

OZ ARTS, INC. 6172 COCKRILL BEND CIRCLE NASHVILLE, TN 37209-1050

OZ ARTS, INC.:

ENCLOSED IS THE 2014 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2014 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

KINDEST REGARDS,

KRAFTCPAS PLLC

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2014

Prepared for	OZ ARTS, INC.
	6172 COCKRILL BEND CIRCLE NASHVILLE, TN 37209-1050
Prepared by	WDA FERGDAG DILIG
	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 16, 2015
Special Instructions	
	THE RETURN SHOULD BE SIGNED AND DATED.
	YOU CAN RETURN FORM 8879-EO BY E-MAIL, FAX OR U.S. MAIL, AS NOTED BELOW. IF WE NEED ANY ADDITIONAL INFORMATION TO COMPLETE THE ELECTRONIC FILING OF YOUR FORM 990, WE WILL BE IN CONTACT WITH YOU.
	E-MAIL: EFILE@KRAFTCPAS.COM
	FAX: (615) 658-7880 (ATTN: E-FILE ADMINISTRATOR)
	U.S. MAIL: KRAFTCPAS PLLC (ATTN: E-FILE ADMINISTRATOR) 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228

#### EXTENDED TO NOVEMBER 16, 2015

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Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

Open to Public

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

OMB No. 1545-0047

Internal Revenue Service and ending A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change OZ ARTS, INC. Name change 46-0985602 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 615-350-7200 6172 COCKRILL BEND CIRCLE termin-ated 2,142,350. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NASHVILLE, TN 37209-1050 H(a) Is this a group return Applica-F Name and address of principal officer: MURAT OZGENER Yes X No for subordinates? pending 6172 COCKRILL BEND CIRCLE, NASHVILLE, 37 H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) L \_\_ 4947(a)(1) or [ 527 If "No," attach a list. (see instructions) J Website: ► WWW.OZNASHVILLE.COM **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2013 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: OZ ARTS SUPPORTS THE CREATION, Activities & Governance DEVELOPMENT AND PRESENTATION OF SIGNIFICANT PERFORMING AND VISUAL Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 643,717. 1,963,<u>836</u>. Contributions and grants (Part VIII, line 1h) Revenue 178,514. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -49,618.0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 594,099 2,142,350 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 10,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 169,287. 556,979. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 404,238 1,600,805. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 583,525. 2,157,784. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,574. -15,434. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 112,296. 67,636. Total assets (Part X, line 16) 101,722. 72,496. 21 Total liabilities (Part X, line 26) -4,860.Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Signature of officer Date Sign MURAT OZGENER, PRESIDENT & CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed **№**00320901 KEN YOUNGSTEAD KEN YOUNGSTEAD 09/25/15 Paid KRAFTCPAS PLLC Firm's name Preparer Firm's EIN ▶ 62-0713250 Firm's address 555 GREAT CIRCLE ROAD Use Only Phone no. 615-242-7351 NASHVILLE, TN 37228

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Form	1990 (2014) OZ ARTS, INC.	46-0985602 F	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	OZ ARTS SUPPORTS THE CREATION, DEVELOPMENT AND PRESENTA	ATION OF	
	SIGNIFICANT PERFORMING AND VISUAL ART WORKS BY LEADING	ARTISTS WHOSE	
	CONTRIBUTION INFLUENCES THE ADVANCEMENT OF THEIR FIELD.	•	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes 2	X No
	If "Yes," describe these new services on Schedule O.		<u>-</u> 140
•		? Yes 🖸	ÿ
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes L4	. <u>7</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers, the total expenses, and	t
	revenue, if any, for each program service reported.	150 5	
4a	/ / (		
	OZ ARTS IS A DESTINATION FOR INNOVATIVE CONTEMPORARY AF		•
	HOUSED IN A NEWLY-RENOVATED FORMER CIGAR WAREHOUSE IN N		
	TENNESSEE, OZ® MODERN, FLEXIBLE PERFORMANCE AND INSTALI		
	ENABLES LEADING ARTISTS FROM MULTIPLE DISCIPLINES TO PR		
	ART IN A NON-TRADITIONAL CONTEXT. OZ ADDS TO THE CULTU	JRAL LANDSCAPE	OF
	THE REGION AND THE WORLD BY OFFERING A DIVERSE PROGRAM	OF PERFORMING	
	AND VISUAL ARTS EVENTS, AND BY INSPIRING CURIOUS AUDIEN	NCES OF ALL AGI	ES.
4b	(Code:) (Expenses \$ including grants of \$) (Reve		
40	(Code:) (Expenses \$) (Never	ande \$	—— <sup>,</sup>
	9		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	enue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 1,849,426.		
		Form <b>990</b>	(2014)

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# Form 990 (2014) OZ ARTS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ <sub>3,7</sub>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	
			uun.	1004 4

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response of note to any line in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	73			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
_	(gambling) winnings to prize winners?	 T	 T	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		8			
	filed for the calendar year ending with or within the year covered by this return	2a	1	1		х
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned. If the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instruction			2b		22
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ority over a	35		
·u	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?		X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			X
	to file Form 8282?	1		7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7e 7f		
	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	1	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.)	11b	1	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1041 12b	I	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	LIZD	L			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990	(2014)

Form 990 (2014) OZ ARTS, INC. 46-0985602 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ASHLEY LANG - 615-350-7200			
	6172 COCKRILL BEND CIRCLE, NASHVILLE, TN 37209-1050			

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization	nor any related	orga	aniza	ation	oo r	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer ar	nd a d	director/trustee)		itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	nben		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	١.	nploy	st con	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			5. ga <u>_</u> a
(1) CANO OZGENER	25.00	<del>  -</del>	_	Ť	_		_			
CHAIRMAN		Х		Х				0.	0.	0.
(2) MURAT OZGENER	30.00									
PRESIDENT & CEO		Х		Х				0.	0.	0.
(3) AYLIN OZGENER	8.00									
SECRETARY		Х		Х				0.	0.	0.
(4) WILLIAM CONDER	20.00	l								
TREASURER	1000	Х		Х				0.	0.	0.
(5) PAMELA JOHNSON	40.00	1						124 625	0	•
SR VP OF DEVELOPMENT & MARKETING	40.00					Х		134,637.	0.	0.
(6) LAUREN SNELLING	40.00	4				3,7		104 050	0	•
ARTISTIC DIRECTOR	+					Х		124,858.	0.	0.
		-								
	+									
		1								
		4								
		1								
-	+									
	1						_			
		-								

46-0985602 Page **8** 

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per		Position (do not check more than one box, unless person is both an			than		Reportable compensation	Reportable compensation			stimate nount	
		week				d a director/tru			from	from related		ai	other	
		(list any	or director						the	organizations			pensa	
		hours for related	or dir	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	;)		rom th janizat	
		organizations	truste	al trus		yee	mpen		(***-27 1099-101130)			_	d relat	
		below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	Former				org	anizat	ions
		line)	ib	Inst	Officer	Key	High	For			$\dashv$			
											一			
											$\dashv$			
											$ \bot $			
											$\exists$			
											$\dashv$			
											$\exists$			
				_							$\dashv$			
	Sub-total								259,495.		0.			0
	Total from continuation sheets to Part V								259,495.		0.			0
2	Total (add lines 1b and 1c)  Total number of individuals (including but n								<u> </u>		<u>, ,                                  </u>			
	compensation from the organization												l 1/	
•	Did the averagination list and former of affice.		4_			1			h:		ı		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,		,	,	•	,	,	•			3		х
4	For any individual listed on line 1a, is the su										···			
	and related organizations greater than \$15	=		-					· · · · · · · · · · · · · · · · · · ·		[	4		Х
5	Did any person listed on line 1a receive or a					•			ted organization or indiv	idual for services				37
Sec	rendered to the organization? If "Yes," combined to the organization? If "Yes," combined to the organization?	plete Schedul	e J i	or s	uch	pers	son					5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
	<b>(A)</b> Name and business	address	N	INC	3				<b>(B)</b> Description of s	ervices	С		C) nsatio	n
								_						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				

432008 11-07-14

Ра	rt VI				and the table David VIIII			
		Check if Schedule O cont	ains a response	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribut All other contributions, gifts, gran similar amounts not included abor	1b 1c 1d ions) 1e ts, and	963,836.				
Sont Ind (	g				1,963,836.			
0 10	n	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2 a b c			711130	178,514.	178,514.		
rog F	е							
Δ.		All other program service reve			170 514			
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, inter	est, and  proceeds	178,514.			
	5	Royalties						
	b	Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
		Gain or (loss)	•					
Other Revenue		Net gain or (loss)	g events (not of 1c). See					
the	b	Less: direct expenses			_			
0	С	Net income or (loss) from func Gross income from gaming ac Part IV, line 19	draising events ctivities. See	<b>&gt;</b>				
		Less: direct expenses	b					
		Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less and allowances	a					
	С	Net income or (loss) from sale						
	11 ^	Miscellaneous Revenu		Business Code				
	11 a							
	C							
	d							
	е	Total. Add lines 11a-11d		<b>&gt;</b>		4.50.51		
43200	12	Total revenue. See instructions.		<b>&gt;</b>	2,142,350.	178,514.	0.	0.
43200 11-07	14							Form <b>990</b> (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	, , ,	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	460 430	000 460	46 744	140 021
7	Other salaries and wages	467,437.	280,462.	46,744.	140,231.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	E1 040	21 105	F 104	15 552
9	Other employee benefits	51,842.	31,105.	5,184.	15,553.
10	Payroll taxes	37,700.	22,620.	3,770.	11,310.
11	Fees for services (non-employees):				
а	•	999.		999.	
b	Legal	999.		999.	
C					
d	, , , , , , , , , , , , , , , , , , , ,				
e	ř –				
f	Investment management fees				
g	,	368,021.	357,857.	2,025.	8 139
40	column (A) amount, list line 11g expenses on Sch 0.)	148,037.	114,759.	2,023.	8,139. 33,278.
12	Advertising and promotion	38,598.	28,948.	7,720.	1,930.
13 14	Office expenses	3,447.	20,540.	3,447.	1,3500
15	Information technology	3/11/4		3/11/4	
16	Royalties				
17	Occupancy	52,937.	52,937.		
18	Payments of travel or entertainment expenses	0=70070	0_,00.0		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,976.	11,282.	2,955.	739.
20	Interest	,	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,186.		7,186.	
23	Insurance	6,577.	4,933.	1,315.	329.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMMING AND PRODUCT	908,658.	908,658.		
b	BANK FEES	16,706.	16,706.		
С	DEVELOPMENT	14,624.			14,624.
d	EQUIPMENT RENTAL	8,368.	8,368.		
е	All other expenses	11,671.	10,791.	712.	168.
25	Total functional expenses. Add lines 1 through 24e	2,157,784.	1,849,426.	82,057.	226,301.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			92,337.	1	17,195.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
g		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	55,920.			
	b	Less: accumulated depreciation		7,935.	16,906.	10c	47,985
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,053.	15	2,456		
	16	Total assets. Add lines 1 through 15 (must equ	112,296.	16	67,636		
	17	Accounts payable and accrued expenses			101,722.	17	72,496
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
┋		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24	). Complete Part X of			
		Schedule D			101 500	25	<b>50 406</b>
_	26	Total liabilities. Add lines 17 through 25			101,722.	26	72,496
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
se		complete lines 27 through 29, and lines 33 an			10 554		4 060
au au	27	Unrestricted net assets			10,574.	27	-4,860
Ral	28	Temporarily restricted net assets				28	
ם	29					29	
로		Organizations that do not follow SFAS 117 (A					
ğ		and complete lines 30 through 34.					
Set:	30	Capital stock or trust principal, or current funds			30		
AS	31	Paid-in or capital surplus, or land, building, or ed				31	
<b>y</b>	32	Retained earnings, endowment, accumulated in			10 574	32	4 060
	33	Total net assets or fund balances			10,574.	33	-4,860
	34	Total liabilities and net assets/fund balances			112,296.	34	67,636

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				50.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	15	7,7	84.		
3	Revenue less expenses. Subtract line 2 from line 1	3				34.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	0,5	74.		
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		-	4,8	60.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?		L	3а		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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 at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Employer identification number

OMB No. 1545-0047

46-0985602

Open to Public Inspection

Name of the organization

OZ ARTS, INC.

Par	τι	Reason for Public (	Charity Status (	All organizations must c	omplete th	iis part.) Se	ee instructions.	
he o	rgani	ization is not a private found	lation because it is: (	For lines 1 through 11,	check only	one box.)		
1 [		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E.)				
3		A hospital or a cooperative	cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	ıl describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)			
9 [		An organization that norma	Illy receives: (1) more	than 33 1/3% of its su	pport from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin						
		See section 509(a)(2). (Cor	mplete Part III.)					
10		An organization organized a	and operated exclus	ively to test for public s	afety. See	section 50	9(a)(4).	
11 [		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	or <b>section</b>	509(a)(2).	See <b>section 509(a)(3).</b> 0	Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	on and con	nplete lines	s 11e, 11f, and 11g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	ction with it	ts support	ed organization(s), by ha	ving
		control or management o	of the supporting org	anization vested in the	same perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>y integrated.</b> A supp	orting organization ope	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D	, and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •					
		r the number of supported o						
g		ride the following information			Viv.) lo the o	racnization	(-) A	full Amount of
	(1	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed	rganization in your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		or garnization		above or IRC section		document?	Instructions)	Instructions)
				(see instructions))	Yes	No	,	,
						-		
						<del>                                     </del>		
otal								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

#### 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.)

Calendar year (or fiscal year beginning in)   Calendar year (or fiscal year beginning in)   Calendar year (or fiscal year beginning in)   Calendar year (or fiscal year beginning year)   Calendar year (or fiscal year beginning in)   Calend	Sec	ction A. Public Support							
1 Gits, grants, contributions, and membership foes 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 and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on line 1 through 3 and other paid to or expended on line 1 through 3 and other paid to or expended on line 1 through 3 and other paid to or expended on line 1 that exceeds 2% of the amount shown on line 11, column (f) and other paid to or expended on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to or expended on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to or expended on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to or expended on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to or expended on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to or expended on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to or expended on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 11, column (f) to deal that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 1 that line 1 that and the paid that exceeds 2% of the amount shown on line 1 that and the paid that exceeds 2% of the amount shown on line 1 that a	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
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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 activities, etc. (see instructions)  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  Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  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  15a 10% -facts-and-circumstances test - 2014. 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  15a 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									
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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 activities, etc. (see instructions)  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  Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  16 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  16 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  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, check this box and stop here. Explain in Part VI how the		· • •							
9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)  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 26 0 75 53.  13 Gross receipts from related activities, etc. (see instructions)  14 2 20 6 , 889.  15 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  Section C. Computation of Public Support Percentage  14 Public support percentage from 2013 Schedule A, Part II, line 14  15 Public support percentage from 2013 Schedule A, Part II, line 14  16 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  16 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 meats the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the "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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the									
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assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 206,889.  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  Section C. Computation of Public Support Percentage  14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2013 Schedule A, Part II, line 14  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  16 b 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  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 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		or loss from the sale of capital							
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Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  14	Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
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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	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶Ы	

Schedule A (Form 990 or 990-EZ) 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	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		` ,	<u> </u>	, ,	1 ,	\
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organization						

# 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**

- 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.)

		Yes	No
	1		
	2		
	За		
	26		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	-		
	8		
	9a		
	9b		
	9c		
	40-		
	10a		
	10b		
200	90 or 99	0-F7)	2014

Pa	T IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	'		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations			
1	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 co	mplete Se	ections A through E.			
Soot	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year		
<del></del>	on A - Adjusted Net Income		(A) Prior 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				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

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

Schedule A (Form 990 or 990-EZ) 2014

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

OZ ARTS, INC.

**Employer identification number** 46-0985602

Pai	t I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's exclu	-	
6	Did the organization inform all grantees, donors, and donor adviso		
	for charitable purposes and not for the benefit of the donor or don		
Pai			
1	Purpose(s) of conservation easements held by the organization (cl		•
	Preservation of land for public use (e.g., recreation or educa		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			a
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 8		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released		
	year▶		
4	Number of states where property subject to conservation easeme	nt is located ▶	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold	s?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and e		
7	Amount of expenses incurred in monitoring, inspecting, and enforce	cing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h)(4	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Art	-	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the	hese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educat	ion, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure	s, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tr	easures, c	or Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	t are a si	gnificant ι	use of its	collectio	n item	ıs
b Scholarly research c Preservation for future generations 4 Provide a description of future generations 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be minitatined as part of the organization's collection? Yes N Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1 Is the organization an agent, frustee, outsoidian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  1 Ind 1 Additions during the year 1 Ind 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10.  1 Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:  a Board designated or quasis-endowment \( \) %  C Remarked the estimated percentage of the current year end balance (line 1g, column (ai) held as:  Board designated or quasis-endowment \( \) %  C Remarked the estimated percentage of the current year end balance (line 1g, column (ai) held as:  Board designated or quasis-endowment \( \) %  C Temporarily restricted endowment \( \) 90, and the related organizations listed as required on Schedule R?  4 Description of property  (d) Description of property  (d) Book value basis (other)  Boscription of property  (d) Book value basis (other)  Boscripti		(check all that apply):										
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection of the organization's collection?	а	Public exhibition	d		oan or exc	hange progra	ıms					
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   Part V  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   Table   It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21.   Table   It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21.   Table   It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21.   Table   It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21.   Table   It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21.   Table   It is the organization an agent   It is the organization and intermediary for contributions or other assets not included on Additions during the year   It is the organization and intermediary for a contribution   It is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   In It is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   In It is the organization include an amount on Form 990, Part X, line 10.	b	Scholarly research	е	□ o	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   very lambda on Form 990, Part X   very lambda on Part X   very lambda on Form 990, Part IV, line 11a. See Form 99	С	Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X   line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c Beginning balance  1d Amount  1c Amount  1d Beginning balance  1d Amount  1d Beginning balance  1d Distributions during the year  1f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  2a Beginning of year balance  1a Beginning of year balance  1b Contributions  1a Beginning of year balance  1b Contributions  1c Nationstance arrangement in Part XIII. Check here if the explanation answered "Yes" to Form 990, Part IV, line 10.  2b Contributions  1c Nationstance arrangement in Part XIII or the organization answered "Yes" to Form 990, Part IV, line 10.  2c Nat investment earnings, gains, and losses  1d Grants or scholarships  2d Order expenditures for facilities and programs  2d Ard themes arrangement part XIII or the possession of the organization that are held and administered for the organization by:  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  2a Board designated or quasi-endowment ▶  3a Are there endowment P  4 Description of property  4 Description of property  2 Corporation of School of the organization is endowment funds.  3a(ii) again; again; agai	4	Provide a description of the organization's co	llections and explair	n how the	y further t	he organizatio	on's exer	npt purpo	se in Par	t XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection?	5											
Teported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?										Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the o	organizatio	n answered "	'Yes" to	Form 990,	Part IV, I	ine 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		reported an amount on Form 990, Part	: X, line 21.									
b   f 'Yes,' explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontribution	ns or other as	sets not	included		_		
b   f 'Yes,' explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		on Form 990, Part X?							$\square$	Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment    y6 The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization sendowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the intended uses of t	b											
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d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment   3c Temporarily restricted endowment   3c Temporarily restricted endowment	С	Beginning balance						1c				
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  y6 c Temporarily restricted endowment ▶  y6 c Temporarily restricted endowment ▶  y6 c Temporarily restricted endowment ▶  y6 to Temporarily restricted endowment Part XIII the intended uses of the organization that are held and administered for the organization by:  Yes IV												
f Ending balance 1/2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (	_											
Bill   Tyes,   explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.										Yes		No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete   Comp		_						•				j
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Four y											-	
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		2 2111, 21212				1			ears back	(e) Four	vears	hack
b Contributions	1a	Reginning of year balance	(a) Garrerit your	(2)	or your	(6) year		( <b>u)</b> oo )		(0) : 04:	y our o	54511
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	_											
and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶		T										
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	· ·										
g End of year balance	_											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	Ť	T-										
a Board designated or quasi-endowment ▶												
b Permanent endowment ▶	2		ent year end balanc		, column (a	a)) held as:						
c Temporarily restricted endowment ▶	а			_%								
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (d) Book value			%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other depreciation  (d) Book value	С	Temporarily restricted endowment	%									
by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iv) related organizations  (vi) related organizations  (vii) related organizations  (viii) related organizations  (viiii) related		The percentages in lines 2a, 2b, and 2c shoul	d equal 100%.									
(ii) unrelated organizations  (iii) related organizations  5 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	and administe	red for th	ne organiz	ation	-		
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation		by:									Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation		(i) unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation		(ii) related organizations								3a(ii)		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedu	ıle R?					3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	4			wment fu	ınds.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	Pai											
basis (investment) basis (other) depreciation		Complete if the organization answered	"Yes" to Form 990	, Part IV,	line 11a. S	See Form 990,	Part X,	ine 10.				
1a Land		Description of property				1			d	(d) Bool	k valu	е
	1a	Land										
b Buildings												
c Leasehold improvements	С											
d Equipment 55,920. 7,935. 47,985	d			920.				7,93	35.	4	7,9	85.
e Other	e											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X, columi	n (B), line 1	10c.)	<u></u>			4	7,9	85.

Schedule D (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" t			
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" t		11d. See Form 990, Part >	(. line 15.
	Description		(b) Book value
(1)	Description		
(1) (2)	Description		
(1) (2) (3)	Description		
(1) (2) (3) (4)	Description		
(1) (2) (3) (4) (5)	Description		
(1) (2) (3) (4) (5) (6)	Description		
(1) (2) (3) (4) (5) (6) (7)	Description		
(1) (2) (3) (4) (5) (6) (7) (8)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X Other Liabilities.	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability	15.)	11e or 11f. See Form 990, (b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability (1) Federal income taxes	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability (1) Federal income taxes (2)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" to an income taxes (2) (3)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)o Form 990, Part IV, line		(b) Book value

Sche	edule D (Form 990) 2014 OZ ARTS, INC.		46-0985602 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	tatements With Reven	ue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, I	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Pa	rt XII Reconciliation of Expenses per Audited Financial S	•	nses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		<del></del>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	, , , , , , , , , , , , , , , , , , , ,		
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5		18.)	5
	rt XIII Supplemental Information.		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.	
	_		

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

Open to Public

OMB No. 1545-0047

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

Name of the organization

OZ ARTS, INC. **Employer identification number** 46-0985602

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ART WORKS BY LEADING ARTISTS WHOSE CONTRIBUTION INFLUENCES THE ADVANCEMENT OF THEIR FIELD.

FORM 990, PART VI, SECTION A, LINE 2:

TIM OZGENER AND AYLIN OZGENER HAVE A FAMILY RELATIONSHIP. CANO OZGENER,

TIM OZGENER AND MIKE CONDER HAVE A BUSINESS RELATIONSHIP. CANO OZGENER,

FORM 990, PART VI, SECTION B, LINE 11:

AFTER COMPLETION, A COPY OF THE DRAFT TAX RETURN IS SENT VIA EMAIL TO ALL BOARD MEMBERS FOR REVIEW. FORM 990 IS THEN FINALIZED AFTER ANY CHANGES RECEIVED FROM THE BOARD MEMBERS HAVE BEEN MADE TO THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ANY DIRECTOR. PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS ON AN ANNUAL BASIS AS PRESCRIBED BY THE BYLAWS. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

OZ ARTS DOES NOT ACTIVELY MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Name of the organization  OZ ARTS, INC.	Employer identification number 46-0985602
DOCUMENTS, POLICIES OR FINANCIAL STATEMENTS. HOWEVER, A	LL OF THESE ARE
AVAILABLE UPON REQUEST AND ON GUIDESTAR.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	357 857.
MANAGEMENT AND GENERAL EXPENSES	2,025.
FUNDRAISING EXPENSES	8,139.
TOTAL EXPENSES	368,021.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	368,021.