------------------|---|---|
| Part       | I Reason for Public Cha   | arity Status (All or   | ganizations must co  | mplete   | e this p              | art.) See instruction                                 | IS.   |
| The o      | rganization is not a private founda   | tion because it is: (For   | lines 1 through 11, check  | conly on                                       | e box.)               |   | _   |
| 1          | A church, convention of churc   | hes, or association of c   | churches described in <b>se</b>  | ction 17                                       | 0(b)(1)(              | A)(i).  |   |
| 2          | A school described in <b>section</b>  | 170(b)(1)(A)(ii). (Attac   | ch Schedule E.)  |  |                       |   |   |
| 3          | A hospital or a cooperative ho  |  |  | 170(b)(  | 1)(A)(iii             | ).  |   |
| 4          | A medical research organizati   |  |  | × ,  | ,,,,,                 |   | ne hospital's                                   |
| •          | name, city, and state:  | on operated in conjune   | non min a noophar acce   |  |                       |   | io neophare                                     |
| 5          | An organization operated for the 170(b)(1)(A)(iv). (Complete F  | he benefit of a college  | or university owned or o   | perated i                                      | oy a gov              | ernmental unit described                              | in <b>section</b>                               |
| 6          | A federal, state, or local gover  | ,  | Il unit described in section   | n 170(b  | )(1)(A)(\             | v).   |   |
| 7          | An organization that normally in section 170(b)(1)(A)(vi).  |  | part of its support from a   | governn  | nental u              | nit or from the general pu                            | ublic described                                 |
| 8          | A community trust described i   | n section 170(b)(1)(A)   | (vi). (Complete Part II.)  |  |                       |   |   |
| 9          | An organization that normally from activities related to its ex investment income and unrela June 30, 1975. See section 5 | empt functions — subjected business taxable in                         | ect to certain exceptions,<br>acome (less section 511  | and (2)  | no more               | than 33-1/3% of its supp                              | oort from gross                                 |
| 10         | An organization organized and   | d operated exclusively   | to test for public safety.   | See sect                                       | ion 509               | (a)(4).   |   |
| 11         | An organization organized and or more publicly supported organizes 11a through 11d that des                               | ganizations described i  | n <b>section 509(a)(1)</b> or <b>s</b>   | ection 5                                       | 09(a)(2).             | . See section 509(a)(3).                              | urposes of one<br>Check the box in              |
| а          | Type I. A supporting organiza organization(s) the power to recomplete Part IV, Sections A                                 | egularly appoint or elect A and B.                                     | t a majority of the director   | ors or tru                                     | stees of              | the supporting organization                           | tion. You must                                  |
| b          | Type II. A supporting organiza management of the supporting must complete Part IV, Sect                                   | g organization vested ir   | trolled in connection with the same persons that   | its supp<br>control c                          | orted or<br>or manag  | ganization(s), by having<br>ge the supported organiz  | control or ation(s). <b>You</b>                 |
| С          | Type III functionally integrate organization(s) (see instruction  | ted. A supporting organs). You must comple                             | nization operated in conrete Part IV, Sections A,  | ection w<br><b>D, and E</b>                    | ith, and<br><b>E.</b> | functionally integrated w                             | ith, its supported                              |
| d          | Type III non-functionally integrated. The or instructions). You must comp   | egrated. A supporting or ganization generally modete Part IV, Sections | organization operated in ust satisfy a distribution A and D, and Part V.                             | connecti<br>requirem                           | on with<br>ent and    | its supported organizatio<br>an attentiveness require | n(s) that is not<br>ment (see                   |
| е          | Check this box if the organiza integrated, or Type III non-fun  | tion received a written octionally integrated sup                      | determination from the If porting organization.  | RS that is                                     | з а Туре              |   |   |
| f          | Enter the number of supported or  |  |  |  |                       |   |   |
| g          | Provide the following information   | about the supported or   | ganization(s).   |  |                       |   |   |
|            | (i) Name of supported organization  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | (iv) Is<br>organization<br>in your go<br>docum | on listed<br>overning | (v) Amount of monetary support (see instructions)     | (vi) Amount of other support (see instructions) |
|            |   |  |  | Yes  | No                    |   |   |
|            |   |  |  |  |                       |   |   |
| (A)        |   | *  |  |  |                       |   |   |
| <u>(B)</u> |   |  |  |  |                       |   |   |
| (C)        |   |  |  |  |                       |   |   |
| (D)        |   |  |  |  |                       |   |   |
| (E)        |   |  |  |  |                       |   |   |
| Total      |   |  |  |  |                       |   |   |

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          | tion A. Public Support  |  |                                       | T  | T  | 1                             |                 |  |  |
|--------------|---|--|---------------------------------------|--|--|-------------------------------|-----------------|--|--|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2010                            | <b>(b)</b> 2011                       | <b>(c)</b> 2012                            | <b>(d)</b> 2013                                  | <b>(e)</b> 2014               | (f) Total       |  |  |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  | 45,867.                                    | 78,737.                               | 72,160.                                    | 131,249.   | 67,081.                       | 395,094.        |  |  |
| 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  | 45,867.                                    | 78,737.                               | 72,160.                                    | 131,249.   | 67,081.                       | 395,094.        |  |  |
| 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            | <b>Public support.</b> Subtract line 5 from line 4  |  |                                       |  |  |                               | 395,094.        |  |  |
| Sec          | tion B. Total Support   |  |                                       |  | T  |                               | _               |  |  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2010                            | <b>(b)</b> 2011                       | <b>(c)</b> 2012                            | <b>(d)</b> 2013                                  | <b>(e)</b> 2014               | (f) Total       |  |  |
| 7            | Amounts from line 4   | 45,867.                                    | 78,737.                               | 72,160.                                    | 131,249.   | 67,081.                       | 395,094.        |  |  |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 398.                                       | 448.                                  | 489.                                       | 516.   | 425.                          | 2,276.          |  |  |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>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   |  |                                       |  |  |                               | 397,370.        |  |  |
| 12           | Gross receipts from related activities  | es, etc (see instruc                       | ctions)                               |  |  | 12                            |                 |  |  |
| 13           | First five years. If the Form 990 is organization, check this box and s   |  |                                       |  |  |                               | ▶ □             |  |  |
| Sec          | tion C. Computation of Pul  | blic Support P                             | ercentage                             |  |  |                               |                 |  |  |
|              | Public support percentage for 2014  |  | •                                     |  |  |                               | 99.43 %         |  |  |
| 15           | Public support percentage from 20   | 13 Schedule A, Pa                          | art II, line 14                       |  |  | 15                            | 99.42%          |  |  |
| 16 a         | 33-1/3% support test — 2014. If the and stop here. The organization of  |  |                                       |  |  |                               |                 |  |  |
| b            | 33-1/3% support test — 2013. If the and stop here. The organization of  |  |                                       |  |  |                               |                 |  |  |
| 17 a         | 10%-facts-and-circumstances te<br>or more, and if the organization me<br>the organization meets the 'facts-a  | eets the 'facts-and-                       | ·circumstances' tes                   | st, check this box a                       | and <b>stop here.</b> Exp                        | lain in Part VI how           |                 |  |  |
|              | or 10%-facts-and-circumstances te<br>or more, and if the organization me-<br>organization meets the 'facts-and-   | eets the 'facts-and-<br>circumstances' tes | circumstances' test. The organization | st, check this box a<br>qualifies as a pub | and <b>stop here.</b> Exp<br>dicly supported org | lain in Part VI how anization | the<br>▶        |  |  |
| 18           | Private foundation. If the organization   | ation did not check                        | a box on line 13,                     | 16a, 16b, 17a, or 1                        |  |                               |                 |  |  |
| RAA          |   |  |                                       |  | Sak  | adula A (Form 990             | or 000 E7\ 2014 |  |  |

| 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.)

| Sec   | tion A. Public Support   |                           |                      |                       |                       |                |          |           |
|-------|--|---------------------------|----------------------|-----------------------|-----------------------|----------------|----------|-----------|
|       | dar year (or fiscal yr beginning in) ►   | (a) 2010                  | <b>(b)</b> 2011      | (c) 2012              | (d) 2013              | <b>(e)</b> 201 | 4        | (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 performed, 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 business under section 513   |                           |                      |                       |                       |                |          |           |
|       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                           |                      |                       |                       |                |          |           |
|       | organization without charge  |                           |                      |                       |                       |                |          |           |
|       | <b>Total.</b> Add lines 1 through 5 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     | <b>Public support</b> (Subtract line 7c from line 6.)  |                           |                      |                       |                       |                |          |           |
| Sec   | tion B. Total Support  |                           |                      |                       |                       |                |          |           |
| Calen | dar year (or fiscal yr beginning in) 🕨   | <b>(a)</b> 2010           | <b>(b)</b> 2011      | (c) 2012              | <b>(d)</b> 2013       | <b>(e)</b> 201 | 4        | (f) Total |
| 9     | Amounts from line 6  |                           |                      |                       |                       |                |          |           |
|       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                           |                      |                       |                       |                |          |           |
| 11    | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                           |                      |                       |                       |                |          |           |
| 12    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                           |                      |                       |                       |                |          |           |
|       | Total support. (Add lines 9, 10c, 11 and 12.)  |                           |                      |                       |                       |                |          |           |
| 14    | First five years. If the Form 990 is organization, check this box and s  |                           |                      |                       |                       |                |          | ▶ □       |
|       | tion C. Computation of Pu  | blic Support P            | ercentage            |                       |                       |                |          |           |
| 15    | Public support percentage for 201  | 4 (line 8, column (f      | ) divided by line 13 | B, column (f))        | <del></del>           |                | 15       | %         |
| 16    | Public support percentage from 20  | 13 Schedule A, Pa         | art III, line 15     | <u> </u>              | <u> </u>              |                | 16       | %         |
|       | tion D. Computation of Inv   |                           |                      |                       |                       |                |          |           |
| 17    | Investment income percentage for   | <b>2014</b> (line 10c, co | lumn (f) divided by  | line 13, column (f    | ))                    |                | 17       | %         |
| 18    | Investment income percentage fro   | m <b>2013</b> Schedule    | A, Part III, line 17 |                       |                       |                | 18       | %         |
|       | <b>33-1/3% support tests</b> — <b>2014.</b> If is not more than 33-1/3%, check the second of the | nis box and <b>stop h</b> | ere. The organizat   | tion qualifies as a p | oublicly supported    | organization   |          | ▶ 📘       |
|       | 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, or Private foundation. If the organization of the private foundation of the organization of the private foundation of the private foundation of the organization of the private foundation of the organization of the private foundation of t           | check this box and        | stop here. The or    | rganization qualifie  | s as a publicly sup   | ported orgar   | nization | ▶ 🔲       |
| 20    | Private foundation. If the organiz   | auon did not check        | ka box on line 14,   | 19a, of 19b, check    | l 998 Dina xou siin i | กรแนะแอทร์.    |          |           |

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

|      |   |     | Yes | No |
|------|---|-----|-----|----|
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe  |     |     |    |
|      | the designation. If historic and continuing relationship, explain   | 1   |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2   |     |    |
| 3 a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)  | 2   |     |    |
|      | and (c) below   | 3a  |     |    |
| t    | 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 <b>Part VI</b> when and how the organization made the determination  | 3b  |     |    |
| ,    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  | 30  |     |    |
|      | purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3с  |     |    |
| 4 a  | 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations   | 4b  |     |    |
| 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 <b>Part VI</b> 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  | 4c  |     |    |
| 5 a  | 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 <b>Part VI</b> , 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)  | 5a  |     |    |
| k    | 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?   | 5b  |     |    |
| c    | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| 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 <b>Part VI</b>   | 6   |     |    |
| 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)  | 7   |     |    |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'   | ,   |     |    |
| Ů    | complete Part I of Schedule L (Form 990)  | 8   |     |    |
| 9 a  | 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 <b>Part VI</b>   | 9a  |     |    |
| k    | 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 <b>Part VI</b>   | 9b  |     |    |
| 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 <b>Part VI</b>  | 9c  |     |    |
| 10 a | 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   | 10a |     |    |
| t    | 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.)   | 10b |     |    |

| Par | t IV                             | Supporting Organizations (continued)  |       |     |    |
|-----|----------------------------------|---|-------|-----|----|
| 44  | 114                              |   |       | Yes | No |
|     |                                  | he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the   |       |     |    |
| •   | gover                            | ring body of a supported organization?  | 11a   |     |    |
| k   | A fam                            | nily 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 <b>Part VI</b>   | 11c   |     |    |
| Sec | tion E                           | B. Type I Supporting Organizations  |       |     |    |
| _   | D: Lu                            |   |       | Yes | No |
| 1   | or ele <b>Part</b> If the direct | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, | _     |     |    |
|     | • •                              | ed to such powers during the tax year   | 1     |     |    |
| 2   | that o                           | ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.   | 2     |     |    |
| Sec |                                  | C. Type II Supporting Organizations   |       |     |    |
|     |                                  | 7,7   |       | Yes | No |
| 1   | of eac                           | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)  | 1     |     |    |
| Sec | tion [                           | D. All Type III Supporting Organizations  |       | •   |    |
|     |                                  |   |       | Yes | No |
| 1   | Did th                           | ne organization provide to each of its supported organizations, by the last day of the fifth month of the<br>nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax  |       |     |    |
|     | year,<br>organ                   | (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the sization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1     |     |    |
| 2   | organ                            | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported hization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how reganization maintained a close and continuous working relationship with the supported organization(s)  | 2     |     |    |
| 3   | voice all tim                    | ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played as regard  | 3     |     |    |
| Sec | tion E                           | E. Type III Functionally-Integrated Supporting Organizations  |       |     |    |
| 1   | Chec                             | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):   |       |     |    |
| á   |                                  | The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |       |     |    |
| k   | 一                                | The organization is the parent of each of its supported organizations. Complete line 3 below.   |       |     |    |
|     |                                  | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)   | ons). |     |    |
|     | ш                                |   | ·     |     |    |
| 2   | Activit                          | ties Test. Answer (a) and (b) below.  |       | Yes | No |
| ŧ   | suppo<br>organ<br>respo          | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted   | 22    |     |    |
|     | SUDSt                            | rantially all of its activities   | 2a    |     |    |
| ŀ   | the or                           | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the  | 25    |     |    |
| _   |                                  | nization's involvement  | 2b    |     |    |
| 3   |                                  | nt of Supported Organizations. <i>Answer (a) and (b) below.</i>   |       |     |    |
| â   |                                  | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>  | 3a    |     |    |
| k   |                                  | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orded organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard  | 3b    |     |    |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga  | niza  | tions                       |                                |  |  |  |
|--|--|-------|-----------------------------|--------------------------------|--|--|--|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |       |                             |                                |  |  |  |
| Section A – Adjusted Net Income (A) Prior Year |  |       |                             |                                |  |  |  |
| 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     |                             |                                |  |  |  |
| Sec  | tion B - Minimum Asset Amount  | V     | (A) Prior Year              | (B) Current Year<br>(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  | 1 a   |                             |                                |  |  |  |
|  | Average monthly cash balances  | 1 b   |                             |                                |  |  |  |
|  | Fair market value of other non-exempt-use assets   | 1 c   |                             |                                |  |  |  |
|  | <b>I Total</b> (add lines 1a, 1b, and 1c)  | 1 d   |                             |                                |  |  |  |
| •  | 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     |                             |                                |  |  |  |
| Sec  | tion 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-functionally-integrated (see instructions).  | d Тур | e III supporting organizati | on                             |  |  |  |

BAA Schedule A (Form 99

Schedule **A** (Form 990 or 990-EZ) 2014

| Par  | t V Type III Non-Functionally Integrated 509(a)(3) Su   | pporting Organizat             | t <b>ions</b> (continued)              |   |
|------|---|--------------------------------|--|---|
| Sect | ion D - Distributions   |                                |  | <b>Current Year</b>                       |
| 1    | Amounts paid to supported organizations to accomplish exempt purpose  | s                              |  |   |
| 2    | Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity   |                                |  |   |
| 3    | Administrative expenses paid to accomplish exempt purposes of suppor  | ted organizations              |  |   |
| 4    | Amounts paid to acquire exempt-use assets   |                                |  |   |
| 5    | Qualified set-aside amounts (prior IRS approval required)   |                                |  |   |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions   |                                |  |   |
| 7    | Total annual distributions. Add lines 1 through 6   |                                |  |   |
| 8    | Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions                                    |                                |  |   |
| 9    | Distributable amount for 2014 from Section C, line 6  |                                |  |   |
| 10   | Line 8 amount divided by Line 9 amount  |                                | . ,                                    |   |
| Sect | ion E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
| 1    | Distributable amount for 2014 from Section C, line 6  |                                |  |   |
| 2    | Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)  |                                |  |   |
| 3    | Excess distributions carryover, if any, to 2014:  |                                |  |   |
| а    |   |                                |  |   |
| b    |   |                                |  |   |
| С    |   |                                |  |   |
| d    |   |                                |  |   |
| е    | From 2013   |                                |  |   |
|      | Total of lines 3a through e   |                                |  |   |
|      | Applied to underdistributions of prior years  |                                |  |   |
| h    | Applied to 2014 distributable amount  |                                |  |   |
| i    | Carryover from 2009 not applied (see instructions)  |                                |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f  |                                |  |   |
| 4    | Distributions for 2014 from Section D, line 7:  |                                |  |   |
| а    | Applied to underdistributions of prior years  |                                |  |   |
|      | Applied to 2014 distributable amount  |                                |  |   |
| С    | Remainder. Subtract lines 4a and 4b from 4  |                                |  |   |
| 5    | Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                |  |   |
| 6    | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                         |                                |  |   |
| 7    | Excess distributions carryover to 2015. Add lines 3j and 4c   |                                |  |   |
| 8    | Breakdown of line 7:  |                                |  |   |
| а    |   |                                |  |   |
| b    |   |                                |  |   |
| С    |   |                                |  |   |
| d    | Excess from 2013  |                                |  |   |
|      | Excess from 2014  |                                |  |   |

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

