

To:

Kris Pennella, Treasurer

**United States PostgreSQL Association** 

From:

David Kawasaki, CPA

Amy Moran, CPA

Date:

July 20, 2016

Subject:

**Public Inspection Copy** 

Enclosed you will find an additional copy of IRS Form 990-EZ. This is a "Public Inspection Copy" that must be signed and made available for public inspection for 3 years from the filing date of the form. The "Public Inspection Copy" excludes the names and addresses of contributors from the contribution schedules (Schedule B), if applicable.

Also, a copy of the organization's exemption application and related documents must be permanently available for public inspection.

If you have any questions, please call our office.

# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

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

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

Open to Public Inspection

Α	For t	ne 2015 calendar year, or tax year beginning , 2015, and ending	7		
В	Check		Employer identification number		
H	Name (	LIMITED CENTER DOCECDEROL ACCORDANION	26-2194507		
H	Initial r	19220 SM BARRID RIVIN CHTTE 110-220	Telephone number		
H		PORTLAND, OR 97219-5428	503-778-5327		
H		ed return	<del> </del>		
		tion pending	Group Exemption Number ▶		
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Check	if the organization is <b>not</b>		
I	Webs		I to attach Schedule B		
J	Tax-ex	simple statute (shoot still) show the state of the state	90, 990-EZ, or 990-PF).		
		of organization: X Corporation Trust Association Other			
	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ 171,051.		
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions for Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1 89,046.		
	2	Program service revenue including government fees and contracts.			
	3	Membership dues and assessments.	3		
	4	Investment income	4		
	5 a	Gross amount from sale of assets other than inventory			
	b	Less: cost or other basis and sales expenses. 5b	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
	С 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
R	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
R E V E	b	Gross income from fundraising events (not including \$ of contributions	P		
NUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	С	Less: direct expenses from gaming and fundraising events			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
	7 a	Gross sales of inventory, less returns and allowances	5 (2 5 4) (1 ) 12 (3 ) 10 (2 5 5)		
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 171,051.		
	10	Grants and similar amounts paid (list in Schedule O).			
	11	Benefits paid to or for members	11		
E	12	Salaries, other compensation, and employee benefits			
P	13	Professional fees and other payments to independent contractors			
EXPENSES	14	Occupancy, rent, utilities, and maintenance			
E	15	Printing, publications, postage, and shipping	15 200.		
5	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	16 181, 254.		
	17	Total expenses. Add lines 10 through 16.	► 17 185,576.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	<b>18</b> -14,525.		
A S S E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y figure reported on prior year's return)	rear		
ŦŤ S	20	Other changes in net assets or fund balances (explain in Schedule O)	19 85,550.		
3	21	Net assets or fund balances at end of year. Combine lines 18 through 20.			
ВА		Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2015)		

Par	Check if the organization used Sche	ructions for Part II)	estion in this Part II			
	The trigan Latin a doct conte	date o to respond to any qu	leston in this rait is	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			85,550		71,025.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			85,550		71,025.
26	Total liabilities (describe in Schedule O)			0	•	0.
27	Net assets or fund balances (line 27 of			85,550	. 27	71,025.
Par	Statement of Program Service Ac Check if the organization used Sc	complishments (see the inst	tructions for Part III)	[X]		Expenses
What	is the organization's primary exempt purpose? SEI	CCUEDILE O	question in this Part	111	(Regi	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest prod	aram services as		nizations; optional
mea	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	imber of persons		thers.)
28	SPONSORSHIP OF POSTGRESQL	TICED CDOTTEC				
	PLOUPOKRUIT OF LOSIGKEROL	_ OSEK_GROUPS			1	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		28 a	178,515.
29						170,313.
					1	
					1	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here		29 a	
30						
	70	<del></del>				
21	(Grants \$ ) If th	is amount includes foreign g	rants, check here		30 a	***
31	Other program services (describe in Sch (Grants \$ ) If th	•				
22	Total program service expenses (add lin	is amount includes foreign g			31 a	450 545
	t IV List of Officers, Directors,					178,515.
гаг	Check if the organization used Sc	hedule O to respond to any	guestion in this Part	even it not compensated —	see the i	instructions for Part IV)
		(b) Average hours per	(c) Reportable compensa	(d) Health benefi	ts,	
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and de	loyee ferred	(e) Estimated amount of other compensation
7/7/	WHEEL DRIVERS	position	(if flot paid, effet -0-)	compensation		
	CHAEL BREWER					
	CRETARY SHUA D DRAKE	2		0.	0.	0.
	SHOW D DRAKE	1		0.	_	0
	M MLODGENSKI			0.	0.	0.
	RECTOR	1		0.	0.	0.
	RK WONG		-	0.	٠.	
	RECTOR	1		0.	0.	0.
	BERT TREAT					
PRE	SIDENT & CEO	2	2	0.	0.	0.
	S PENNELLA					
	LASURER	5		0.	0.	0.
	IATHAN KATZ					
DIF	RECTOR	1		0.	0.	0.
BAA		TEEA0812L	10/12/15			Form <b>990-EZ</b> (2015)

33 Did the organization congage in any significant activity in School 0.  34 Were a significant control of the cognizing of each study in School 0.  35 Did were a significant charge made to the cognizing or governing deciminant? If Yes, place is conformed capy of the amended deciminant in the yellod a charge to the approach state that the the place is a charge to the approach state that the the place is a charge to the approach state that the time is a place in the cognizing or governing deciminant? If Yes, after a conformed capy of the amended deciminant in the yellod a charge to the approach state that the time is a place of the cognization of the cognization in the place of the cognization of the cognization in the place of the cognization of the cognization in the cognization in the cognization in the cognization of the cognization in a prior year fact his source of the cognization in a prior year fact his source of the cognization in a prior year fact his source is the cognization in the cognization in a prior year fact has not been facilities of the cogni	Part V Other Information (Note the Schedule A and pe the instructions for Part V) Check if the organization	rsonal benefit contract statement requirements in SEE SCHEDULE O used Schedule O to respond to any question in this Part V	X
34  X 35 a D4 the organization range of the graphic of stands of the stands of the processing of the p	33 Did the organization engage in any significant activity no	I previously reported to the IRS?	
a charge to the organization is name. Differently, called the uning or Stefable 0 (see instructions).  34			X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.  b If Yes, 10 line 35a, has the organization files a Form 990-T for the year? If You, provide an explanation in Schedule 0 c. Was the organization of section 501(c)(3), 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), organization subject to section 503(c), in Stock 20 c. Was the organization undergot a liquidation, city (c)(5), or 501(c)(6), or 501(c)(6), organization subject to section 503(c), in Stock 20 c. Was the organization undergot a liquidation, disposition, termination, or significant disposition of net assets during the year? If Yes,10 complete Schedule 0, Part III.  35 Did the organization flip Form 1120-POL for this year?  37 B Did the organization flip Form 1120-POL for this year?  38 Did the organization flip Form 1120-POL for this year?  38 Did the organization flip Form 1120-POL for this year?  38 Did the organization flip Form 1120-POL for this year?  38 Section 501(c)(7) organizations. Enter:  a Initiation fees and calcular contributions included on line 9.  a Initiation fees and calcular contributions included on line 9.  b Section 501(c)(3) organizations. Enter:  a Initiation fees and calcular contributions included on line 9.  b Section 501(c)(3) organizations. Enter:  a Initiation fees and calcular contributions included on line 9.  b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 — 0.; section 4912 — 0.; section 4955 — 0.  b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization in a pricy year that his not been reported on any of its prior forms 990 organizations. Did the organization an aparty to tax provided as section 4911 — 0.  Section 501(c)(3) organizations. All organizations are pricy to the pricy organization and the pricy or			X
bit 1 Yes, 1 on line 35s, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule 0 c Was the organization of 50(c)(4), 501(c)(5), or 901(c)(5),			
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Sendedue C, Part III and or feet assets during the year? If Yes, complete sendedue C, Part III and or feet assets during the year? If Yes, complete applicable parts of Schedule N. 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. • [37 a] 0. 50 Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the fax year covered by the return? 38 a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the fax year covered by the return? 38 a X b If Yes, complete Schedule L. Part II and enter the total amount involved. 38 b N/A 38 Sections 501(c)(7) organizations. Enter:  a Initiation fees and captal contributions notuded on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Sections 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 b section 4912 b section 4912 b section 4912 b section 4915 b section 4915 b section 591(c)(3), 591(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed an erganization any of this prior forms 990 or 990.272 if II Yes, complete Schedule L. Part II. Part II has not been reported on any of this prior forms 990 or 490.272 if II Yes, complete Schedule L. Part II has not been reported on any of this prior forms 990 or 490.272 if II Yes, in the foreign country:  42a The organizations. At any time during the fax year, was the organization a party to a prohibi	· · · · · · · · · · · · · · · · · · ·		<u> </u>
As 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	c Was the organization a section 501(c)(4), 501(c)(5), or 50	01(c)(6) organization subject to section 6033(e) notice.	+-
disposition of net assets during the year? If "Yes," comblete applicable parts of Schedule N 36	reporting, and proxy tax requirements during the year? If	'Yes,' complete Schedule C, Part III	<u> </u>
b Did the organization file Form 1120-POL for this year?  33b Jib the organization to Form 1120-POL for this year?  33b Jib the organization to Form 1120-POL for this year?  33b Jib the organization file Form 1120-POL for this year?  33b Jib the organization file Form 1120-POL for this year?  33b Jib the organization file Form 1120-POL for this year of the day and such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Jib N/A  38b N/A  39c N/A  30c	disposition of net assets during the year? If 'Yes,' comple	ete applicable parts of Schedule N	X
38a Did the organization borrow from, or make any loans to, any officer, director, fusicle, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bit "Yes," complete Schedule L, Part II and enter the total amount involved.  39 Section 501(c)(2) organizations. Enter:  a initiation fees and capital contributions included on line 9.  b Gross receists, included on line 9, for public use of club facilities.  39a N//A  b Gross receists, included on line 9, for public use of club facilities.  39b N//A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > 0, is ection 4912 > 0, is ection 49155 > 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year or will be region and an excess benefit transaction of an prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax intensaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax with increased on organization managers or disqualified persons during the year was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  40 Exclusions (1)(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax unique of the returns a filled Power organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  41 List the states with which a copy of this return is filled Power 886-T.  42 The organization and the "KRIS PENNELLA Excessed by "Yes," Form 900 mass accountly over a fill of the programation and the programation managers or fill of the programation organization for some 90c Excessed organization and provided and programa		THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR	
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a section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization enter in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ2 if New Schedule. I Part 1.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ2 if New Schedule. I Part 1.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912 e4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c rembursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8896-1.  42a The organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8896-1.  bAt any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (yeuch as a bank account, securities account, or other financial account)?  42a The organization are called the organization have an interest in or a signature or other authority over a financial account in a foreign country (yeuch as a bank account, securities account, or other financial account)?  Yes No financial account in a foreign country (yeuch as a bank account, securities account, or other financial account)?  Yes, enter the name of the foreign country (yeuch as a bank account, securities account, or other financial account)?  Yes, enter the name of the foreign country (yeuch		at the end of the tax year covered by this return?	X
a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0.; section 4912 * 0.; section 4915 * 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(2) 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-EZF If Yes, complete Schedule I. Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-1.  40 a The organizations and any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-1.  40 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (yeuch as a bank account, securities account, or other fundority over a financial account in a foreign country (yeuch as a bank account, securities account, or other fundority over a financial account in a foreign country (yeuch as a bank account, securities account, or other financial account)?  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  A 1 If Yes, enter the name of the foreign country (yeuch as a bank account, securities account, or other financial account)?  A 2	amount involved		
b Gross receipts, included on line 9, for public use of club facilities.  40a Section 501(2)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 ; section 4912 > 0 ; section 4955 * 0 , b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, "complete Schedule I., Part I. 40b			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 . ; section 4912 * 0 . ) ; section 4955 * 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization rid appear in an excess benefit transaction of unity they are reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  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 (a955, and 4958. * 0 . d 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 (a955, and 4958. * 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization. by the organizations are any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-1.  40 E X  41 List the states with which a copy of this return is filed * NONE  42 a The organization's books are in care of * KRIS PENNELLA			
b Section 4911 ► 0, : section 4912 ► 0, : section 4912 ► 0, : section 4955 ► 0.  b Section 501(c)(4), 301(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-EZ7 if "res, complete Schedule I., Part i.  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			
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.E22 if "Yes," complete Schedule L., Part I.  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. At any time during the tax year, was the organization a party to a prohibited tax sheler transaction? If "Yes," complete Form 896-E.  40			
reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organization:	s. Did the organization engage in any section 4958 excess	
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  42 a The organizations At any time durin is filed * NONE  42 a The organization's books are in care of * KRIS PENNELLA			
e 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.  40			
e 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.  40 e	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. En		
42 a The organization's books are in care of   KRIS_PENNELLA Located at   9220_SW_BARBUR_BLVD_SUITE_119-230_FORTLAND_OR	e All organizations. At any time during the tax year, was the	ne organization a party to a prohibited tax	
42 a The organization's books are in care of ► KRIS_PENNELLA  Located at ► 9220 SW_BARBUR_BLVD_SUITE_119-230_PORTLAND_OR  ZIP + 4 ► 97219-5428  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  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 X  If 'No,' provide an explanation in Schedule O.  44d   Yes   No    44d   Yes   No    44d   Yes   No    44d   Yes   Yes   Yes,' Form 990 must be completed instead of Form 990-EZ.		40 e	X
books are in care of	NONE		·····
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).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?	books are in care of ► KRIS PENNELLA  Located at ► 9220 SW BARBUR BLVD SUITE 11	9-230 PORTLAND OR ZIP + 4 > 97219-5428	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?	financial account in a foreign country (such as a bank ac	ve an interest in or a signature or other authority over a	
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	If 'Yes,' enter the name of the foreign country:►		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?			
c At any time during the calendar year, did the organization maintain an office outside the U.S.?			
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	See the instructions for exceptions and filling requirements for FinCEN For	m 114 Papart of Foreign Rank and Financial Accounts (FRAD)	70
If 'Yes,' enter the name of the foreign country:▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.  And enter the amount of tax-exempt interest received or accrued during the tax year.  43 N/A  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  44 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.  44 b X  45 c Did the organization receive any payments for indoor tanning services during the year?  46 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  47 If 'No,' provide an explanation in Schedule O.  48 August 104 Au			X
and enter the amount of tax-exempt interest received or accrued during the tax year.    43			
and enter the amount of tax-exempt interest received or accrued during the tax year.    43			
and enter the amount of tax-exempt interest received or accrued during the tax year.    43			
and enter the amount of tax-exempt interest received or accrued during the tax year.    43	42 Section 4047(a)(1) papers and about the little to at 500 m		7,
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O.	•		
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O.  44a X  44b X  44b X	and since the amount of tax exempt interest received of		
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O.  44b  X  44c  X  44d	44 a Did the organization maintain any donor advised funds during of Form 990-EZ	the year? If 'Yes' Form 990 must be completed instead	
c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O.  44c  X	<b>b</b> Did the organization operate one or more hospital facilities du	uring the year? If 'Yes ' Form 990 must be completed	
If 'No,' provide an explanation in Schedule O			
	d If 'Yes' to line 44c, has the organization filed a Form 720	to report these payments?	es in the last
The state of the s	45 a Did the organization have a controlled entity within the m	neaning of section 512(b)(13)? 45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>b</b> Did the organization receive any payment from or engage in any transact	ion with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	

<b>d</b> Total	number of othe	er independent contract	tors each receiving over \$	100,000			>	
52 Did the comp	ne organization lleted Schedule	complete Schedule A?	Note: All section 501(c)(3	3) organizat	ions must attach	a 	► X Yes	No
Under penaltie true, correct, a	es of perjury, I declar and complete. Declar	re that I have examined this returation of preparer (other than of	urn, including accompanying sched ficer) is based on all information o	lules and statem f which prepare	nents, and to the best or r has any knowledge.	f my knowledge and	belief, it is	
Sign Here	Signature of o  KRIS PI Type or print r	ENNELLA			Da TRE	ate ASURER		
Paid	Print/Type prepare DAVID S.	r's name  KAWASAKI, CPA	Preparer's signature	, CPA	7/25/16	Check if self-employed	PTIN P00282109	
Preparer Use Only	Firm's name ► Firm's address ►	THE DIRECT CONTINUE THE			Firm's EIN	93-104435	<del></del>	
		PORTLAND, OR S	97223-5513			Phone no. 5(	03-297-1072	
May the IR	S discuss this r	return with the preparer	shown above? See instru	uctions			► X Yes	No
							Form <b>990-E</b>	<b>Z</b> (2015)

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

Department of the Treasury Internal Revenue Service

# **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 www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITED STATES POSTGRESQL ASSOCIATION 26-2194507 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... **g** Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of other (iii) Type of organization support (see instructions) support (see instructions) (described on lines 1-9 above (see instructions)) Yes No (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	575.	2,460.	25,356.	128,870.	89,046.	246,307.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	575.	2,460.	25,356.	128,870.	89,046.	246,307.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4	Legislating to the second seco	Application of the second of t			in the book of the	126,310.	
Sec	tion B. Total Support	un santain normation in the santainean	<u> 1999 - Parita Att 200</u> and	la vojadnost od to je jakada.			119,997.	
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total	
7	Amounts from line 4	575.	2,460.	25,356.	128,870.	89,046.	246,307.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					:	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10			and the state of t			246,307.	
12	Gross receipts from related activ	vities, etc. (see in:					140,695.	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)		
	tion C. Computation of Pu							
	Public support percentage for 20						48.72%	
	Public support percentage from					<u> </u>	50.09%	
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, arganization	nd line 14 is 33-1	/3% or more, chec	ck this box	
b	b 33-1/3% support 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							
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	hox and stop her	<b>e</b> . Explain in Part	· VI how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	<b>'e.</b> Explain in Part ed organization	: VI how the	
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a,				
RΔΔ					0 - 1		00 or 000 EZ) 201E	

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.)

Calendar year for fiscal year beginning in )* Giffs, grants, conhibitions in control of the cont	<u>Sec</u>	tion A. Public Support						
Service Control College any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide any runsual grants, 3.  Closes receipted, 50 for linguide and any activity that is related to the organizations that is related to the organizations and any activity that is related to the organizations and any activity that is related to the organizations and any activity that is related to the organization shall be activitied on the confidence of t	Calend	lar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
received. (2b not include 2 Gross receipts from admissions, merchandise sold or services performed, or facilities thrushed in any activity flot is take exempt purpose 3 Gross receipts from activities that are not an unrelated trade 4 Tax revenues lowed for the organizations benefit and either paid to or expended on 15 behalf in a facilities from the paid of the paid to or expended on 15 behalf in the paid to or expended on 15 behalf in the paid to or expended on 16 behalf in the paid to or expended on 16 behalf in the paid to or expended on 18 behalf in the paid to or expended on 19 Amounts from line 6. 19 Amounts from line 6. 10 a fines	1	Gifts, grants, contributions				<u> </u>		
any fundated grants? )  2 Gross receipts from animals services performed, or facilities furnished in any activity that is related to the organization's fundated and any activities that are not an unrelated trade or business under section 513.  4 Tax revenues level for the other particles and any activities that are not an unrelated trade or business under section 513.  4 Tax revenues level for the other particles and the particles of the particles of the other particles or repended on its behalf.  5 The value of services or facilities furnished by a organization without charge.  6 Total, Add lines 1 through 5.  2 Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 1 and a construction of the particles of the		received. (Do not include						
sions, merchandises old or services performed, or facilities related to the organization's travexempt purpose.  3 Gross receipts from activities that are not an unrelated trade and either paid to or expended or the organization's benefit and either paid to or expended on this behalf.  5 The value of services or governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7 a Amounts included on lines 1, 2, and 3 received from tither than disqualified persons in the control of the organization without charge.  6 Total Add lines 1 through 5.  7 a Amounts included on lines 1, 2, and 3 received from tither than disqualified persons in the control of the organization without charge.  6 Total Add lines 1 through 5.  7 a Amounts included on lines 1, 2, and 3 received from tither than disqualified persons in the control of the con		any 'unusual grants.')						
services performed, or facilities turnished in any activity that is tax event purpose.  3 Gross receipts from activities that are not an unrelated trade of cusiness under section 519.  4 Date receipts period that the cut of the cut	2							
furnished in any activity that is related to the organization's last are not on quantitations.  3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues level for the organization's benefit and is behalf in the organization's benefit and is behalf in the organization without charge of the organization without charge of Tablitation of the organization								
related to the organization's tax exempt purpose.  3 Gross receipts from activities or business under section 513.  4 Tax revenues levee for the organization's benefit and either paid to or expended on either paid to expende on the p								
3 Gross receipts from activities that are not a nurrelated trade or business under a nurrelated trade or business under a nurrelated trade or business under section 513.  4 Tax revenues levels for the either paid to or expended on its behalf  5 The value of services or sectives from sective that the programment of the paid to or expended on its behalf  6 Total, Add lines I through 5.  7 A Amounts included on lines 1, 2, and 3 received from other than disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons had not been disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons had for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7 from line 6).  Section B. Total Support  Calendar year (refreat) year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total of the year.  b Unrelated business travable income (loss section 51) I also grain critical sections of the paid of the year of ye		related to the organization's						
that are not an unrelated frade or business under section 513.  4 Tax revenues levied for the earth of the control of the cont	_							
or business under section 513.  1 Tax revenues level for if the organization's benefit and either gold to or expended on either gold to or expended on either gold to or expended on facilities furnished by a governmental unit to the organization's without change.  5 Total Add lines I through 5.  7 A Amounts included on lines 1, disquarited persons 1.  8 Amounts included on lines 2 and 3 received from other trian disqualified persons 1.  9 Amounts included on lines 2 and 3 received from other trian disqualified persons 1.  9 Amounts from line 6.  10 Add lines 7 and 7b.  8 Public support. (Subtract line 5.  10 Calendary serve (fiscal year beginning in)   9 Amounts from line 6.  10 A Gross incent from intest, dividings, speniers reviewed on securities loss, toots, toyleas and moreor from businesses of the control of the con	3							
organization's benefit and either part to or expended on the the part to or expended on the there are to or expended on the the part to or expended on the there are to organization without charge.  5 The value of services or governmental unit to the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization (f) which is a public support percentage from 2014 Soft the support percentage from 2015 (fine 10c, column (f))				•				
either paid to or expended on its behalf.  5 The value of services or facilities transared by a organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 3% of the amount on line 3 for the year.  c Add lines 7 and 7b.  8 Public support. (Subtract line 7c from line 6).  Section B. Total Support  Carefadar year for fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6.  Duriclated business staxable income (less section 511 lanes) from businesses in the section of the	4							
its behalf.  5 The value of services or facilities furnished by a government of the property o								
5 The value of services or services or seclibles trurismed by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7a Amounts included on lines 1, disqualified persons that a disqualified persons that a exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  7 Add lines 7a and 75.  8 Public support. Subtract line 75 from line 6.  8 Section B. Total Support  2 Amounts from line 6.  9 Amounts from line 6.  10 a Gross income from interest, dividends, payment reserved on securities losts, seminar secretar on secretar losts, seminar secretar on securities losts, seminar secretar on secretar losts, seminar losts, losts, seminar losts, seminar losts, lo		either paid to or expended on						
facilities furnished by a governmental unit to the organization without charge.  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons.  b Amounts included on lines 2 and 5 received from other than disqualified persons.  b Public support. Subtract line 7c from line 6, 3 rot the year.  c Add lines 7a and 7b.  Public support. Subtract line 7c from line 6, 3 rot from line 6, 3 rot from line 6, 3 rot from line 6.  3 General received in securities loans, rects, royales and income from interest diadedds, payments received on securities loans, rects, royales and income from similar sources.  b Unrelated business taxable many subtractions of the company of the form the subtract subtract subtracts and received in securities loans, rects, royales and income from unrelate business are virties not included in line 10th, whether on not the business is regularly carned on.  13 Total support. (Add lines 9) rot, 11 and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) roganization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part III, line 15.  6 Public support percentage from 2015 (line 8, column (f) divided by line 13, column (f)).  17 \$ section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17.  18 \$ section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17.  18 investment income percentage from 2014 Schedule A, Part III, line 17 or granization qualifies as a publicly supported organization.  b 33-173% support tests – 2014. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33-173%,	5	The value of services or						
organization without charge. 6 Total Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons. b Amounts included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1 % of the amount on line 13 for the year. C Add lines 7 and 75. 8 Public support, Subtract line 7 from line 6).  Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6. 10 a gross income from interst, divideds, payments received on securities loans, rents, royalties and income from similar sources. B continued on line 13 in acquired after June 30, 1975. c Add lines 10 and 100. 11 Not through from line 6 in acquired after June 30, 1975. c Add lines 10 and 100. 11 Not through from line 6 in acquired after June 30, 1975. c Add lines 10 and 100. 11 Not through from understood to the second securities of the business is requisity 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). 12 Notal support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). 15 \$ Section D. Computation of Public Support Percentage  19 Public support percentage from 2014 Schedule A, Part III, line 15. 16 \$ Section D. Computation of Investment Income Percentage  19 Investment income percentage from 2014 Schedule A, Part III, line 17. 18 In section D. Computation of Investment Income Percentage  19 Investment income percentage from 2014 Schedule A, Part III, line 17. 18 In section D. Computation of Investment Income Percentage  19 Investment income percentage from 2014 Schedule A, Part III, line 17. 18 In section C in the analysis of the computation of Investment Income Percentage  19 Investment income percentage from 2014 Schedule A, Part III, line 17. 19 Investment lines the presentage from 2014 Schedule A, Part III, line 19 In line 19 In line 19 In line 19 In	•							
6 Total. Add lines 1 through 5.  7 a Amounts included on lines 1, 2 and 3 received from disqualified persons.  b Amounts included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.  Section B. Total Support  Calendar year (or fiscal year beginning in)   9 Amounts from line 6.  10 a Gross income from interest, indivends, payments received on securities loans, retst, cyolisties and income flows, payments received on securities loans, retst, cyolisties and income flows  b Unrelated business laxable income (less section B.1) taxes) from businesses acquared after June 30, 1975. c Add lines 10a and 10b.  11 Net income from unrefact business artivities not included in line 10s, whether on not the business a artivities not included in line 10s, whether on not the business a requirity arried on.  12 Other income. Do not include copilal assets (Explain in or 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, 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  15 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17.  18 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 A 19 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 A 19 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 A 19 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 A 19 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 A 19 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 A 19 Investment income percentage from 2014 Schedule								
7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. C Add lines 7 and 7 b.  8 Public support. (Subtract line 7 from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) P (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6 .  10 a Gross income from interest, dividends, payments received on securities loans, tents, royaltes and income from similar sources.  b Unrelated business taxable business acquired after June 30, 1975. C Add lines 10 and 10 b.  11 Net moome from unrelated business services not included in line 10 fth, whether or not the business is activates included in line 10 fth, whether or not the business is carbon the company or an activation of the company of the compan	_	-						
2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.)  10 a Gross income from interest, dividends, payments received in securities learns, rests, royales and income from interest, dividends, payments received on securities learns, rests, royales and income from interest, dividends, payments received on securities learns, rests, royales and income from interest subtable income (less section 51 taxes) from businesses acquired after June 30, 1975.  c Add lines 10 and 10 b.  11 Net income from unrelated business sachivities not included gain or loss from the sale of capital assets (Explain in 12).  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 13 Total support. (Add lines 9, 10c, 11, and 12).  13 Total support. (Add lines 9, 10c, 11, and 12).  15 Public support percentage from 2014 Schedule A, Part III, line 15.  8 Section D. Computation of Public Support Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 15.  18 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 a 31-13% support tests — 2015. If the organization did not check the box on line 14, and line 15 is more than 33-13%, and line 18 is not more than 33-137%, check this box and stop here. The organization qualifies as a publicy supported organization								
disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6.  10 a Gross income from interest, dividends, payments received on securities lears, rents, royalbes and income from similar sources.  b Total Support (Subtract line 7c) c Add lines 10a and 10b.  Net nome from unrelated business acquired after June 30, 1975.  c Add lines 10a and 10b.  Net nome from unrelated business associated from the subtract of the su	/ a							
and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	b	Amounts included on lines 2					•	
excéed the greater of \$5,000 or 1% of the amount on line 13 for the year  c Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total  9 Amounts from line 6  10 a Gross mome from interest, dividends, payments received on securities leans, rents, royales and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b  11 Net income from unrelated business is regularly carred on.  12 Other income. Do not included in line 10b, whether or not the business is regularly carred on.  12 Other income. Do not include a 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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Public support percentage from 2014 Schedule A, Part III, line 15	_	and 3 received from other than						
1% of the amount on line 13 for the year.  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total  9 Amounts from line 6.  10 a Gross income from interest, dividends, payments reviewed on securities leans, reris, royalties and income from smill a sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelate dusiness acquired after June 30, 1975.  c Add lines 10a and 10b.  12 Other income. Do not include gain or loss from the saie of captal 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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).  15 §  8 Section D. Computation of Public Support Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).  18 §  8 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).  18 §  8 Section D. Computation of Investment Income Percentage  19 a 33-113% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33-113%, and line 17 is not more than 33-113%, check this box and stop here. The organization qualifies as a publicly supported organization. In line 15 is not more than 33-173%, check this box and stop here. The organization qualifies as a publicly supported organization. In line 15 is not more than 33-173%, check this box and stop here. The organization qualifies as a publicly supported organization. In line 15 is not more than 33-173%, check this box and stop here. The organization qualifi								
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Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	Sec							
Section D. Computation of Investment Income Percentage					ne 13, column (f))	1	15	%
Section D. Computation of Investment Income Percentage	16	Public support percentage from	2014 Schedule A,	Part III, line 15.			16	
Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	Sec	· · · · · · · · · · · · · · · · · · ·						
18 Investment income percentage from 2014 Schedule A, Part III, line 17						ımn (f)).	17	7 %
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported org	anization 🟲 📗
	20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	theck this box and	see instructions	s▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
i	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b	- dine	# # # # # # # # # # # # # # # # # # #
(	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	1.	7. K
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ļ	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?	5b		·沙·宁州
(	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	er [	# 16-
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 or 990-EZ).	8		
9	<b>a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a	e e	
ı	<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	9b		300
(	c Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b>	9c	i de la	
10	<b>a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>	10a	y ngh <sub>an</sub> shpilik	
I	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pā	art IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	II, 12-13-13-14	Yes	No
	<b>a</b> 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>b</b> A family member of a person described in (a) above?	11b		<b></b>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b>	11c		
Se	ction B. Type I Supporting Organizations	1		
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 <b>Part VI</b> 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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	]  		
Se	ction D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		April 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations	<u>.L</u> !		
1				
•				
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	15).		
2	Activities Test. Answer (a) and (b) below.	ľ	Yes	No
	a 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		POR LEGISLA
	<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a 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? <i>Provide details in Part VI</i>	3a	1417	
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	Japan P	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete			ons. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	Pani S		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		TO SEASON OF THE	
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		·
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Marie Carlos (Marie Carlos (Ma	
2	Enter 85% of line 1	2	The second secon	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	tions of the second second	
4	Enter greater of line 2 or line 3	4	The state of the s	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	egrate	d Type III supporting org	anization
BAA			Schedule A (For	m 990 or 990-EZ) 2015

	edule A (Form 990 or 990-EZ) 2015 UNITED STATES POSTGE  Pri V Type III Non-Functionally Integrated 509(a)(3) Su			94507 Page 7
	tion D – Distributions	ipporting Organiza	uons (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rnoses		
2		<del> </del>	<del> </del>	
	in excess of income from activity		,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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			
	The state of the s			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	ction E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6		este significant proprieta de la contraction de	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:	A CARLO TO A	olu Salidi.	
		ang paramatan di kacamatan di ka Sanggaran di kacamatan di kacama	pitalas — Las aremporarios de la calculación de	
	O CONTRACTOR OF THE PROPERTY O			
			The state of the s	
	d From 2013			
	e From 2014	The second secon		
	f Total of lines 3a through e		TO THE RESERVE TO THE RESERVE THE PARTY OF T	
	g Applied to underdistributions of prior years	grading and the second of the		
	h Applied to 2015 distributable amount		<b>可是一种的基础的主要的</b>	
	i Carryover from 2010 not applied (see instructions)		Prior Training Control of	
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f			A STATE OF S
4	The model of the first of the f		ula ja Parangan pangan kanasa sa da	a area ( ) in the second of th
	line 7: \$ a Applied to underdistributions of prior years			The state of the s
		Antonio (n. 1971)		State of the state
	Applied to 2015 distributable amount			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7		A PROPERTY OF THE PROPERTY OF	The second secon	
8	Breakdown of line 7:	The Mark Assessment of the Ass		7. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- ;				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b de la companya de l		The state of the s	Millifer of Market Frank
	Excess from 2013	Section 1		
	d Excess from 2014			
	<b>e</b> Excess from 2015			
_				

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

2015

Employer identification number

UNITED STATES POSTGRESQL ASSO	26-2194507	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-F7	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or or's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi). 1	l (c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	6a or 16h and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fithan \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational
during the year, contributions <i>exclusively</i> for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	I (c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for a many of the parts unless the <b>General Rule</b> applies to this organile, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, nization because

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

Name of organization

IINTTED STATES POSTCRESOL ASSOCIATION

Employer identification number 26-2194507

ONTIED	SIMIES	POSTGRESQL	ASSOCIATIO	<u>N</u>			
Part I	Contribut	Ors (see instruction	ons). Use duplicate	copies of Pa	rt I if additional	space is nee	eded.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>17,420.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 11,500.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
4 (a) Number	(b) Name, address, and ZIP + 4	\$11,500.  (c) Total contributions	Payroll  Noncash  (Complete Part II for
4 (a) Number	Name, address, and ZIP + 4	(c) Total	Payroll  Noncash  (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4  Name, address, and ZIP + 4	(c) Total contributions	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
5	(b)	(c) Total contributions  \$7,000.  (c) Total contributions  \$7,000.	Payroll   Noncash   (Complete Part II for noncash contributions.)    Type of contribution   Person   X     Payroll         Noncash   (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

Employer identification number

UNITED STATES POSTGRESQL ASSOCIATION

26-2194507

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		<sup>\$</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	·		
	·	 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	·	 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page of Part III Name of organization Employer identification number UNITED STATES POSTGRESQL ASSOCIATION 26-2194507 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)...... Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part l (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES POSTGRESQL ASSOCIATION

Employer identification number

26-2194507

#### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS		178,420.
MISCELLANEOUS PAY PAL FEES		1,122.
BANK CHARGES		703. 473
BUSINESS REGISTRATION FEES		250.
SPONSORSHIP EXPENSES		186.
TAXES & LICENSES		100.
TOTAL	, \$	181,254.

### FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE, PROMOTE AND SUPPORT THE CREATION, DEVELOPMENT AND USE OF THE POSTGRESQL OPEN SOURCE DATABASE SOFTWARE, TO PROVIDE INFORMATION AND EDUCATION REGARDING THE USE OF POSTGRESQL, AND TO ORGANIZE, HOLD AND CONDUCT MEETINGS, DISCUSSION AND FORUMS ON THE CONTEMPORARY ISSUES CONCERNING THE USE OF POSTGRESQL.

# FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO