EIN 30-0758718

SCHEDULE A

Public Charity Status and Public Support

| (FUITI | 990 Gr 990-EZ) | Comple | | tion is a section 501(c) ((1) nonexempt chanta | | tation or a | section | 2015 | |
|------------------|----------------------------------|---|--------------------|--|---------------|-----------------------------------|--|---|--|
| Depuis | ne. 1 of the Treasury | | | ch to Form 890 or Form | _ | | | Open to Public | |
| | Revenue Service | information about | ut Schedule A (For | m 990 or 990-62) and the | instructio | nsesefi#m | | Inspection | |
| 5+ | Zohn + | x Evangel | et Valley | SUWP C | وم (۵۰۰ | ٠, (ح | So - 07 | 58718 | |
| The c | | | | organizations must s (For lines 1 through | | | | ions | |
| | | | | on of churches descr | | • | | | |
| | _ | | | (Attach Schedule E IF | | | | | |
| | | | | janization described l | | | . , | | |
| 4 | | search organization mo, city, and stat | | organistion with a hosp | atal desc | ribed m s | ection 170(b)(1)(/ | Vim. Enter the | |
| 5 | | ion operated for (b)(1)(A)(iv) (Com | | college or university | owned o | r operate | d by a governme | ntal unit described in | |
| | [] An organizat | | receives a subs | | | | | om the general public | |
| | ⇒ | | | (1)(A)(vi) (Complete | | | | | |
| 8 , | | | | | | | | rship fees, and gross | |
| / | support from | n gross investme | ent incore and | | taxable i | nccine (le | ess section 511 | re than 33 /3% of its (ax) from businesses | |
| 10 | An organizat | ion organized and | operatec exclus | sively to test for public | c safety (| See secti | on 509(a)(4) | | |
| 11 | one or more | publicly supported | d organizations d | • | 09(a)(1) o | section | 509(a)(2) See see | ry out the purposes of stren 509(a)(3). Check | |
| a | Type 1 As | ricebouring ordanis | ration operated, s | supervised, or control egularly appoint or ele | led by its | supporte | ed organization(s), | | |
| b | Type II A : | is supporting organization supervised or controlled in connection with its supported organization(s), by having infranagement of the supporting organization vested in the same persons that control or manage the supported ton(s). You must complete Part IV, Soctions A and C | | | | | | | |
| c | Type fit fu | nctionally integra | ated A supportin | ng organization opera s). You must comple | | | | a#v integrated with, | |
| d | that is not | functionally integr | ared. The organi | porting organization o zation generally must mplete Part IV, Secti | satisfy a | distribution | on requirement an | | |
| e | Check this | box if the organiz | ation received a | written determination onally integrated supp | from the | IRS that | it is a Type I, Type | II Type III | |
| f | Enter the number | ter of supported (| organizations | | | | | | |
| 9 | Provide the fol | lowing miormatio | n about the supp | orded organization(s) | | | | | |
| | (i) Norme of supports | വ് ആഷപ്പോദ | (A) EIX | (described on lines 1-9 above (See scribble) | ills ed in yo | egonzaken Ligoverning meni? | (v) Amount of moretal support (see arcrudents) | y (vi) Amount of other support (see instructional | |
| | | | | <u> </u> | Yes | No | | 1 | |
| (A) | | | | | | | | | |
| | | | | <u> </u> | ļ | | - Tay | | |
| (0) | | | 1 | } | 1 | | RECE | () | |
| (C) | | | | | | | B JAN 3 | (0) | |
| (D) | | | | | | | OGDE | | |
| (E) | | | | 1 | | | - | | |
| Total | | | | "满庭"。 不可 | - L | | | | |
| | perwork Reduct 990 or 990-EZ. | ion Aci Notice, see | the instructions | for Car. | No. 11285/ | | Schedula A | Form 990 or 930-EZ) 2015 | |

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| Par | (Complete only if you checked to Part III. If the organization fails to | ne bax on line | e 5, 7 or 8 of | Part I or if th | e organizatio | n failed to qua | |
|------------|--|------------------------------------|--|------------------|-----------------|---------------------------------------|-----------------|
| | ion A Public Support | r statet | , | | | · · · · · · · · · · · · · · · · · · · | |
| Carer 1 | ndar year (or fiscul year beginning m) Gifts, glants, contributions, and membership fees received (Do not include any "unusual grants") | (a) 2011 | (ъ) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 2 | Tax reverues 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 | | 1 | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly | | | ÷ - | | , , | |
| | governmental unit or publicly supported organization) included on line i that exceeds 2% of the amount shown on line 11, column (f) | in the same of | The state of the s | | | 1 | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | ion B Total Support | | | | ···· | | |
| | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from the 4 | | | ļ <i>.</i> | | | |
| 8 | Gross income from interest dividends, paymen's received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities whether or not the business is regularly carried on | | | | | | - |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | L 12 - 2 80 " 4- | - اليمان ما المان المانية الم | د پښته يې د تو | 等によりな | 1, -6 \$ 37 | |
| 12 | Gruss receipts from related activities, etc | • | | | | 12 | |
| 13 | First five years, if the Form 990 is for it | | n's first, secon | d, third, fourth | or fifth tax y | ear as a section | |
| Serti | organization check this box and stop he ion C. Computation of Public Support | | | | | | |
| 14 | Public support percentage for 2015 (line) | | | i colema (f)) | | 14 | % |
| 15 | Fublic support percentage from 2014 Sci | | | . 5. 10 111 (1) | | 15 | / % |
| 16a | 331/n% support test—2015, if the organi- box and stop here. The organization qua- | zation did not lifies as a publ | ohec+-he box icly supported | organization | | 5% or more, ch | neck this |
| | 331n% support test — 2014, fill the organ check this box and stop here. The organ | ization qualifie | s as a publicly | supported org | anization | | ▶ □ |
| 17a | 10%-facts-and-circumstances test – 20 10% or more and if the organization me Part VI now the organization meets the if organization | ets the "facts- | and-urcurr sta | nces" test che | eck this bek an | id stop here. E | xplatn in |
| ь | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Explain in Part VI how the organization in supported organization | ion meets the | facts-and-ci | rcumstances* | test, check th | is box and sto | and ime |
| 18 | Private foundation. If the organization di instructions | d not check a | box on line 13. | . 16a 16b 17a | or 175, chec | this box and t | |
| | | | | | Sch | edule A (Form 990 | or 990-EZ) 2015 |

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|-----|-------------|----|----|---|---|-----|
|-----|-------------|----|----|---|---|-----|

| ect | Support Schedule for Organiza (Complete only if you checked that the organization fails to qualify ton A Public Support | ne box on lin | e 9 of Part I o | r if the organ | ization failed | to qualify und | ier Part II |
|------------|--|---------------|-----------------|------------------|------------------|-------------------------|-------------|
| | ndar year (or fiscal year beginning in). | (a) 2011' | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts grants contributions, and membership fees | | 7.0.0 | | (a) EOTA | | 0) 1013 |
| | received (Doinot include any funusual grants f) | | 15,582 | 12,155 | 11,621 | 8,424 | 47 782 |
| 2 | Gross recents from admissions, merchandise | | 7 | | 1 | | |
| | 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 tradit or business under section \$13 | | | | | | |
| 4 | Fax revenues flevied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 | Total. Add lines 1 through 5 | | 15 77) | 19 155 | 11 1021 | 18 404 | 47.780 |
| 7a | Amounts included on lines 1, 2 and 3 received from disqualified persons | | | | ,, | | - April 130 |
| b | Amounts included or lines 2 and 3 | | T | | | | |
| | received from other than disqualified | | | | 1 | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | <u> </u> | |
| | Add lines 7a and 7b | | | | <u></u> | | |
| 8 | Public support (Subtract line 7c from | | grands as | ٥. | | | |
| | Ine 6) | n - , | (E ('Cy.") | E | 1: u - '-, 24 '# | الشفقتا | |
| | on B. Total Support | (a) 2011 | 163 2012 | (a) 2012 | 1-11 1014 | /_\T | 40 T |
| Jalen 9 | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| - | Gross income from interest, dividends, | | 15, 283 | 12, 155 | 11,621 | 8,434 | 47,180 |
| 103 | payments received on securities loans rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | ! | | |
| | section 511 taxes) from businesses | | } | | ŗ | ; ; | |
| | acquired after June 30, 1975 | | | | ! | | |
| С | Add lines 10a and 10b | | ~ | | | | |
| 11 | Net income from unrelated business | |] | | [| | _ |
| | activities not included in line 10b, whether or not the business is regulally carried on | | 1 | | j | | |
| 12 | • • | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets. | | 1 | | 1 | | |
| | (Explain in Part VL) | | ! | | 1 | | |
| 13 | Total support. (Add lines 9, 10c, 11 | | | | | | |
| - | and 12) | | 13,583 | 12,155 | 11,621 | 8.424 | 47, 782 |
| 14 | First five years if the Form 990 is for th | e organizatio | | | | | |
| | organization, check this box and stop he | | | | | | ▶ ∞ |
| | on C. Computation of Public Suppor | | | | | | 7- |
| 15 | Public support percentage for 2015 (line) | | | 3, calumn (f) | | 15 | 9/1 |
| 16 | Public support percentage from 2014 Sci | | | | | 16 | % |
| | on D. Computation of Investment In | | | | <u>-</u> - | | |
| 17 | *Investment income percentage for 2015 (| | | y line 13, colur | mn (f)) | 17 | ۵, |
| 18 | Investment income percentage from 2014 331/3% support tests 2015 in the organ | | | on line 14 se | nd line 15 ic ~ | 18 lore tosa 331ss | W and loss |
| 198 | 17 is not mare than 331 a 56, check this box | | | | | | _ |
| b | 331/a% support tests = 2014. If the Ligable | | | | | | _ |
| | line 16 is not more than 331/1%, check this | | | | | | |
| 20 | Private foundation if the organization of | | | | • | | |
| | | | | | | | |

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Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and Bill you checked 11b of Part I, complete Sections A and Cilif you checked 11c of Part I, complete Sections A, D, and Ellf you checked 11d of Part I, complete Sections A and D, and complete Part V) Section A. All'Supporting Organizations Yes No Are all of the organization's supported organizations fisted 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 of historic and continuing relationship, explain 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 riotermined that the supported organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4) (5) or (6)? If "Yes," answer 3а 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? It "Yes " explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not olganized in the United States ("foreign supported organization")? If 'Yes * and if you checked the or this 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 at in connection with its supported organizations 4b Cid the organization support any foreign supported organization that coes not have an IRS determination under sections 501(c)(3) and 505(a)(1) or (2) it. Yes,* explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (h) 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 (cuch as by amendment to the organizing document). 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? 5h Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or beneft one or more of the fling organization's supported organizations? If "Yes," provide detail in Part VI. 6 Old the organization provide a grant Toan, compensation, or other similar payment to a substantial contributor idelined in section 4958ic.)(3)(C)), a family member of a substantial contributor, or n 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part Lot Schedule L (Form 990 or 990-EZ) Did the organization make a loun to a disqualified person (as defined in section 4958) not described in line 79 If "Yes " complete Part I of Schedule L (Form 990 or 990-EZ) 8 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 dotail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) noted a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI 95 Did a disqualified person (as getined in line 9a) have an ownership interest in, or cerive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 90 10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

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b. Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to

supporting organizations)? if 'yes, ' answer 10b below

Jetermine whether the organization had excess business holdings.)

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| art | Supporting Organizations (continued) | | | 2360 |
|--------|---|----------|--------------|-------------|
| | | | Yes | No |
| 1 | Has the organization accepted a gift or contribution from any of the following persons? | | | 1 |
| 8 | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | · - | ٠. | |
| | below the governing body of a supported organization? | 118 | |) |
| ь | A tamily member of a person described in (a) above? | 116 | | }- - |
| 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 | - | Ι |
| ect | on B. Type I Supporting Organizations | 1 | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | T | ==: | 1 |
| | regularly appoint or elect at least a majority of the organization's cirectors or trustees at all times ourning the | 3 | آ سراس | u. |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated supervised, or | ļ. 1 | . 1 | ١. |
| | controlled the organization's activities, if the organization had more than one supported organization, | ' | , , | 1 |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 1 1 | ' i | |
| | organizations and what conditions or restrictions of any applied to such powers during the tax year | | | |
| _ | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 1 . 4 | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | ٠ - | - |
| | VI how providing such penefit carned but the purposes of the supported organization(s) that operated | أحدا | £ | متم |
| | supervised or controlled the supporting organization | 2 | : | |
| ct | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | , |
| | or trustnes of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 1 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 - 1 | _ | |
| | the supported organization(s) | 1 | | |
| | on D. All Type III Supporting Organizations | لـنــل | | |
| | on b. Air Type III Supporting Organizations | | Yes | No |
| | Out the annual term are said to each of the constant at the last day of the fifth annual of the | | 163 | 777 |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the 5fth month of the | | ۲,۰, | 15 |
| | organization's tax year (i) a written notice describing the type and amount of support provided during the prior tax | 1 | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (f) appointed or elected by the supported | 1 1 | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No " explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (?), did the organization is supported organizations have a | | -1 -1 | , , |
| | significant voice in the organization's investment policies and in directing the use of the organization's | 1: - | . ' | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 1 | 35 | - 1 |
| | supported organizations played in this regard | 3 | | |
| ct | on E. Type III Functionally-Integrated Supporting Organizations | 1 - | | |
| | | | 41 | |
| 1 | Check the box next to the π ethod that the organization used to satisfy the Integral Part Test during the year (see | //SEA | .tion: | 5' |
| a | ☐ The organization satisfied the Activities Test. Complete line 2 below | | | |
| Ь | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| ¢ | The organization supported a governmental entity. Describe in Part VI how you supported a government entity is | sco ins | tructi | ons) |
| , | Ashustica Teat. Augusta (a) and (b) helend | i | Van | Ale |
| 5 | Activities Test. Answer (a) and (b) below | | Yes | Mo |
| 9 | Did substantially all of the organization's activities during the tax year directly further the exertipt purposes of | 1 ! | | |
| | the supported organication(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 | 1. | ١, | - |
| | how the organization, was responsive to those supported organizations, and how the organization determined | 12:1 | | = |
| | that these activities constituted substantially all of its activities | 23 | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | 23 | 3 |
| | of the organization's supported organization(s) would have been engaged in? It "Yes," explain in Part VI the | ·- " | - 1 | , ' |
| | reasons for the organization is position that its supported organization(s) would have engaged in these | 50.7 | 7. | · · · |
| | activities but for the organization 4 involvement | 2b | | _ |
| | • | | | |
| 2 | Parent of Supported Organizations Answer (a) and (b) below | | İ | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | ~ - | |
| 3 8 | | | | 1 |
| 8 | trustees of each of the supported organizations? Provide details in Part VI | За | | |
| 8 | | 3a 3b | | |

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| Countillo A From 980 or 990-EZ) 23,7. Type III Non-Functionally Integrated 509(a)(3) Supporting Or | gan | izations | Pag | |
|---|-------|-----------------------|--|--|
| Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-trinctionally integrated supporting organizations must be | g tru | st on Nov 20 19/0 See | Instructions All | |
| Section A - Adjusted Net Income | жұу | (A) Prior Year | (B) Current Yea (optional) | |
| 1 Net snort-term capital gain | 1 | | - Topicouni | |
| 2 Recovenes of prior-year distributions | 2 | | | |
| 3 Other gross income (see instructions) | 3 | | | |
| 4 Acd lines 1 through 3 | 4 | | | |
| 5 Depreciation and ceptehon | 5 | | | |
| 6 Portion of operating expenses paid or mourred 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 (suprract lines 5, 6 and 7 from line 4) | +- | | · | |
| Section 8 - Minimum Asset Amount | 8 | (A) Prior Year | /B) Current Yea (optional) | |
| 1 Aggregate fair market value of all non-exempt-use ascers (see instructions for short fax year or assets held for part of year) | - | Section of the second | Jan 18 3 | |
| a Average monthly value of securities | 1a | | | |
| b Average monthly cash balances | 16 | | | |
| o Fair market value of other non-exempt-use assets | 1c | | | |
| d Total (add lines 1a, 1b, arid 1c) | 10 | | 1 | |
| e Discount claimed for blockage or other factors (explain in detail in Part Vi) | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 Subtract line 2 from line 1d | 3 | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | |
| see instructions) | 4 | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 Multiply line 5 by 035 | 6 | | | |
| 7 Recoveries of prior-year distributions | 7 | | } | |
| 8 Minimum Asset Amount (add line / to line 6) | 8 | | <u>- </u> | |
| Section C - Distributable Amount | | 41. VI 12. 17. 14 | 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 | , | | |

Schedule A (Form 990 or 990-E-Z) 2015

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| | 16 A (Form 990 or 990-EZ) 2015 | | | ⊃age 7 |
|----------------|--|---|--|--|
| | | 3) Supporting Organ | izations (continued) | . — - — — — — — — — — — — — — — — — — — |
| | ion 0 - Distributions | | | Current Year |
| 1 | Amounts paid to supportediorganizations to accomplish | executor ferriboses | | |
| 2 | Amounts paid to perform activity that directly furthers exi | empt purposes of suppo | oned | |
| | organizations, injexcess of income from activity | | | |
| 3_ | Administrative expenses paid to accomplish exempt purp | ocses of supported orga | nizations | |
| 4 | Amounts paic to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| <u>G</u> | 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 ipprovide details in Part VI). See instructions | h the organization is res | spansive | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| s | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 5 | JAN. TESTA | COST TANK | |
| 2 | Underdistributions, if any, for years prior to 2015 | The work of the same | | 1 3 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | (reasonable cause required-see instructions) | | | إسار المراجعة المراجعة والمراجعة المراجعة المراج |
| 3 | Excess distributions carryover, if any, to 2015 | | | |
| <u>a</u> | | | | |
| - 6 | | | · · · · · · · · · · · · · · · · · · · | |
| - d | From 2013 | | | |
| | | | 17.00 FLV 8 3 | |
| - | Total of lines 3a through e | | 4 7 6 2 + 1,7 8 7/1 9/ 5 | 77 Fr 27 GF |
| <u> </u> | Applied to underdistributions of prior years | l'as a " | | |
| gh | Applied c 2015 distributable amount | 13 hes 2 he - 3 - 3 - 9 - 91. | ···· | 60 2541 C |
| | | -, | | |
| | Carryover from 2010 not applied (see instructions) | | | |
| | Pemainder, Subtract lines 3g, 3h, and 3: from 3f | | | |
| 4 | Distributions for 2015 from Section | | | :::- |
| | 0, line /\$ | | | |
| | Applied to underdistributions of prior years | | was with a second of the set | · · · · · · · · · · · · · · · · · |
| ь | Applied to 2015 distributable amount | | | |
| _ <u>c</u> | Remainder Subtract lines 4a and 4b from 4 | | "Sulty to Sprace | ة يسة يور سي دياره الله عام ال |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amo intigreater than zero, see instructions). | , | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 ii) amount greater than zero, see instructions. | anno illagrio i sesa | er ar a. e.a. morek a sola | |
| 7 | Excess distributions carryover to 2016 Add lines 3 | 1 77 - 4 3 3 3 7 7 | | اسظاء لاصتاحات |
| • | and 4c | | J. J | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 8 | Greakdown of line 7 | 12 4 54 5 6 | | |
| а | | , | | |
| b | 1 | | | |
| С | Excess from 2013 | · | | |
| ď | Excess from 2014 | | | |
| ¢ | Excess from 2015 | 7 | · | |

Schedule A (Form 990 or 990-EZ) 2015

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EIN # 30-07587/8

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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part III line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 17a, 11b, and 11c, Part IV. Section B lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D lines 2 and 3. Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule A (Form 990 or 990-62) 2015

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ST JOHN THE EVANGELIST VALLEY SVDP CONFERENCE 307 E MEIGS ST VALLEY NE 68064

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DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

/-2(1-/) Date

Title

04 B0 C