# Form **990-EZ**

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

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

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α		the 2014 calendar year, or tax year beginning , 2014, and ending		,
B		k if applicable: C	Employer	identification number
F		hearts and noses hospital clown	04-35	521436
H		return TROUPE, INC.	Telephone	
-		trus/terminated PO BOX 920570	877-2	256-9612
H		NEEDHAM, MA 02492		
	Applic			xemption
G	Acco	ounting Method: ☐ Cash 🔯 Accrual Other (specify) ► H Check ►	if the	organization is not
I	Web	**************************************		Schedule B
J	Тах-е	exempt status (check only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $\rightarrow$ (insert no.) $-$ 4947(a)(1) or $-$ 527 (Form 99)	0, 990-E	Z, or 990-PF).
		n of organization: X Corporation Trust Association Other		
	asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to tes (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	98,706.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
	,	Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received		98,516.
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments.		
	4	Investment income	. 4	190.
		a Gross amount from sale of assets other than inventory		
	1	Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
MCZM<		a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ĕ	l t	Gross income from fundraising events (not including \$ of contributions		
Ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
_	١,	c Less: direct expenses from gaming and fundraising events		
	۲	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6 d	
	7 a	Gross sales of inventory, less returns and allowances		
	t	Less: cost of goods sold		
	(	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8	Other revenue (describe in Schedule O).	. 8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		98,706.
	10	Grants and similar amounts paid (list in Schedule O).		
	11	Benefits paid to or for members		
E	12	Salaries, other compensation, and employee benefits		33,471.
XPEZSES	13	Professional fees and other payments to independent contractors.	. 13	2,500.
N S	14	Occupancy, rent, utilities, and maintenance	. 14	
E S	15	Printing, publications, postage, and shipping	. 15	1,951.
223	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	. 16	68,620.
	17	Total expenses. Add lines 10 through 16.		106,542.
Δ	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	. 18	-7,836.
A NS E T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
FF		figure reported on prior year's return)	. 19	164,203.
Ś	20	Other changes in net assets or fund balances (explain in Schedule 0)		OR DOWN MANAGEMEN
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	▶ 21	156,367.

rai	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II			X
				(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			166,517	. 22	159,041.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	SEE SCHEDUL	E O	716	. 24	361.
25	Total assets			167,233	. 25	159,402.
26	Total liabilities (describe in Schedule O)	SEE SCHEDUL	E O	3,030	. 26	3,035.
27	Net assets or fund balances (line 27 of			164,203	. 27	156,367.
Par	t III Statement of Program Service Ac	complishments (see the inst	tructions for Part III)	T.		Expenses
	Check if the organization used Sc	hedule O to respond to any	question in this Part	III X	(Reg	uired for section 501
What	s the organization's primary exempt purpose? SEI	E SCHEDULE O				s) and 501(c)(4) nizations; optional
Desc	ribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of e manner, describe the servi	its three largest pro	gram services, as imber of persons		others.)
bene	fited, and other relevant information for e	each program title.				
28	THE CLOWN TROUPE IS ESTAB	BLISHED IN ORDER TO	HELP SICK C	HILDREN_IN_		
	LOCAL AREA HOSPITALS AND	HOMES.				
				<del></del>		
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		28 a	272,041.
29						
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29 a	
30						
			,,,			
200		is amount includes foreign g			30 a	
31	Other program services (describe in Sch				24	
		is amount includes foreign g			31 a	
	Total program service expenses (add lin				32	272,041.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	ployees (list each one	even if not compensated — :	see the	instructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any o	question in this Part	1		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MISO	CONTINUEDUCIONS TO GIMP	oyee	(e) Estimated amount of
	(4,14,14,14,14,14,14,14,14,14,14,14,14,14	position	(If not paid, enter -0-	benefit plans, and de compensation	errea	other compensation
CHE	RYL LEKOUSI	277 .00				
	SIDENT	11		0.	0.	0.
	N HUBERMAN					
	ASURER	0		0.	0.	0.
	FREY A. CLOPECK					
	RETARY	0		0.	0.	0.
	CHAEL S.D. ANGUS				VIII.	
	RECTOR	0		0.	0.	0.
DAV	ID E WILLIAMS					
	RECTOR	0		0.	0.	0.
DMI	TRI RABIN					
	RECTOR	0		0.	0.	0.
	HLEEN MCNIFF BULL				0.00	
	RECTOR	0		0.	0.	0.
	I HADDEN					
	RECTOR	0		0.	0.	0.
	C M WEIL			2		
	RECTOR	0		0.	0.	0.
	II_GERTNER				_	_
	RECTOR	0		0.	0.	0.
	BERT HYMAN				0	_
DIF	RECTOR	0		0.	0.	0.
				+		
DAG		TEEA0812L (	15/28/14			Form <b>990-EZ</b> (2014)
BAA		IEEAU012L (	00120114			1 01111 330-EZ (2014)

Pa	<b>art V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
2:	3 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
3.	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34				
25	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
3.	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	25		
26	reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35 c		X
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37	7a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37 b		X
38	Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total	3 (S IS)		71
30	amount involved			
55	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	<b>Da</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958   d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			V
41	shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE	40 e		<u>X</u>
41	List the states with which a copy of this fetalit is filed a MONE			
42	2 a The organization's			
	books are in care of ► CHERYL LEKOUSI Telephone no. ► 781-45	55-14	180	
	Located at ► 1236 GREAT PLAIN AVE. NEEDHAM MA ZIP + 4 ► 02492		Yes	No
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	103	X
	If 'Yes,' enter the name of the foreign country:▶	42.0	0/102	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		<u>X</u>
	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		· 🔲	N/A
				N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			No
			Yes	140
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44 a	Yes	
	la Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	Yes	X
	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.	44 b	Yes	X
	b 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?		Yes	X
	b 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?	44 b	Yes	X
	b 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?	44 b 44 c	Yes	X
45	b 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.	44 b 44 c 44 d	Yes	X

						Yes	s No
46 Did	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campa s Schedule C. Part L	ign activities on behalf	of or in opposition to	46	88 8888	X
Part VI	The second secon				40		] A
	All section 501(c)(3) organization		uestions 47-49b an	d 52, and complete	the tab	les	
	for lines 50 and 51.						
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.				
<b>47</b> Did t	the organization engage in lobbying activities	or have a section 501(h	) election in effect during	the tax year? If 'Yes.'		Yes	No
com	plete Schedule C, Part II						X
	e organization a school as described in s				-		X
	the organization make any transfers to an						X
	es,' was the related organization a section plete this table for the organization's five high				A THEOREM WAS A PROPERTY.	0	
emp	loyees) who each received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	Су		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estima other co	ted amou mpensat	
NONE							
	3.0						
	I number of other employees paid over \$1						
51 Com	plete this table for the organization's five high pensation from the organization. If there i	nest compensated indepe s none, enter 'None.'	endent contractors who ea	ach received more than \$	100,000 of		
	(a) Name and business address of each independent or	ontractor	<b>(b)</b> Type (	of service	(c) Con	npensatio	on
NONE		* * *					
				HAMAN II			
	I number of other independent contractors				1		
	he organization complete Schedule A? <b>N</b> o leted Schedule A	( ) (	, 3	ttach a	. ► X Ye	. [	No
	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office			best of my knowledge and bel		5 [	
true, correct,	and complete. Declaration of preparer (other than office	r) is based on all information of	f which preparer has any knowle	edge.			
Cian	Signature of officer			Date			
Sign Here	CHERYL LEKOUSI			PRESIDENT			
	Type or print name and title			TIMESTOCIAL			
	Print/Type preparer's name	Preparer's signature	Date	Check X if	TIN		
Paid	DONALD R. SANDLER CPA	DONALD R. SAND	LER CPA	0.10011	002801	50	
Preparer	Firm's name ► SANDLER & COMPAI		pore new constants				
Use Only	Firm's address ► 144 GOULD STREE				04-339		
NA	NEEDHAM, MA 024			Phone no. 781	-455-14		1
May the IF	RS discuss this return with the preparer sh	own above? See instru	uctions		. ► X Ye		No
					Form 99	JU-EZ	(2014)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

HEARTS AND NOSES HOSPITAL CLOWN

Employer identification number

TROUPE, INC 04-3521436 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the (v) Amount of monetary (vi) Amount of other organization listed in your governing document? support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

04-3521436

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	ction A. Public Support						
Cale beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
13	First five years. If the Form 990 is a organization, check this box and	or the organizatio	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
	ction C. Computation of Pul				***		
	Public support percentage for 20						%
	Public support percentage from 2						%
16	a 33-1/3% support test — 2014. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more, c	heck this box
	b 33-1/3% support test – 2013. If t and stop here. The organization	he organization o qualifies as a pu	did not check a bo oblicly supported o	ox on line 13 or 16 or ganization	Sa, and line 15 is	33-1/3% or more, o	check this box
17	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test check this	box and stop her	re. Explain in Part	VI how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> r a publicly support	re. Explain in Part ed organization	VI how the ▶ □
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions
RΔ					Sch	nedule A (Form 99)	or 990-F7) 2014

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	ction A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions and membership fees	(3) 2010			,,,		
	received. (Do not include any 'unusual grants.')	72,242.	106,081.	95,377.	87,948.	98,516.	460,164.
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	·					0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	그 그릇이 하지 않아야 할아야 한다면 하는 것이 없다는 것이 없는 것이 없는 것이 없다면 하는 것이 없는 것이 없는 것이다.						0.
6	Total. Add lines 1 through 5	72,242.	106,081.	95,377.	87,948.	98,516.	460,164.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	460,164.
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
Jaiel							
	Amounts from line 6				87,948.	98,516.	460,164.
9 10 a	Amounts from line 6	72,242.	106,081.	95,377. 514.	87,948. 311.	98,516.	1,777.
9 10 a	Amounts from line 6	72,242.	106,081.	95,377. 514.	311.	90.	1,777.
.9 10 a	Amounts from line 6	72,242.	106,081.	95,377.			1,777. 0. 1,777.
.9 10 a 1	Amounts from line 6	72,242.	106,081.	95,377. 514.	311.	90.	1,777. 0. 1,777.
9 10 a 11 12	Amounts from line 6	72,242. 216. 216.	106,081. 646. 646.	95, 377. 514. 514.	311. 311.	90.	1,777.  0. 1,777.  0. 461,941.
9 10 a 11 12 13 14	Amounts from line 6.  a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  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.).  First five years. If the Form 990 organization, check this box and	72, 242.  216.  216.  72, 458. is for the organiza stop here.	106, 081. 646. 646.	95, 377. 514. 514. 95, 891. d, third, fourth, o	311. 311. 88,259.	90. 90. 98, 606. a section 501(c)(3	0. 1,777. 0. 0. 461,941.
9 10 a 11 11 12 13 14 Second	Amounts from line 6	72, 242.  216.  216.  72, 458. is for the organiza stop here.	106, 081. 646. 646.	95, 377. 514. 514. 95, 891. d, third, fourth, o	311. 311. 88,259.	90. 90. 98, 606. a section 501(c)(3	1,777. 0. 1,777. 0. 0. 461,941.
9 10 a 11 12 13 14 Sec 15	Amounts from line 6	72, 242.  216.  216.  72, 458.  is for the organiza stop here.  blic Support Polit (line 8, column	106, 081. 646. 646.  106, 727. Ition's first, second	95, 377. 514. 514. 95, 891. d, third, fourth, o	311. 311. 88,259.	90. 90. 98, 606. a section 501(c)(3	1,777. 0. 1,777. 0. 0. 461,941. 99.62 %
11 12 13 14 Sec 15 16	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  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.).  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage from 20 Public support percentage from 20	72, 242.  216.  216.  72, 458. is for the organiza stop here. blic Support Polit (line 8, column 2013 Schedule A,	106, 081. 646.  106, 727. Ition's first, second ercentage of (f) divided by line Part III, line 15	95, 377. 514. 514. 95, 891. d, third, fourth, o	311. 311. 88,259.	90. 90. 98, 606. a section 501(c)(3	1,777. 0. 1,777. 0. 0. 461,941.
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	72, 242.  216.  216.  72, 458. is for the organiza stop here. blic Support Polit (line 8, column 2013 Schedule A, estment Incom	106, 081.  646.  106, 727.  Ition's first, second ercentage  of (f) divided by line Part III, line 15	95, 377. 514. 514. 95, 891. d, third, fourth, o	311. 311. 88,259.	90. 90. 98,606. a section 501(c)(3	1,777.  0. 1,777.  0. 461,941.  99.62 % 99.60 %
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  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.).  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage from 20 Public support percentage from 20	72, 242.  216.  216.  72, 458. is for the organiza stop here. blic Support Polit (line 8, column 2013 Schedule A, estment Incom	106, 081.  646.  106, 727.  Ition's first, second ercentage  of (f) divided by line Part III, line 15	95, 377. 514. 514. 95, 891. d, third, fourth, o	311. 311. 88,259.	90.  90.  98,606. a section 501(c)(3  15 16	1,777.  0.  1,777.  0.  461,941.  99.62 %  99.60 %  0.38 %
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	72, 242.  216.  216.  216.  72, 458.  is for the organiza stop here	106, 081.  646.  106, 727.  Intion's first, second ercentage In (f) divided by line Part III, line 15  The Percentage column (f) divided e A, Part III, line	95, 377. 514. 514. 95, 891. d, third, fourth, of the 13, column (f).	311. 311. 88,259. r fifth tax year as	90.  90.  90.  15.  16.  17.  18.	1,777.  0. 1,777.  0. 461,941.  99.62 % 99.60 %  0.38 % 0.40 %
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	72, 242.  216.  216.  216.  216.  216.  216.  216.  216.  216.  217.  218.  218.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  219.  21	106, 081.  646.  106, 727.  Ition's first, second ercentage of (f) divided by line. Part III, line 15  ne Percentage column (f) divided e A, Part III, line did not check the here. The organi	95, 377. 514. 514. 95, 891. d, third, fourth, or e 13, column (f). box on line 14, a zation qualifies a	311.  311.  88,259.  r fifth tax year as  mn (f))	90.  90.  90.  90.  15.  16.  17.  18.  18.  18.  18.  19.  19.  19.  19	1,777.  0. 1,777.  0. 461,941. 99.62 % 99.60 %  0.38 % 0.40 %  and line 17
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	72, 242.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  216.  21	106, 081.  646.  106, 727.  Intion's first, second ercentage In (f) divided by line Part III, line 15  The Percentage column (f) divided e A, Part III, line did not check the here. The organidid not check a bodid not check a	95, 377. 514. 514. 95, 891. d, third, fourth, or e 13, column (f)). box on line 14, a zation qualifies a pox on line 14 or li	311.  311.  88,259.  r fifth tax year as  mn (f))	90.  90.  90.  90.  15.  16.  17.  18.  18.  18.  18.  19.  19.  19.  19	1,777.  0. 1,777.  0. 461,941. 99.62 % 99.60 %  0.38 % 0.40 % and line 17

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	<b>b</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 <b>Part VI</b> 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	3c		
4	<b>a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i>	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	<b>a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
	<b>b</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? <i>If 'Yes,' provide detail in Part VI</i>	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	9с		
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>b</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		

Pa	rt IV	Supporting Organizations (continued)			
11	Has t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		rning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b>	11c		
<b>5</b> e	ction i	B. Type I Supporting Organizations		V	NI.
1	or ele  Part I  If the  direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. It organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1	Yes	No
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction [	D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how reganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion E	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):			
		the organization satisfied the Activities Test. Complete <b>line 2</b> below.			
		he organization is the parent of each of its supported organizations. Complete line 3 below.			
•		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	5).		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
i	organ respon	substantially all of the organization's activities during the tax year directly further the exempt purposes of the inted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a		
1	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Paren	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
1	Did the suppo	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe e Sectio	r 20, 1970. <b>See instruct</b> ons A through E.	ions. All
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):			
a	Average monthly value of securities	1a		100
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
(	I Total (add lines 1a, 1b, and 1c)	1d		
6	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		13
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	-94 WY81817	
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
	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-inter(see instructions).	grated	Type III supporting org	ganization
BAA			Schedule A (For	m 990 or 990-F7) 2014

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Schedule A (Form 990 or 990-EZ) 2014 HEARTS AND NOSES HOSPITAL CLOWN

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
_	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup			
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			100
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizatio in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	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			
1	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	Gerral III		
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b	<b>党员的支票的工程,以外国际公司,</b>			
С				
d	Excess from 2013			
е	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).

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

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

OMB No. 1545-0047

2014

Name of the organization HEARTS AND NOSES	HOSPITAL CLOWN	Employer identification number
TROUPE, INC.		04-3521436
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	eneral Rule or a Special Rule	
<b>Note.</b> Only a section 501(c)(7) (8) or (10) ord	anization can check boxes for both the General Rule and a S	Special Rule. See instructions
General Rule		
	7 or 000 DE that received during the year contributions take	ding \$E 000 or more (in money or
property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions total ete Parts I and II. See instructions for determining a contribu-	tor's total contributions.
Special Rules		
For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during t	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that 12% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	
Dec on experiention described in section 50	01(a)(7) (8) as (10) filles Ferre 000 as 000 F7 that received 4	francisco de la control de
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lii	terary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f or religious, charitable, etc., purposes, but no such contribution	
	ne total contributions that were received during the year for a	
	any of the parts unless the General Rule applies to this orga	
it received nonexclusively religious, charital	ole, etc., contributions totaling \$5,000 or more during the year	ır ▶ २

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

**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).

Page

1 of

1 of Part 1

Name of organization
HEARTS AND NOSES HOSPITAL CLOWN

Employer identification number

04-3521436

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
--------	--------------	---------------------	---------------	------------------	---------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PEABODY FOUNDATION  5 FAIRBANKS AVE.  WELLESLEY, MA 02481	\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GENZYME CHARITABLE FOUND  500 KENDALL SQ.  CAMBRIDGE, MA 02142	\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LAWRENCE & ANNE RUBENSTEIN FD  10 POST OFFICE SQUARE  BOSTON, MA 02109	\$7,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BOSTON CENTER FOR BLIND CHILDREN  318 BEAR HILL RD STE 8  WALTHAM, MA 02451	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

HEARTS AND NOSES HOSPITAL CLOWN

Employer identification number

04-3521436

Part II	rt II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	N/A			
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
BAA	Sched	lule <b>B</b> (Form 990, 990-EZ, o	r 990-PF) (2014)	

1 to

1 of Part III

Name of organization
HEARTS AND NOSES HOSPITAL CLOWN

Employer identification number

	AND NOSES HOSPITAL CLOWN			04-3521436	
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(0)			
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	<b> </b>				
	(e)				
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transfe				tionship of transferor to transferee	
	Transferee 3 frame, address.	3, und 211 1 4		don's inport durisier of to durisier ee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
ŀ					
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
ŀ		-,	11010		
-					

#### **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.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization HEARTS AND NOSES HOSPITAL CLOWN

Employer identification number

TROUPE, INC.	04-3521436	
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
COMPUTER SERVICES. DUES AND SUBSCRIPTIONS FUNDRAISING EVENT INSURANCE. MARKETING SERVICES. OFFICE EXPENSES. OTHER EXPENSES. PAYROLL SERVICE FEES. SUPPLIES. SUPPLIES. SUPPORT SERVICES. TRAINING AND DEVELOPMENT. TRAVEL		2,587. 3,596. 12,718. 1,666. 27,448. 338. 1,813. 594. 433. 2,250. 13,941. 1,236. 68,620.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS		
PREPAID EXPENSES AND DEFERRED CHARGES	716. \$ 5	ENDING 361. 361.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES. \$ TOTAL \$	3,030. \$ 3,030. \$	3,035. 3,035.
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE		
THE CLOWN TROUPE HELPS TO ENTERTAIN CHILDREN WITH SEVERE ILNESS	ES IN LOCAL A	AREA
HOSPITALS AND HOMES. THE CLOWNS HELP TO EASE THE BURDEN OF THE	CHILDREN'S	
ILLNESSES BY BRINGING SMILES TO THEIR FACES.		
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTE	RACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?		. NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	TLY OR	

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?....

NO

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.    Mous are filing for an Automatic 3-Month Extension, complete only Part I (an page 1).	Form <b>8868</b>	3 (Rev 1-2014)				Page 2	
Part II Additional (Not Automatic 3-Month Extension of Time. Only file the original (no copies needed).    Part II		그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		The control of the co		<b>&gt;</b> X	
Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		CONTRACTOR OF THE STATE OF THE			usly filed Form 8868.		
Name of exempt organization or other fier, see instructions.   Enter filler's identifying number, see instructions   Enter filler's identified   Enter filler's ident		T T T T T T T T T T T T T T T T T T T			al (no conjec needed	1	
Rame of avairaged organization or other fives, see instructions.   Employer identification number (ERN) or print	Partii	Additional (Not Automatic) 3-Month	xtension				
HEARTS AND NOSES HOSPITAL CLOWN TROUPE, INC.  Social security number (SSY)  SANDLER & COMPANY, P. C.  Life to the proper of the control of such number. If a P.O. box, see instructions.  SANDLER & COMPANY, P. C.  Company, P		Name of exempt organization or other filer, see instructions		Enter mer s			
Print   TROUPE, INC.   04-3521436   Scoal security rumber (58%)						(=)	
Number, street, and scorn or sude unifies. If a P.O. tex, see instructions.   SanDLER & COMPANY, P.C.   144 GOULD STREET, SUITE 204			N		04-2521426		
SANDLER & CUBEANY, P. L.  City, town or pest office, state, and 2P code. For a foreign address, see instructions.  NEEDHAM, MA 02494  Enter the Return code for the return that this application is for (file a separate application for each return).  O1  Application Is For  Return Code Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990-PF Form 990-PF O4 Form 990-PF O5 Form 990-PF O6 Form 990-PF O7 Gection 401(a) or 408(a) trust) O5 Form 990-PF O7 F	print		tructions.				
Enter the Return code for the return that this application is for (file a separate application for each return)	due date for filing your return. See	File by the due date for filing your return. See 144 GOULD STREET, SUITE 204					
Application Is For Code Form 990 or Form 990-EZ Form 990-ED  Form 990-ED  Form 990-ED  Form 990-Form 990-EZ Form 990-Form 990-EZ Form 990-Form 990-EZ Form 990-Form 990-Fo	instructions.		ess, see instructi	ions.			
Return   Sport   Sp		NEEDHAM, MA 02494	100 0.00				
Sefor   Code   Is For   Code   Is For   Code   Is For   Code			1				
Form 990-BL  Form 4720 (individual)  Form 4720 (other than individual)  Form 4720 (other than individual)  Form 990-PF  Q4 Form 5227  Q5 Form 6669  Q6 Form 8870  Q7 Form 8870  Q7 Form 8870  Q8 Form 8870  Q9 Form	Is For	"		Is For			
Form 990-PF	Form 990 o	r Form 990-EZ	01				
Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in the care of * CHERYL LEKOUST Telephone No. * 781-455-1480 Fax No. * • If the organization does not have an office or place of business in the United States, check this box * □ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box * □ • If the sis for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for all members the extension is for.  4 I request an additional 3-month extension of time until 11/15 , 20 15. 5 For calendar year 2014, or other tax year beginning , 20 , and ending , 20 . 6 If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER FURTHER DATA FOR A COMPLETE AND ACCURATE RETURN  8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8588.  C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature A Title PRESIDENT Date PRESIDENT	Form 990-l	BL	02	Form 1041-A		08	
Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O6 Form 8870  11  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in the care of ► CHERYL LEKOUSI Telephone No. ► 781-455-1480  • If the organization does not have an office or place of business in the United States, check this box ► □  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► □  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► □  • If the extension is for.  4 I request an additional 3-month extension of time until 11/15			+				
Form 990-T (trust other than above)    Form 8870   12			-	<u> </u>			
The books are in the care of ► CHERYL LEKOUSI Telephone No. ► 781-455-1480  • If the organization does not have an office or place of business in the United States, check this box.  • If the organization does not have an office or place of business in the United States, check this box.  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is a for a Group Return, enter the organization's for the whole group, check this box  • If this is a plication and ditional 3-month extension of time until 11/15  • For calendar year 2014  • If the axy year entered in line 5 is for less than 12 months, check reason: Initial return Final return  — Change in accounting period  7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER FURTHER DATA FOR A COMPLETE AND ACCURATE RETURN  8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  • B a S  • If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  • B Blance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  • Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I		······································					
The books are in the care of ► CHERYL LEKOUST Telephone No. ► 781–455–1480 Fax No. ►  If the organization does not have an office or place of business in the United States, check this box ►  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ►  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ►  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  If it is for part of the group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  If this is for the whole group, check this box ►  AD Intitite Tunn   Final return   Final retur	Form 990-	T (trust other than above)	06	Form 8870		12	
If the organization does not have an office or place of business in the United States, check this box      If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)      If this is for the whole group, check this box      If this is for part of the group, check this box      If this is for the whole group, check this box      If this is for part of the group, check this box      If this is for the whole group, check this box      If this application is for.      If the tax year and ditional 3-month extension of time until 11/15			Action of the Commission of th		lously filed Form 8868.		
If the organization does not have an office or place of business in the United States, check this box.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).  If this is for the Whole group, check this box.  If this is for part of the group, check this box.  If this is for part of the group, check this box.  If this is for part of the group, check this box.  If this application is for.  If the tax year entered in line 5 is for less than 12 months, check reason:  Change in accounting period  State in detail why you need the extension.  ADDITIONAL TIME IS NEEDED TO GATHER FURTHER DATA FOR A COMPLETE AND ACCURATE RETURN  Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Signature  Title PRESIDENT  Date	Telepho	one No. ► 781-455-1480	Fax No. ►		· <del></del>		
whole group, check this box    If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.  I request an additional 3-month extension of time until 11/15	<ul><li>If the o</li></ul>	organization does not have an office or place of bu	isiness in th	e United States, check this box	 	▶ 🔲	
## I request an additional 3-month extension of time until ## 11/15	<ul><li>If this i</li></ul>	s for a Group Return, enter the organization's four	r digit Group	Exemption Number (GEN)	. If this		
4 I request an additional 3-month extension of time until 11/15 , 20 15.  5 For calendar year 2014 , or other tax year beginning , 20 , and ending , 20 .  6 If the tax year entered in line 5 is for less than 12 months, check reason:	whole grou	ıp, check this box ▶ 🔲 . If it is for part of the g	roup, check t	his box  and attach a list w	ith the names and EINs o	of all	
For calendar year 2014 , or other tax year beginning , 20 , and ending , 20 .  If the tax year entered in line 5 is for less than 12 months, check reason:	members t	the extension is for.		17.2			
For calendar year 2014 , or other tax year beginning , 20 , and ending , 20 .  If the tax year entered in line 5 is for less than 12 months, check reason:	1 Iroqu	uset an additional 3 month extension of time until	11/15	20 15			
If the tax year entered in line 5 is for less than 12 months, check reason:	4 Trequest an additional 3-month extension of time until 11/15 , 20 15.						
Title ► PRESIDENT  State in accounting period  7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER FURTHER DATA FOR A COMPLETE AND ACCURATE RETURN  8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions						· – '	
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER FURTHER DATA FOR A COMPLETE AND ACCURATE RETURN  8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions		DENTOTE DESCRIPTION OF A PROPERTY SERVICE SHEET SHEET OF THE PROPERTY OF THE P	tris, crieck r	eason. Illitial return			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Title PRESIDENT  Date							
8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Title ▶ PRESIDENT  Date ▶							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Signature ► Title ► PRESIDENT Date ►	COMPLETE AND ACCURATE RETURN						
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Signature   Title PRESIDENT  Date	8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>b</b> If this	s application is for Forms 990-PF, 990-T, 4720, or	6069, enter	any refundable credits and estima			
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Signature PRESIDENT Date	Signature and Verification must be completed for Part II only.						
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	Signature D. DECTDEME						
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