Form **990-EZ**

Department of the Treasury Internal Revenue Service

17

18

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)

▶ 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.

2014

OMB No. 1545-1150

Open to Public Inspection

2015 2014, and ending Jun 30 For the 2014 calendar year, or tax year beginning Jul D Employer identification number Check if applicable: C Name of organization Address change 56-2091339 Wall Watchers Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number Initial return (866) 364-9980 Final return/terminated 2514 Plantation Center Dr City or town, state or province, country, and ZIP or foreign postal code Amended return **Group Exemption** Number NC 28105 Application pending Matthews Cash X Accrual Other (specify) if the organization is not Accounting Method: required to attach Schedule B Website: ▶ www.ministrywatch.com (Form 990, 990-EZ, or 990-PF). **Tax-exempt status** (check only one) - |X| 501(c)(3)(insert no.) 4947(a)(1) or 527 501(c) (Association Other Corporation Form of organization: Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Contributions, gifts, grants, and similar amounts received. 1 84 2 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments . . . 3 4 Investment income 5 a 5 a Gross amount from sale of assets other than inventory . . . 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a of contributions **b** Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b 6 c c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6 d 7 a Gross sales of inventory, less returns and allowances c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 8 9 84,253 10 10 11 11 12 Salaries, other compensation, and employee benefits 12 EXPENSE 13 Professional fees and other payments to independent contractors . 6,000 13 14 13,000 14 15 15

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

figure reported on prior year's return).........

Other changes in net assets or fund balances (explain in Schedule O)

Form 990-EZ (2014)

72,825.

91,825.

-7,572.

20,824.

13,252

16

17

18

19

20

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year

Par	t II Balance Sheets (see the inst Check if the organization used Sched	ructions for Part II)	on in this Part II			
	Check if the organization used Sched	ule O to respond to any questi		A) Beginning of year		(B) End of year
22	Cash, savings, and investments			20,824.	22	13,252.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)			0.	24	0.
25	Total assets			20,824.	25	13,252.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of o			20,824.	27	13,252. Expenses
Par	t III Statement of Program Service A Check if the organization used Scho	edule O to respond to any ques	stion in this Part III		/Dog	•
What	is the organization's primary exempt purpose? ge	ewardship educatio	n and donor ad	vocate		uired for section 501 and 501(c)(4)
Desc meas bene	ribe the organization's program service acc sured by expenses. In a clear and concise r fited, and other relevant information for eac	omplishments for each of its the manner, describe the services p th program title.	ree largest program ser provided, the number of	vices, as persons		nizations; optional hers.)
28	<u>Donor advocate facilitating the information needs of donors.</u>	Profiling public charities, church and parac	thurch ministries and educating how	to be a responsible giver. (a	rried o	ut its mission through: MinistryWatch.com,
	(Grants \$ 0.) If th	is amount includes foreign grar	nts, check here	▶	28 a	80,040.
29						
	70	is amount includes foreign gran	ts check here		29 a	
30	(Grants \$) If th	is amount includes loreigh grai	its, check here		29 a	
30						
	(Grants \$) If th	is amount includes foreign grai	nts, check here		30 a	
31	Other program services (describe in Sche	dule O)		<u>.</u>		
		is amount includes foreign grar			31 a	
	Total program service expenses (add lin		NAME OF TAXABLE PARTY OF TAXABLE PARTY.	CONTRACTOR OF THE PARTY OF THE	32	80,040.
Par						
	Check if the organization used Scho	edule O to respond to any ques	stion in this Part IV			
	9					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen compensation	ee	(e) Estimated amount of other compensation
	(a) Name and title vard (Rusty) Leonard	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	ee red	(e) Estimated amount of other compensation
CEC	(a) Name and title vard (Rusty) Leonard)	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defen	ee	(e) Estimated amount of
CEC Car	(a) Name and title vard (Rusty) Leonard col Leonard	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	ee red	(e) Estimated amount of other compensation
CEC Car Boa	(a) Name and title vard (Rusty) Leonard col Leonard ard Member	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	ee red	(e) Estimated amount of other compensation
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	ee red	(e) Estimated amount of other compensation
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.
CEC Car Boa Tim	(a) Name and title vard (Rusty) Leonard col Leonard rd Member Burns	(b) Average hours per week devoted to position 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defen	O.	(e) Estimated amount of other compensation 0.

33 Did the organization mapage in any significant activity not previously reported to the IRSY Yes, York of a detailed decaption of each activity in Schodule O	Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
Mere any significant changes make to be organized operating becomers? If Yes', stach a conformed copy of the amended documents of they reliable a drange to the organizations on the organization of the change on Schedule O (see instructions) 34	33				No
34 We any significant charges made to the organizaring or governing documents? If Yes', stack a confermed copy of the amended documents if they reflect a charge to the organization in the chargen Schedule O (see instructions). 35a Did the organization have unrealized business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? b If Yes', to line 35s, has the organization filed a Form 990-T for the year? If Yos', provide an explanation in Schedule O. c Was the organization or section 501(c)(4), 501(c)(6), or 501(c)(6), 501(c)(6), or 501(c)(6	33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? b If Yes, 10 line 35s, has the organization filed a Form 990-T for the year? If No. provide an explanation in Schedule 0 35b	34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	-		
(such as those reported on lines 2, 6s, and 7s, among others)? bif Yes's (ine 35s, has the organization field or 5mm 990-T for the year? If No.; provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes's, complete Schedule C, Part III . 35		a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
b If Yes, 10 line 359, has the organization filed a Form 990-1 for the year? If No. provide an explanation in Schedule 0 . 35b c	35 a				
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Sended C, Part III		(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Vies; complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Did the organization borrow form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory ear and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory ear and still outstanding at the end of the tax year covered by this return? 38 a Did Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 30 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ** section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under section and any of list prior Forms 900 or 909-221 If Yes, complete Schedule L, Part II ** section 4911 ** section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organizations engage in any section 4958 excess reported on any of list prior Forms 900 or 909-221 If Yes, complete Schedule L, Part II ** section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations and any of list prior Forms 900 or 909-221 If Yes, complete Schedule L, Part II ** section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization section or section 50 colonization and 501 colonizati ** 2514 Plantation Centres Dr. Natthews 10 colonization and 10			35 b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Vies; complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Did the organization borrow form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory ear and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory ear and still outstanding at the end of the tax year covered by this return? 38 a Did Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 30 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ** section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under section and any of list prior Forms 900 or 909-221 If Yes, complete Schedule L, Part II ** section 4911 ** section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organizations engage in any section 4958 excess reported on any of list prior Forms 900 or 909-221 If Yes, complete Schedule L, Part II ** section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations and any of list prior Forms 900 or 909-221 If Yes, complete Schedule L, Part II ** section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization section or section 50 colonization and 501 colonizati ** 2514 Plantation Centres Dr. Natthews 10 colonization and 10	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 3			35 C		X
378 Enter amount of political expenditures, direct or indirect, as described in the instructions 378 0, 378 388 378 388	-		36		y
b Did the organization file Form 1120-POL for this year? 38 a Did the organization from from crimake any loans to, any officer, director, frustee, 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 b	37 a				21
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b 17 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. 39 a b Gross receipts, included on line 9 for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * section 4912 * section 4955 * section 4911 * section 4912 * section 4955 * section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization grage in any section 4955 * section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 900 or 900-EZ? If Yes, complete Schedule L, Part I. 40b	b	Did the organization file Form 1120-POL for this year?	37 b		Х
b if Yes, complete Schedule L. Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
amount involved			38 a		X
39 Section 501(c)(?) organizations. Enter: a Initiation fees and capital contributions included on line 9	Ľ				
a Initiation fees and capital contributions included on line 9. 39 a b Gross receits, included on line 9, for public use of club facilities 40 a Section 501(c)(3) included on line 9, for public use of club facilities 40 a Section 501(c)(3) 501(c)(4), and 501(c)(22) organizations. Did the organization during the year under: section 4911 * section 4912 * section 4955 * b Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization and prior year that has not been reported on any of its prior Forms 990 or 990-EZP If Yes, compiles Schodule L, Part I . c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discutillified persons during the year under sections 4912, 4956, 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. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organization a party to a prohibited tax shelter transaction? If Yes, organization are sections 4912, 4956, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organization aparty to a prohibited tax shelter transaction organization are sections 4912, 4956, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organization have an interest in or a signature or other authority over a financial account in a foreign country (seuch as a bank account, securities account, or other financial account)? 42a The organization 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 o	39				
b Gross receipts, included on line 9, for public use of club facilities . 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization and 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					
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911					
section 4911 * ; section 4912 * ; section 4912 * ; section 4915 * 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-E27 if Yes, complete Schedule I, Part I. 40b					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZZ If "Yes," complete Schedule L, Part I					
reported on any of its prior Forms 990 or 990-E27 if 'Yes', complete Schedule L, Part I 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 organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes', complete Form 8866-T. 42 a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes', complete Form 8866-T. 42 a The organizations books are in care of 'Boward (Rustry) Leonard Telephone no. (866) 364-9980 Located at '2514 Plantation Center Dr. Matthews NC IP+4 28105 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 accountry) over a financial accountry in foreign country; (such as a bank account, securities account, or other financial accountry (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42 b	b				
c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4956, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(2)9) 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 8986-T. List the states with which a copy of this return is filed 42a The organization's books are in care of Figure 1. Howard (Rusty) Leonard Telephone no. Figure 1. The organization's books are in care of Figure 1. Howard (Rusty) Leonard Located at Figure 1. Howard (Rusty) Leonard Telephone no. Figure 1. The organization's books are in care of Figure 1. Howard (Rusty) Leonard Natthews NC ZiP+4 Figure 1. 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)? Yes No financial account in a foreign country: Figure 1. The organization maintain an office outside the U.S.? Yes No If Yes, enter the name of the foreign country: Figure 1. The organization maintain an office outside the U.S.? Yes No If Yes, enter the name of the foreign country: Figure 1. The organization maintain and office outside the U.S.? Yes No If Yes, enter the amount of tax-exempt interest received or accrued during the tax year Figure 1. The organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ . The organization funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ . The organization filed a Form 720 to report these payments? If Yes is the organization filed a Form 720 to report these payments? If Yes is the organization filed a Form 720 to report these payments?		benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
managers or disqualified persons during the year under sections 4912, 4955, and 4956			40 b		X
d 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. **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All List the states with which a copy of this return is filed ** **All District the analytic forms of the foreign country (such as a bank account, securities account, or other financial account)? **All District 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.? **All Countries and the foreign country: ** **All Countries and the foreign country: ** **All Countries and Financial Accounts (FBAR). **All Countries and Financ	C	managers or disqualified persons during the year under sections 4912, 4955, and 4958,			
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 8866-T. 41 List the states with which a copy of this return is filled 42 a The organization's books are in care of Howard (Rusty) Leonard Telephone no.* (866) 364-9980 Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c X If Yes, enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filling 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 44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ 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 c Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c X HYes to line 44c, has the organization filled a Form 720 to report these payments? HYes to line 44d, has the organization filed a Form 720 to report these payments? HYES TO INDOORS AND THE ADD TH	d				
shelter transaction? If Yes, complete Form 8886-T. 40e X 42 a The organization's books are in care of books are i		by the organization			
42a The organization's books are in care of \(^{\text{P4}}\) Howard (Rusty) Leonard Telephone no. \(^{\text{P4}}\) (866) 364 - 9980 Located at \(^{\text{P4}}\) 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? \(^{\text{P4}}\) 28105 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)? \(^{\text{P4}}\) 42b 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.? \(^{\text{P4}}\) 42c X 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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If Yes to line 44c, has the organization filed a Form 720 to report these payments? If You provide an explanation in Schedule O 44d Yes to line 44c, has the organization filed a Form 720 to report these payments?	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
42 a The organization's books are in care of books are included and an interest in or a signature or other authority over a financial account)? 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). 42 c At any time during the calendar year, did the organization for entering in care of the forei		the first and the Olf Market and the Control of the		- 1	37
books are in care of	41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
books are in care of	41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
books are in care of	41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
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)?		shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Shelter transaction? If 'Yes,' complete Form 8886-T		998	
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.? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filling 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d Yes' to line 44c, has the organization filed a Form 720 to report these payments?		Shelter transaction? If 'Yes,' complete Form 8886-T		998	
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 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of Howard (Rusty) Leonard Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105	364-		0
42 c X 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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 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 5 c Did the organization receive any payments for indoor tanning services during the year? 6 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 6 If 'No,' provide an explanation in Schedule O 44 d d 44 d d	42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of boo	364-		0 No
42 c X 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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 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 5 c Did the organization receive any payments for indoor tanning services during the year? 6 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 6 If 'No,' provide an explanation in Schedule O 44 d d 44 d d	42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of boo	364-		0 No
42 c X 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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 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 5 c Did the organization receive any payments for indoor tanning services during the year? 6 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 6 If 'No,' provide an explanation in Schedule O 44 d d 44 d d	42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of boo	364-		0 No
42 c X 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 and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 5 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 5 c Did the organization receive any payments for indoor tanning services during the year? 6 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 6 If 'No,' provide an explanation in Schedule O 44 d d 44 d d	42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of boo	364-		0 No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of Boo	364-		0 No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 a	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	364 - 42b		0 No x
and enter the amount of tax-exempt interest received or accrued during the tax year	42 a	The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	364 - 42b		0 No x
and enter the amount of tax-exempt interest received or accrued during the tax year	42 a	The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)?	364 - 42b		0 No x
and enter the amount of tax-exempt interest received or accrued during the tax year	42 a	The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)?	364 - 42b		0 No x
and enter the amount of tax-exempt interest received or accrued during the tax year	42 a	The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)?	364 - 42b		0 No x
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). It 'Yes,' enter the name of the foreign country:	364 - 42b		0 No x
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42a b c c	The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)?	364 - 42b		0 No x
of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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	42a b c c	The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)?	364 - 42b	Yes	No X
instead of Form 990-EZ	42 a b c c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: 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 At a year	364 - 42b	Yes	No X
instead of Form 990-EZ	42a b c c	Shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filled The organization's books are in care of Howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	364 - 42 b	Yes	No 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	42 a b c c 43	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	364 - 42 b	Yes	No X
If 'No,' provide an explanation in Schedule O	42a b c c 43	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: 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 Joint the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	364	Yes	No X No X
	42a b c c 43	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: 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 Joint the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	364	Yes	No X No X X
To a Did the organization have a controlled entity within the meaning of section of 2/D/(10/):	42a b c c d	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	364	Yes	No X No X X
b Did the organization receive any payment from or organs in any transaction with a controlled entity within the meaning of section E12/b1/12/2 if Voc.	42a b c c d	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed books are in care of howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? 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). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yos,' provide an explanation in Schedule O	364	Yes	No X No X X X X X
DIG THE ORGANIZATION FECTIVE ANY PAYMENT HOLD OF ENGAGE IN ANY MAINSACTION WITH A CONTROLLED WITHIN THE MEANING OF SECTION 3.12(D)(13)? IF TES,	42a b c c d 45a	shelter transaction? If Yes, 'complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of Howard (Rusty) Leonard Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? 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). At any time during the calendar year, did the organization maintain an office outside the U.S.? If Yes,' enter the name of the foreign country: 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 At any time during the calendar year, did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If Yes to line 44c, has the organization filed a Form 720 to report these payments? If Yo, 'provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	364	Yes	No X No X X X X X
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	42a b c c d 45a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed books are in care of howard (Rusty) Leonard Telephone no. (866) Located at 2514 Plantation Center Dr. Matthews NC ZIP+4 28105 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)? 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). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yos,' provide an explanation in Schedule O	364	Yes	No X No X X X X X X

4.0	D: 1	the control of the co								Yes	No
46	Dia	the organization engage, directly or i	indirectly, in political of	campaign activitie	s on l	behalf of o	r in oppos	tion			
Dout	VI	candidates for public office? If "Yes,"	complete Schedule C	, Part I					46		~
Part	VI	Section 501(c)(3) organization									
		All section 501(c)(3) organization	ns must answer que	estions 47–49b a	and 5	2, and co	mplete th	ie ta	bles fo	or line	es
		50 and 51.									
		Check if the organization used So	hedule O to respond	to any question	in th	is Part VI					
								<u> </u>		Yes	No
47	Did	the organization engage in lobbying	activities or have a	section 501(h) ele	ection	in effect	during the	tav		163	140
	yea	r? If "Yes," complete Schedule C, Pai	rt II		0011011	i iii ciicot	during the	lax	4-		
48		ne organization a school as described i						•	47		V
49a	Did	the organization make any transfers t	: section 170(b)(1)(A)(i	i)? ii res, comp	iete S	cnedule E		*	48		V
_	If "V	the organization make any transfers t	to an exempt non-cha	iritable related org	ganıza	ation?			49a		V
50	Con	es," was the related organization a se	ection 527 organization	on?					49b		
30	omr	nplete this table for the organization's	s five nignest compen	sated employees	(othe	er than office	cers, direc	tors,	trustee	es an	d key
	emp	ployees) who each received more than	n \$100,000 of comper	nsation from the o	organi	zation. If the	nere is non	e, en	iter "N	one."	
			(b) Average	(c) Reportable		(d) Health					
	(a	a) Name and title of each employee	hours per week	compensation	16	contributions benefit plans,			Stimated her com		
			devoted to position	(Forms W-2/1099-M	iisc)	comper		Oti	ler com	pensau	ion
None											
					-+						
					-						
			1								
			,		1						
f		I number of other employees paid over									
51	Com	plete this table for the organization'	s five highest compe	ensated independ	lent c	ontractors	who each	rec	eived r	nore	than
	\$100	0,000 of compensation from the orga	nization. If there is no	ne, enter "None."	,						
	(a) Name and business address of each independ	lent contractor	(b) Type of	contin		(-)	0			
		, , , , , , , , , , , , , , , , , , , ,	ioni ooniraotor	(b) Type of	SCIVICE		(C)	Comp	pensation	n	
None											
		number of other independent contra			. ▶						
52	Did	the organization complete Schedu	le A? Note . All sed	ction 501(c)(3) o	rganiz	zations mu	ust attach	а			
		oleted Schedule A								\square N	
Jnder pe	nalties	of perjury, I declare that I have examined this re	eturn, including accompany	ing schedules and stat	tements	s, and to the b	est of my kn	owledo	ge and b	elief. it	is
rue, corr	ect, an	nd complete. Declaration of preparer (other than	officer) is based on all infor	mation of which prepa	rer has	any knowled	ge.			,	
		- Howard A	conares			11	- 13-15				
Sign		Signature of officer				Date					
Here		Noward "Rusty" Leonard, CEO									
		Type or print name and title									
			Preparer's signature		Date				PTIN		
Paid		Print/Type preparer's name	. Toparor a aignature		Date		Check	if	1111		
repa							self-employ	ed			
Jse C	nly	Firm's name ▶				Firm's	s EIN ▶			i i i i i i i i i i i i i i i i i i i	
Acv. H	· IDC	Firm's address ▶	1 00			Phon					
viay the	J IKS	discuss this return with the preparer	snown above? See in	structions				- 🗆	Vec	N	^

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

	l Watchers					56-209133	
Par	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	organization is not a private founda			-			
1	A church, convention of church	ches, or association of	churches described in s e	ection 17	70(b)(1)((A)(i).	
2	A school described in section	n 170(b)(1)(A)(ii) . (Atta	ch Schedule E.)				
3	A hospital or a cooperative he	ospital service organiza	tion described in section	n 170(b)	(1)(A)(iii	i).	
4	A medical research organizat	tion operated in conjunc	ction with a hospital desc	ribed in	section	170(b)(1)(A)(iii). Enter t	he hospital's
	name, city, and state:						
5	An organization operated for 170(b)(1)(A)(iv). (Complete	the benefit of a college Part II.)	or university owned or o	perated	by a gov	vernmental unit describe	d in section
6	A federal, state, or local gove					•	
7	X An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)		governi	mental u	nit or from the general p	ublic described
8	A community trust described	in section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	An organization that normally from activities related to its exinvestment income and unrelations 30, 1975. See section 6	cempt functións – subje ated business taxable i	ect to certain exceptions, acome (less section 511	and (2)	no more	than 33-1/3% of its sup	port from gross
10	An organization organized an	d operated exclusively	to test for public safety.	See sec	tion 509	(a)(4).	
11	An organization organized an or more publicly supported or lines 11a through 11d that de	ganizations described i	n section 509(a)(1) or s	ection 5	09(a)(2)	. See section 509(a)(3).	urposes of one Check the box in
а		ation operated, supervis	sed, or controlled by its s	upported	l organiz	ration(s), typically by givi	ng the supported tion. You must
b	Type II. A supporting organiz management of the supportin must complete Part IV, Section 19	g organization vested in	trolled in connection with n the same persons that	n its supp control o	oorted or or manag	ganization(s), by having ge the supported organiz	control or cation(s). You
С	Type III functionally integra organization(s) (see instruction	ted. A supporting organ	nization operated in conr ete Part IV, Sections A,	nection w D, and I	⁄ith, and ≣.	functionally integrated w	rith, its supported
d	Type III non-functionally int functionally integrated. The or instructions). You must com	ganization generally m	ust satisfy a distribution	connect requirem	ion with ent and	its supported organization attentiveness require	on(s) that is not ement (see
е	Check this box if the organiza integrated, or Type III non-fun			RS that is	s a Type	I, Type II, Type III functi	ionally
f	Enter the number of supported or	rganizations					
g	Provide the following information	about the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		,
(A)							
(A)							
(B)							
(C)							
(D)							
<u>(E)</u>							
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	Section A. Public Support						
begi	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	28,296.	48,968.	34,690.	44,425.	84,253.	240,632.
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	28,296.	48,968.	34,690.	44,425.	84,253.	240,632.
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)						64.006
6	Public support. Subtract line 5 from line 4						64,296. 176,336.
Sec	tion B. Total Support					•	1,0,000
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	28,296.	48,968.	34,690.	44,425.	84,253.	240,632.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91.					91.
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.)	114,110.	31,238.	0.			145,348.
	Total support. Add lines 7 through 10						386,071.
	Gross receipts from related activities	•	,			12	
	First five years. If the Form 990 is organization, check this box and st	op here		hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🔲
	tion C. Computation of Pub						
	Public support percentage for 2014 Public support percentage from 20						45.67 %
						<u></u>	41.10 %
	33-1/3% support test — 2014. If the and stop here. The organization quantum of the stop here.	ualifies as a public	ly supported organ	ization	• • • • • • • • •		▶ [X]
b	33-1/3% support test — 2013. If the and stop here. The organization q	e organization did ualifies as a public	not check a box of ly supported organ	n line 13 or 16a, ar nization	nd line 15 is 33-1/3	% or more, check	this box
	10%-facts-and-circumstances termore, and if the organization methe organization meets the 'facts-ar	ets the 'facts-and-	circumstances' test	t, check this box ar	nd stop here. Expl	ain in Part VI how	
	10%-facts-and-circumstances test or more, and if the organization meorganization meets the 'facts-and-companization meets	ets the 'facts-and- ircumstances' test	circumstances' test . The organization	t, check this box ar qualifies as a publi	nd stop here. Expl icly supported orga	ain in Part VI how anization	the ▶ □
18	Private foundation. If the organiza	ition did not check	a box on line 13, 1	l6a, 16b, 17a, or 17	7b, check this box	and see instructior	ıs ▶ <u></u>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services 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.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	-					
t	similar sources						
11	Add lines 10a and 10b						
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	s for the organization top here	on's first, second, f	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 201						%
16	Public support percentage from 20		the state of the s			16	ું જ
Sec	tion D. Computation of Inv	estment Incor	me Percentage	9			
17	Investment income percentage for						%
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			18	%
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	the organization d	id not check the boere. The organization	ox on line 14, and l tion qualifies as a p	line 15 is more than oublicly supported	organization	▶ ∐
	22 4/20/ 2000 2004 4004 2004 2004 2004 2	the organization d	id not check a have	on line 14 or line	10a and line 16 is	more than 33-1/39	% and
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, Private foundation. If the organiz	the organization d	id not check a box stop here. The or	on line 14 or line rganization qualifie	19a, and line 16 is s as a publicly sup	ported organization	on ▶ [

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.	AII	Supporting	Organizations
---------	----	-----	------------	----------------------

	Mon 711 / 111 Capper tining Crigatina Capper tining Crigatina Capper tining Crigatina Capper tining Crigatina Capper tining Capp		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Tes	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
	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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 Part VI	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,' 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 Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	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 Part VI	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		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled welfely of a person described in (b) or (b) above? If Yes' to a, b, or c, provide detail in Part VI. 1 To 1 To 2 A 35% controlled welfely of a person described in (b) or (b) above? If Yes' to a, b, or c, provide detail in Part VI. 1 Did the directors, fundates, or membership of one or more supported organizations have the power to reputarly appoint or effect at least analytic of the reginations of the control of the co	Pa	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls alther atons or together with persons described in (ii) and (ii) below, the governing body of a supported organization? b A family member of a person described in (ii) above?				Yes	No
b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or a, provide detail in Part VI 11c Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or effect set as a majerly of the organization effectors or trustees at all times during the tax year? If No., describe in a first or elect at least a majerly of the organization directors or trustees at all times during the tax year? If No., describe in a first or elect at least a majerly of the organization directors or trustees be all times during the tax year? If No., describe in a first or elect at least a majerly of the organization describes how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions. If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organizations and what conditions or restrictions. If any, applied to such powers during the tax year and the purposes of the supported organizations and what conditions or restrictions. If any, applied to such powers during the tax year and the purposes of the supported organizations of the supported organizations and the purposes of the supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the or					
c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI		governing body of a supported organization?			
Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the law year? If No. (describe in if the organization had more than one supported organization, describe how the powers to appoint and or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If Yea, eyalian in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organizations and what conditions or restrictions or trustees the supported organization of the supported organization of the directors or trustees during the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization was vested in the same persons that controlled or managed the supported organization(s). 2 Were any of the organization organization organizations by the last day of the fifth month of the organization organization was restored to the date of notification, and (3) copies of the organization organization organization organizations organizati	1	b A family member of a person described in (a) above?	11b		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, describe in Part VI how the supported organization's developed organization and the properties of controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organizations and what contillines are described. If the organization operate of the supporting organization and what contillines are described the supported organizations and what contillines are described the supported organization operated organization and what contillines are described the supported organization operated. Supervised, or controlled the supporting organization of the supporting organization organization organization. 2 Did the organization organization organizations directors or trustees during the tax year also a majority of the directors or trustees of sech of the organizations supported organization(s)? If No, describe in Part VI how control or management of the supported organization org		c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
1 Did the directors, tustees, or membership of one or more supported organizations have the power to regularly appoint or elect a tests at anipoint of the organization of directors or trustees at all times during the tax year? If No, 'describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization activities, if the organization part has no are supported organization described the provens to appoint and/or remove applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of their than the supported organization of the organization of the organization or controlled the supported organization of the organization or controlled the supported organization or	Sec	ction B. Type I Supporting Organizations			
or elect at least a majority of the organizations directors or trustees at all times during the tax year? If No, 'describe in Part V In with esupported organizations' pledicules. If the organization and the man of the property operated, supervised, or controlled the organization's activities. If the organization and more han one supported organization, describe how the powers to appoint and/or remove applied to such powers during the lax year? 2 Did the organization operate for the benefit of any supported organization and with conditions or restrictions, if any, applied to property applied to such powers during the lax year organization and what conditions or restrictions, if any, applied to property applied to such powers during the lax year organization orga				Yes	No
that operaled, supervised, or controlled the supporting organization? If Yes, 'explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's defectors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No, 'describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization organization was vested in the same persons that controlled or managed the supported organization organization was vested in the same persons that controlled or managed the supported organization organization and the supported organization or the supported organization and the organization tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's upon the organization's organization's organization's provided organization's organization's upon the supported organization maintained a close and continuous working relationship with the supported organization maintained a close and continuous working relationship with the supported organization and supported organization's provided in this supported organization's provided in the supported organization's provided in the supported organization's provided in the organization's provided in the organization was responsive? If Yes, then in Part VI how you supported organization's very suppor	1	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1		
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No., describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (1) a written notice describing the type and amount of support provided during the prior tax year. (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's officers, directors, or trustees either (1) appointed or elected by the supported organization's provided organization's supported organization's provided organization's provided organization's supported organizations played in this regard. 1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did the activities described in Constitute activities that but he organization's involvement, one or more of the	2	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2		
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If No, 'describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently flied as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (1) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization in Part VI how the organization maintained a close and continuous working relationshy with the supported organizationshy with the organization in Part VI how the organization's previously provided? 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's law year' If Yes, 'describe in Part VI the role the organization's home or assets at all times during the tax year' If Yes, 'describe in Part VI the role the organization's supported organizations pleyed in this regard. 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organization's proported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt p	Sec				
of each of the organization's supported organization(s)? If No, 'describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's powerning documents in effect on the date of notification, to the extent not previously provided? 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's proported organizations played in this regard. 3 Esection E. Type III Functionally-Integrated Supporting Organizations. 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's provide defaults in				Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, and (3) copies of the organization's or (ii) serving on the governing body of a supported organization's or (ii) serving on the governing body of a supported organization's or (ii) serving on the governing body of a supported organization's I' No' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 Were any of the organization sin less continuous working relationship with the supported organization(s). 2 I she yeason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the time exempt purposes of the supported organization in the its supported organization, such that its supported organization in	1	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	1		
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form solve most recently filed as of the date of notification, and (3) copies of the organization's governing described in class of the organization, to the extent not previously provided? 2 Were any of the organization's efficers, directors, or trustees either (1) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If No, 'explain in Part VI how the organization and continuous working relationship with the supported organization(s). 2 Were any of the organization's described in (2), did the organization's supported organization's how the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organizations income or assets at all times during the tax year? If Yes, 'describe in Part VI the role the organization's supported organizations played in this regard. 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 2 The organization satisfied the Activities Test. Complete line 2 below. 3 Did the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities described in (a) constitute activities described in their exempt purposes, how the organization was responsive to those supported organizations, and how the organization in Part VI the reasons for the organization's position that its supported organization's involvement. 2 Did t	Sec	ction D. All Type III Supporting Organizations			
organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If \(\frac{1}{2} \) explain in Part VI how the organization of the relationship with the supported organization(s). 2 If yes, it is a supported organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If \(\frac{1}{2} \) escribe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a				Yes	No
organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete Ilne 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 b Did the organization shave the power to regularly appoint or elect a majority of the officers, directors, or trustees of each o	1	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	2	organization(s) or (ii) serving on the governing body of a supported organization? If 'No.' explain in Part VI how	2		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations (s) to which the organization was responsive? If Yes, 'then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in? If Yes,' explain in Part VI the reasons for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3		
a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Point the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its					
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's involvement 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI 3 Parent of Supported Organizations exercise a substantial degree of direction over the policies, programs, and activities of each of its					
2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's involvement a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	ı				
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2	Activities Test. Answer (a) and (b) below.		Yes	No
the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	ŧ	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2a		
3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	ŀ	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3				
h Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	20		
and best and a side time as a second and a second and a second blad and a second and a second and a second as a	ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
c	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	*	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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 Type	e III supporting organization	on

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	tions (continued)	
Sect	Current Year			
1				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	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			
	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:			
a				
b				
	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).

Pt II Ln 10 Other Income Part II, Line 10 Description: Program Service Revenues 2010: 114110. 2011: 31238. 2012: 0.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Wall Watchers

Employer identification number

56-2091339

Schedule O (Form 990 or 990-EZ), Supplemental Informa Form 990-EZ, Part I, Line 16 Other Expenses	ation to Form 990 or 990-EZ
Other expenses (describe in Schedule O) Administrative Services Licenses	72,750. 75.
Total	72,825.