50rm 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service \blacktriangleright Do not enter social security numbers on this form as it may be made public.

Information about Form 990-F7 and its instructions is at www.irs.gov/form990

Open to Public Inspection

Inter	nal Rever	nue Service '	► Information about Form 99	Form 990-EZ and its instructions is at www.irs.gov/fo			m990.				
AF	or the	2014 calend	ar year, or tax year beginning	Jan 1	, 2014,	and ending		Dec 31	, 2	0 14	
B	Check if ap						D Empl	D Employer identification number			
	Address c	change	Chinese Arts Alliance of Nashville				06-1666626				
	Name cha							hone nu			
_	Initial retu	IDO Box 120025						615	5-385-9341		
		return/terminated ded return City or town, state or province, country, and ZIP or foreign postal code				F Gro	ıp Exen				
		NOTE OF THE PARTY				1000 20000000	nber ▶	ATT SAME THE CONTRACTOR OF THE PROPERTY OF THE	316267		
Thought	Tree de la contraction de la c							► V if	the organizat		
		•	E casi. E /1001001 1 11111 (17111			l			ch Schedule I		
									-EZ, or 990-P		
			Corporation Trust	Association	Other	" []J27]	(r ciiii c	00,000	22, 0, 000 1	- /-	
			7b to line 9 to determine gross receipts.	The state of the s		more or if tota	al assets				
			w) are \$500,000 or more, file Form 990 in					▶ ¢			
-	art I		e, Expenses, and Changes in I					rtions	for Part I)		
	G1 - 1		the organization used Schedule C							🗆	
	1		ons, gifts, grants, and similar amoun					1	· · · ·	11,606	
	2		ervice revenue including governmen					2			
	3		ip dues and assessments					3		25,662	
	4		t income					4			
					1	1		4		1	
	5a		ount from sale of assets other than in			+					
	b		or other basis and sales expenses			lina Ea)					
	6	0.55	ss) from sale of assets other than in-	ventory (Subtract III	e ob irom	iine sa)		5c			
	a	B-0.00000000000000000000000000000000000	and fundraising events come from gaming (attach Schedule G if greater than								
0	a				7.6	ı					
Revenue		10 100000000000000000000000000000000000				f 4 - il 4 i					
eVe	b		ome from fundraising events (not inc raising events reported on line 1) (a	<u> </u>		f contributio	ns				
Œ			ch gross income and contributions e			ı					
			The same of the sa			-					
	d		at expenses from gaming and fundra e or (loss) from gaming and fundra			d Ch and a	btroot				
	l u		e or (loss) from gaming and fundra	•		u ob anu st	biraci	C-1			
	7a	terrorian sectoral a						6d			
			es of inventory, less returns and allow			1					
	b		of goods sold			L					
	C	350	it or (loss) from sales of inventory (S		,			7c			
	8		nue (describe in Schedule O)					8			
-			nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,					9		37,269	
Expenses	10		d similar amounts paid (list in Sched					10			
	11	C1890 20 1000 0000	aid to or for members					11			
	12		ther compensation, and employee b					12		10,900	
	13		al fees and other payments to indep					13		14,430	
	14	100000000000000000000000000000000000000	y, rent, utilities, and maintenance					14		650	
	15		ublications, postage, and shipping					15		667	
	16		enses (describe in Schedule O) .					16		10,297	
-	17		enses. Add lines 10 through 16 .				. ▶	17		36,944	
ţ	18		(deficit) for the year (Subtract line 17					18		325	
SSE	19		s or fund balances at beginning of	51 151 151 151 151 151 151 151 151 151		, , ,					
Ž		F00000000	ar figure reported on prior year's retu					19		21464	
Net Assets	20		nges in net assets or fund balances		STORY SHOW AND AND			20			
	21	Net assets	or fund balances at end of year. Co	mbine lines 18 thro	ugh 20 .		. ▶	21		21,789	

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to ar	ny question in this			🗆
1				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			21,464		21,789
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total liabilities (describe in Schodule C)			21,464		21,789
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·	line Od\		26	
	t III Statement of Program Service Accom	1, 0		21,464 Port III)	21	21,789
ı aı	Check if the organization used Schedule					Expenses
Wha		Promote and present				uired for section
	SELECTION OF THE PROPERTY OF T		· · · · · · · · · · · · · · · · · · ·			c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			othe	nizations; optional for rs.)
28	CAAN's performing arts programs: Chinese Story in	Motion, "Lost Horse"	, Chinese lion danc	e and dragon		
	dance teams performances. We performed at major	festivals (Celebrate N	lashville, Dragon Bo	at Festival)		
	schools, library, reitrement centers. At leaset 4,000					
		includes foreign gra			28a	7,187
29	Chinese New Year Celebration: We created Chinese	New Year atmosphere	by performing Chi	nese drumming		
	and Chinese lion dance around town, including orga	nized a Chinese New	Year Banquet. We	educated		84
	public about the value, arts and culture of Chinese N					
		includes foreign gra	ints, check here .	▶ 🗆	29a	9,469
30	Chinese Summer Blast, a Chinese summer arts prog	ram for kids: This pro	gram provides spe	cial opportunity		
	for kids to learn Chinese arts like Chinese dance, lio					
	Chinese yo yo and chess. This program though is s	mall, but was a jewel	for the public. 70 p	eople benefited.		
		includes foreign gra		▶ 📙	30a	3,098
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints check here	▶ 1 1	31a	1,962
20					-	
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	21,816
-	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	through 31a) y Employees (list each	n one even if not con		32	21,816
-	Total program service expenses (add lines 28a	through 31a)	one even if not con ny question in this	npensated—see the	32	21,816
-	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	through 31a) y Employees (list each	n one even if not con	npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Par	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Par Kim 5912	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Kim 5912 Rock	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Kim 5912 Rock 504 I	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN ty Arnold	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Kim 5912 Rock 504 I Ray	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN sy Arnold Landon Drive, Nashville, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
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Kim 5912 Rock 504 I Ray 401 2	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN try Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
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Kim 5912 Rock 504 I Ray 401 2 Cind 2112 Sallie	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN (y Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN y Hui-Lio Sherbrooke Lane, Nashville, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Kim. 5912 Rock 504 I Ray 401 2 Cind 2112 Sallie 6104	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN (y Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN y Hui-Lio Sherbrooke Lane, Nashville, TN e Mayne	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
Kim 5912 Rock 504 I Ray 401 2 Cind 2112 Sallie 6104 Cynt 707 5	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN ty Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN y Hui-Lio Sherbrooke Lane, Nashville, TN e Mayne Brentwood Chase Drive, Brentwood, TN hia Morin Summerly Drive, Nashville, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
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Kim. 5912 Rock 504 I Ray 401 2 Cind 2112 Sallin 6104 Cynt. 707 Sher 1900	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN (cy Arnold Landon Drive, Nashville, TN Friedman Prize Nashville, TN (cy Arnold Landon Drive, N	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
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Kim 5912 Rock 504 I Ray 2112 Sallin 6104 Cynt 707 Sher 1900 Felix 1802	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN (y Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN y Hui-Lio Sherbrooke Lane, Nashville, TN e Mayne Brentwood Chase Drive, Brentwood, TN hia Morin Summerly Drive, Nashville, TN ry Wang Sweet Briar, Nashville, TN Wang Beechwood Ave., Nashville, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(npensated—see the Part IV (d) Health benefits, contributions to emplo	32 instruc	21,816 ctions for Part IV)
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Kim 5912 Rock 504 I Ray 2112 Sallin 6104 Cynt 707 Sher 1900 Felix 1802 Jen-	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN (y Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN y Hui-Lio Sherbrooke Lane, Nashville, TN e Mayne Brentwood Chase Drive, Brentwood, TN hia Morin Summerly Drive, Nashville, TN ry Wang Sweet Briar, Nashville, TN Wang Beechwood Ave., Nashville, TN	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS(ppensated—see the Part IV. (d) Health benefits, contributions to emplo benefit plans, and deferred compensations.	32 instruc	21,816 ctions for Part IV)
Kim 5912 Rock 504 I Ray 2112 Sallin 6104 Cynt 707 Sher 1900 Felix 1802 Jen-	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Allan Cross Pooint Lane, Brentwood, TN sy Arnold Landon Drive, Nashville, TN Friedman 21st Ave. S. Nashville, TN y Hui-Lio Sherbrooke Lane, Nashville, TN e Mayne Brentwood Chase Drive, Brentwood, TN hia Morin Summerly Drive, Nashville, TN ry Wang Sweet Briar, Nashville, TN Wang Beechwood Ave., Nashville, TN Jen Lin	through 31a)	n one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	ppensated—see the Part IV. (d) Health benefits, contributions to emplo benefit plans, and deferred compensations.	32 instruc	21,816 ctions for Part IV)
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Part				_
-	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Г	Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	04		-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]	-		,
b 38a	Did the organization file Form 1120-POL for this year?	37b		1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a		615)38		
b	Located at ► 2510 Barton Ave. Nashville, TN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	37214	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	000 O.		▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		Von	AI-
44a		Г	Yes	140
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
45a	explanation in Schedule O	44d	_	1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

orm 990-EZ (2	2014)						Р	age 4
46 Did to ca	the organization engage, directly or in andidates for public office? If "Yes," c	directly, in political c	ampaign activities o	n behalf o	of or in opposit	ion 46	Yes	No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	stions 47-49b and	d 52, and	complete the		or line	_ _ ∋s
	id the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II						Yes	No
49a Did tb If "Y50 Com	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's loyees) who each received more than	an exempt non-cha ction 527 organization five highest compen	ritable related organ n? sated employees (o	ization? . ther than	officers, direct			
) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Ho contribut benefit pl	ealth benefits, ions to employee ans, and deferred mpensation	(e) Estimate other con	ed amou	unt of
f Tota	Il number of other employees paid over	er \$100,000						
\$100	nplete this table for the organization 0,000 of compensation from the orga	nization. If there is no		nt contrac	tors who each	received	more	than
(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	Compensati	on	

								~
52 Did	Il number of other independent contra the organization complete Schedu pleted Schedule A			-		na . ▶∐ Ye s	. 🗆	 No
rue, correct, a	s of perjury, I declare that I have examined this ind complete. Declaration of preparer other than				owledge. 3/2の	owledge and	d belief,	it is
Sign Here	Signature of öfficer Jen-Jen Lin, Director Type or print name and title							
Paid Preparer Use Only	Lawrence and the contraction of	Preparer's signature		Date	Check self-emplo	-00.00		
	Firm's address ► S discuss this return with the prepared	r shown above? See	instructions	1	Phone no.	►		No