Form 990-EZ

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.

A For the 2014 calendar year, or tax year beginning 09/01, 2014, and ending 08/31, 2015

B Check if applicable:

- Name of organization

- Employer Identification number

C Address change

- TEXAS MEDICAL CENTER ORCHESTRA

- Room/suite

D Telephone number

- PO BOX 980983

E City, town, state or province, country, and ZIP or foreign postal code

- HOUSTON, TX 77006

F Group Exemption Number

G Accounting Method:

- Cash

- Accrual

- Other (specify)

H Check ➤ If the organization is not required to attach Schedule B

(3) (4) 101,122

J Tax-exempt status (check only one) — ☑ 501(c)(3)  ☑ 501(c)(4)  ☑ 4947(a)(1) or 527

K Form of organization:

- Corporation

- Trust

- Association

- Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $290,000 or more, or if total assets (Part II, column (b) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory

6 Gaming and fundraising events

a Gross income from gaming (attach Schedule G if greater than $15,000)

6a

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of gross income and contributions exceeds $15,000)

6b

c Less: direct expenses from gaming and fundraising events

6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

6d

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory

7d

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

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

21 Net assets or fund balances at end of year. Combine lines 18 through 20

105,901

5,621

3

4

5a

5b

5c

6

6a

6b

6c

6d

7a

7b

7c

8

9

10

11

12

13

14

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18

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21

106,421

13,792

153,279

139,486

For Paperwork Reduction Act Notice, see the separate instructions.
### Part II Balance Sheets (see the instructions for Part II)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>153,278</td>
<td>139,486</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>153,278</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>153,278</td>
<td>27</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th>Date</th>
<th>Program Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVEMBER 2014 - AMERICAN TREASURES CONCERT</td>
<td>279 ATTENDEES</td>
</tr>
<tr>
<td></td>
<td>(Grants $) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>MARCH 2015 - CLUB 150 CONCERT</td>
<td>243 ATTENDEES</td>
</tr>
<tr>
<td></td>
<td>(Grants $) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>MAY 2015 - RESSURECTON CONCERT</td>
<td>402 ATTENDEES</td>
</tr>
<tr>
<td></td>
<td>(Grants $) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>Other program services (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Grants $) If this amount includes foreign grants, check here</td>
</tr>
<tr>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td>32</td>
</tr>
</tbody>
</table>

### Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week devoted to position</th>
<th>Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIELA ALPERT</td>
<td>PRESIDENT</td>
<td>4</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>LU DORFMAN</td>
<td>SECRETARY</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>DR. ANGELA PARTIDA</td>
<td>TREASURER</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>BRYAN MONTEMAYOR</td>
<td>ASST. TREASURER</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>BRIAN BRONES</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>CHASE COBB</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>DAVID COTELLESSE</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
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<tr>
<td>CAROL FISHERMAN</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
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</tr>
<tr>
<td>ALAN FRITSCHE</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>BARBARA GREITER</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>GEORGE HRITIKO</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>JAMIE MYER</td>
<td>DIRECTOR</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Part V  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

33  Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes  No

34  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Yes  No

35a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Yes  No

35b  If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Yes  No

35c  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Yes  No

36  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Yes  No

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions

37b  Did the organization file Form 1120-POL for this year?

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b  If "Yes," complete Schedule L, Part II and enter the total amount involved

39  Section 501(c)(7) organizations. Enter:

39a  Initiation fees and capital contributions included on line 9

39b  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:

40b  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 Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40c  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 4956

40d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40e  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 filed

42a  The organization's books are in care of:

42b  Located at

42c  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

44a  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44c  Did the organization receive any payments for indoor tanning services during the year?

44d  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
Form 990-EZ (2014)  

**Part VI**  
Section 501(c)(3) organizations only  
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI.  

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.</td>
</tr>
<tr>
<td>47</td>
<td>Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II.</td>
</tr>
<tr>
<td>48</td>
<td>Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.</td>
</tr>
<tr>
<td>49a</td>
<td>Did the organization make any transfers to an exempt non-charitable related organization?</td>
</tr>
<tr>
<td>50</td>
<td>Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”</td>
</tr>
<tr>
<td>(a) Name and title of each employee</td>
<td></td>
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<tr>
<td>(b) Average hours per week devoted to position</td>
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<tr>
<td>(c) Reportable compensation (Forms W-2/1099-MISC)</td>
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<tr>
<td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td>
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<td>(e) Estimated amount of other compensation</td>
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<tr>
<td>NONE</td>
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<tr>
<td>f Total number of other employees paid over $100,000</td>
<td></td>
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<tr>
<td>51</td>
<td>Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”</td>
</tr>
<tr>
<td>(a) Name and business address of each independent contractor</td>
<td></td>
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<tr>
<td>(b) Type of service</td>
<td></td>
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<tr>
<td>(c) Compensation</td>
<td></td>
</tr>
<tr>
<td>NONE</td>
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<tr>
<td>d Total number of other independent contractors each receiving over $100,000</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.</td>
</tr>
</tbody>
</table>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
BRYAN MONTEMAYOR, ASST. TREASURER  
Date: 11/13/2016

**Paid Preparer Use Only**  
Print/Type preparer’s name  
Preparer’s signature  
Date  
Check if self-employed  
PTIN

May the IRS discuss this return with the preparer shown above? See instructions.  
Yes | No

Form 990-EZ (2014)
**Public Charity Status and Public Support**

**Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3. ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:
   ____________________________
5. ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10. ☐ An organization operated and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
   a. ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
   b. ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
   c. ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
   d. ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
   e. ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
   f. ☐ Enter the number of supported organizations .........
   g. ☐ Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**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.)

<table>
<thead>
<tr>
<th>Section A. Public Support</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Total Support</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C. Computation of Public Support Percentage</th>
<th>14</th>
<th>15</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2013 Schedule A, Part II, line 14</td>
<td>15</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>17b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the “facts-and-circumstances” test, check this box and stop here. Explain in Part VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>85,215</td>
<td>84,512</td>
<td>81,314</td>
<td>116,813</td>
<td>95,501</td>
<td>482,155</td>
</tr>
<tr>
<td>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</td>
<td>25,089</td>
<td>33,376</td>
<td>19,092</td>
<td>26,009</td>
<td>5,621</td>
<td>111,186</td>
</tr>
<tr>
<td>3  Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Total. Add lines 1 through 5</td>
<td>110,304</td>
<td>117,888</td>
<td>100,406</td>
<td>143,821</td>
<td>101,122</td>
<td>573,341</td>
</tr>
<tr>
<td>7a  Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amounts on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | 100 % |

#### Section D. Computation of Investment Income Percentage

| Public support percentage from 2013 Schedule A, Part II, line 15 | 16 | 100 % |

### Notes
- **19a** Support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- **19b** Support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

### Additional Notes
- **20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
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<tr>
<td>3c</td>
<td></td>
<td></td>
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<tr>
<td>4a</td>
<td></td>
<td></td>
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<tr>
<td>4b</td>
<td></td>
<td></td>
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<tr>
<td>4c</td>
<td></td>
<td></td>
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<tr>
<td>5a</td>
<td></td>
<td></td>
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<tr>
<td>5b</td>
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<tr>
<td>5c</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
<td></td>
<td></td>
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<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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.)

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.

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).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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.

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.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

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.

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.

5a. 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).

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?

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

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.

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).

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).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

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.

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.

10a. 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.

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.)
### Part IV  Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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 &quot;No,&quot; describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If &quot;Yes,&quot; explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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 &quot;No,&quot; 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).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;Yes,&quot; describe in Part VI the role the organization’s supported organizations played in this regard.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section E. Type III Functionally-Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>☐ The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Instructions).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<table>
<thead>
<tr>
<th>Section A - Adjusted Net Income</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Add lines 1 through 3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B - Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Multiply line 5 by .035</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C - Distributable Asset Amount</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2 Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
<td>6</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization’s first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2014</th>
<th>Distributable Amount for 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2014 (reasonable cause required—see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2014:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2009 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2014 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2015. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule of Contributors

Name of the organization: TEXAS MEDICAL CENTER ORCHESTRA

Organization type (check one):

- Form 990 or 990-EZ
  - 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization

- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(e)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑️ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
## Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ALBERT AND MARGARET ALKEK FOUNDATION</td>
<td>$40,000</td>
<td>Person √ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td>1100 LOUISIANA ST, STE 5250 HOUSTON, TX 77002</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>THE BROWN FOUNDATION</td>
<td>$5,000</td>
<td>Person √ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td>PO BOX 130646 HOUSTON, TX 77219</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>GEORGE AND MARY JOSEPHINE HAMMAN FOUNDATION</td>
<td>$5,000</td>
<td>Person √ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td>3336 RICHMOND, STE 310 HOUSTON, TX 77036</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>HOUSTON ARTS ALLIANCE</td>
<td>$17,123</td>
<td>Person √ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td>3201 ALLEN PKWY #250 HOUSTON, TX 77019</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>TEXAS COMMISSION FOR THE ARTS</td>
<td>$8,000</td>
<td>Person √ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td></td>
<td>910 COLORADO ST #501 AUSTIN, TX 78701</td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
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.

Name of the organization
TEXAS MEDICAL CENTER ORCHESTRA

Employer identification number
76-0669727

OTHER EXPENSES: (LINE 16)

FACILITY RENTAL & SERVICES 21,394

RECORDING 2,300

RECEPTIONS 3,444

PHOTOGRAPHY 1,600

MUSIC RENTAL & PURCHASE 3,152

ADVERTISING 2,385

WEBSITE 1,615

LICENSES 565

BANK/CC FEES 1,377

SUPPLIES 1,140

INSURANCE 2,183

RENTALS 985

TOTAL: 42,140

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Cat. No. 51058K
Schedule O (Form 990 or 990-EZ) (2014)
PART III

The mission of the orchestra is to provide health care professionals with a high-quality outlet for creative expression through the world of symphonic music; perform regularly at affordable concerts that are open to the public and in an accessible venue; attract a diverse audience by commitments to select popular programming reflecting Houston’s diversity; and bring public attention to and provide programmatic support for medically related and/or educational charities.