Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

B		if applicable: C			2015	
Ĭ	Addres	is change	P	Employer i	dentification number	
F	1	change Sunland-Tujunga-Shadow Hills Community	27-09	20398		
	Initial	return Fund	E Telephone number			
	Final ret	PO Box 4323 urn/terminated Canada CA 01041		(818)	355-0063	
┌	Amend	Infrirerminated Sunland, CA 91041	F	Group E	xemption	
	Applica	ation pending.	-			
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Ch	neck •	X if the	organization is not	
I	Webs	site: > sunlandtujungashadowhillscommunityfund.com re			Schedule B	
J	Tax-ex	tempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) or \longrightarrow 527	orm 99	90, 990-E2	Z, or 990-PF).	
K		of organization: X Corporation Trust Association Other				
L	Add l	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or if to	otal ► \$	41,329.	
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the				
200-0000		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received				
	2	Program service revenue including government fees and contracts			· · · · · · · · · · · · · · · · · · ·	
	3	Membership dues and assessments.			· 	
	4	Investment income				
	5 a	Gross amount from sale of assets other than inventory				
	1	Less: cost or other basis and sales expenses				
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		11111111111111111	•	
		Gaming and fundraising events				
R	1	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a				
E V		Gross income from fundraising events (not including \$ of contributions	_,			
REVENUE	~	from fundraising events reported on line 1) (attach Schedule G if the sum				
E		of such gross income and contributions exceeds \$15,000)	1,32	- 3300000000000000000000000000000000000		
			6,69	1.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	34,638.	
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
	8	Other revenue (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			34,638.	
	10	Grants and similar amounts paid (list in Schedule O)				
	11	Benefits paid to or for members		11		
Ē	12	Salaries, other compensation, and employee benefits		12		
è	13	Professional fees and other payments to independent contractors		13	1,745.	
XPENSES	14	Occupancy, rent, utilities, and maintenance		14		
Ĕ	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) See Schedule		15	22,180.	
3	16	Other expenses (describe in Schedule O)		16	5,747.	
	17	Total expenses. Add lines 10 through 16		. 17	29,672.	
	18	Total expenses. Add lines 10 through 16		18	4,966.	
ASSET S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with enfigure reported on prior year's return)	d-of-ye		4,226.	
ŦŢ	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	<i></i>	. ► 21	9,192.	
PΛ		Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2014)	
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Page 2

1 41	Check if the organization used Sch	edule O to respond to any qu	estion in this Part II			
				(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			4,226		8,753.
23	Land and buildings				23	
24	Other assets (describe in Schedule O).				24	
25	Total assets			4,226		8,753.
26	Total liabilities (describe in Schedule C			0		0.
	Net assets or fund balances (line 27 of			4,226	. 27	8,753. Expenses
rar	Statement of Program Service A Check if the organization used So	chedule O to respond to any	guestion in this Part	III X	/Dog	<u>-</u>
What i	s the organization's primary exempt purpose? Se	e Schedule O	•		(c)(3)	uired for section 501) and 501(c)(4)
Desc	ribe the organization's program service	accomplishments for each of	its three largest pro	gram services, as	orgai	nizations; optional thers.)
meas bene	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	each program title.	ces provided, the ni	amber of persons	101 0	uiers.)
28		-				
	(Grants \$) If the	·				
~~	(Grants \$) If the	nis amount includes foreign g	rants, check here		28 a	33,969.
29						
	(Grants \$) If the	nis amount includes foreign g	rants, check here	-	29 a	
30						
	(Grants \$) If the	nis amount includes foreign g	rants, check here	▶	30 a	
31	Other program services (describe in Sch				21 -	
20	(Grants \$) If the Total program service expenses (add li	nis amount includes foreign g			31 a	33,969.
	List of Officers, Directors,					
rar	Check if the organization used So					
	Official in organization access	(b) Average hours per	(c) Reportable compensa	(d) Health benefit	s,	
	(a) Name and title	week devoted to	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and def		(e) Estimated amount of other compensation
		position	(,	compensation		W.
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		TEEA0812L 0	5/28/14			Form 990-EZ (2014)
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Pa	TV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V) Check if the organization used Schedule O to respond to any	quirements in See Scheon question in this Part V	lule	0 	X
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O		33		Χ
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the		l l		37
35	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)		34		X
35	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		Х
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an		35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	ion 6033(e) notice,			
		I	35 c		X
	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		_X_
	a Enter amount of political expenditures, direct or indirect, as described in the instructions.			- 2	
	b Did the organization file Form 1120-POL for this year?		37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	38 a		Χ
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b N/A	7	13.5	
39	Section 501(c)(7) organizations. Enter:				
;	a Initiation fees and capital contributions included on line 9	39 a N/A	7		*****
1	b Gross receipts, included on line 9, for public use of club facilities	39b N/A	<u></u>		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year under:		2.07	
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955				
ı	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ar benefit transaction during the year, or did it engage in an excess benefit transaction in a pric	y section 4958 excess			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations or disqualified persons during the year under sections 4912, 4955, and 4958	ation			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	·· , • <u>0</u> ,	_		
(d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburs by the organization	sed ► 0.			
	, ,		- 10		
	e All organizations. At any time during the tax year, was the organization a party to a prohibite	d tax			3.7
•	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e		X
41	e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e		X
	shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None	d tax	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T	Telephone no. ► (818)	249	-786	
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Carl De Silveira Located at PO Box 4323 Sunland CA	Telephone no. ► <u>(818)</u> ZIP + 4 ► <u>9104</u> 1	249		5
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43 44 44 45 45	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of Carl De Silveira Located at PO Box 4323 Sunland CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Acc 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: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Telephone no. \(\big(\frac{818}{91041} \) Tauthority over a nancial account)? Counts (FBAR). Tauthority over a nancial account)?	249 42b 42c 44a 44b	Yes	No X X X N/A No X
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Page 4

46 Die	d the organization engage, directly or indirending the organization engage, directly or indirending the organization of the or	ectly, in political campa te Schedule C, Part L	ign activities	on behalf o	of or in opp	oosition to	40	5	X
Part V	Section 501(c)(3) organization All section 501(c)(3) organizati for lines 50 and 51.		uestions 4	17-49b and	d 52, an	d complet	e the tal	oles	
	Check if the organization used Schedu	ule O to respond to any	question in	this Part VI.					П
47 Dia	the organization engage in lobbying activities	or have a coction 501/h	\ alastian in a	offeet during t	the tay yes	r2 If !Voc !		Yes	No
CO	mplete Schedule C, Part II	· · · · · · · · · · · · · · · · · · ·		·····			47	,	Х
	the organization a school as described in s							3	X
	the organization make any transfers to a								X
50 Co	Yes,' was the related organization a section mplete this table for the organization's five high ployees) who each received more than \$100,000.	hest compensated emplo	vees (other t	han officers.	directors, t	rustees and		Эb	<u></u>
	(a) Name and title of each employee	(b) Average hours per week devoted to position		compensation /1099-MISC)	(d) Hea contribution benefit plan	th benefits, is to employee s, and deferred ensation		ated amou ompensati	
None		-				, , , , , , , , , , , , , , , , , , ,			
		-							
						•			
		•							
		-							
51 Cor	al number of other employees paid over \$ mplete this table for the organization's five hig mpensation from the organization. If there	hest compensated indepe	endent contra	ctors who ea	ch received	d more than	\$100,000 o	f	
	(a) Name and business address of each independent of	contractor		(b) Type o	of service		(c) Cc	mpensatio	n
None									
·· · ·· · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						, .		
						.,			
									
d Tot	al number of other independent contractor	s each receiving over \$	100,000				•		
cor	the organization complete Schedule A? N npleted Schedule A						► 🗓 Y	es [No_
Under pena true, correct	Ities of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	, including accompanying scheder) is based on all information o	lules and statem f which preparer	ents, and to the has any knowle	best of my kiedge.	nowledge and b	elief, it is		
Sign	Signature of officer				Date				
Here	Dan McManus Type or print name and title				Presid	ent	·		
	Print/Type preparer's name	Preparer's signature		Date		eck X if	PTIN		
Daid	Jeffrey D. Hamilton	Jeffrey D. Ham	ilton				P007450	70	
Paid Preparer	·						•		
Use Only	Firm's address ► PO Box 797					m's EIN			
	Montrose, CA 91	021-0797			Ph	one no.			
	IRS discuss this return with the preparer sl						► X Y		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Name o	of the organization		junga-Shadow	Hills Communi	ty		Employer identifica	
	1 5	Fund	- Chalan (All a		<u> </u>	.1. 11.:.	27-092039	
Pan	Reason	for Public Cha	dation because it is:	rganizations mus	t comple	ete this	part.) See instruct	tions.
	_	· ·		-				
1 2	·		nes, or association of c n 170(b)(1)(A)(ii). (At		ection 170	(D)(T)(M)	(1).	
3	\blacksquare		nospital service organ	•	saction 17	/0/bV1V/	AVIII)	
4	t. 1	•	•				ction 170(b)(1)(A)(iii). E	nter the hospital's
7		, and state:	ition operated in conj	unction with a nospit	ar acsorio	Ju III 300	2001 17 0(B)(1)(A)(III). L	ntor the hospitars
5	☐ An organiza		ne benefit of a college	or university owned or	operated b	y a gove	rnmental unit described in	n section
6			ernment or governme	ental unit described i	section	170(b)(1)(A)(v).	
7	in section	170(b)(1)(A)(vi). (Complete Part II.)		-	nental un	it or from the general pub	blic described
8	_	-	in section 170(b)(1)					
9	from activit investmen June 30, 1	ies related to its ex t income and unre 975. See section	empt functions — subje lated business taxab 509(a)(2). (Complete	ect to certain exception le income (less secti Part III.)	s, and (2) on 511 tax	no more) from b	, membership fees, and on the support of the suppor	ort from aross
10			nd operated exclusive					
11	or more pu	ublicly supported o hrough 11d that d	rganizations describe escribes the type of s	ed in section 509(a)(supporting organization) or secti on and cor	o n 509(a nplete li	nctions of, or to carry ou)(2). See section 509(a) nes 11e, 11f, and 11g.	(3). Check the box in
а	Type I. A su organization complete I	upporting organizati n(s) the power to re Part IV, Sections A	on operated, supervise gularly appoint or elec \ and B.	ed, or controlled by its t a majority of the dire	supported of ctors or tru	organizat stees of t	ion(s), typically by giving the supporting organization	the supported on. You must
b	management must comp	nt of the supporting plete Part IV, Sect	organization vested in ions A and C.	the same persons tha	t control or	manage	ted organization(s), by the supported organizati	on(s). You
С	Type III fun	ctionally integrated	A supporting organiza	tion operated in connec	tion with, a	nd function	onally integrated with, its	supported
d	T III		rated A supporting or	anization apprated in	connection	with ite	supported organization(s) t and an attentiveness	that is not
е	Check this	box if the organiz	piete Part IV, Sectior ation received a writt inctionally integrated	ten determination fro	n the IRS	that is a	Type I, Type II, Type I	II functionally
f	•	• •	organizations					
g	Provide the fo	llowing informatio	n about the supporte	d organization(s).				
	(i) Nam or	ne of supported ganization	(ii) EIN	(iii) Type of organizatio (described on lines 1-9 above or IRC section (see instructions))	organiza in your	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
	,,,,							
(B)								
(C)								
(D)								
(E)								
				12.00	5	100		
Total			46		3		O-b-th-A/F-	n 990 or 990-EZ) 2014
BAA	For Paperworl	Reduction Act N	otice, see the Instruc	ctions for Form 990 (r 990-EZ.		Schedule A (Form	1 330 01 330-EL) 2014

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (e) 2014 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3... 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)... Public support. Subtract line 5 from line 4...... Section B. Total Support Calendar year (or fiscal year (e) 2014 (a) 2010 (b) 2011 (c) 2012 (d) 2013 (f) Total beginning in) י Amounts from line 4..... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources..... Net income from unrelated business activities, whether or not the business is regularly carried on...... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10..... Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))..... % Public support percentage from 2013 Schedule A, Part II, line 14..... 16a 33-1/3% support test - 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box 17a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... **b 10%-facts-and-circumstances test** — **2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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 !	pelow please complete Part II)

	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
ı	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						0.
3	tax-exempt purpose						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
_	: Add lines 7a and 7b	0.	0.	<u> </u>	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)		32 L		著 獎		0.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 6	0.	0.	0.	0.	0.	0.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	·					0.
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11 and 12.)	0.	0.	0.	0.	0.	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	× X
	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	ne 13 column (fi)			%
15	Public support percentage for 20 Public support percentage from 3	714 (line 8, columi 2012 Schodulo A	Part III line 15	ie 13, column (1)).			%
	tion D. Computation of Inv						
	Investment income percentage f	or 2014 (line 10c	column (f) divide	d by line 13. colu	mn (f))	17	%
17	Investment income percentage f	rom 2013 Schedul	e A. Part III. line	17		18	%
18	20 4/20/	the ergonization	did not check the	hov on line 14 a	and line 15 is more	e than 33-1/3%, ar	nd line 17
	is not more than 33-1/3%, check	this box and stop	onere. The organi did not check a b	ox on line 14 or li	ne 19a, and line	16 is more than 33	3-1/3%, and
	line 18 is not more than 33-1/3%	s, check this box a	ind stop nere. In	e organization qu	aimes as a public	y supported organ	
20	Private foundation. If the organiz	zation did not che	ck a box on line		Scottlis box and	hedule A (Form 990	or 990-FZ) 2014

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		8.
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4	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		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	357.72	
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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	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		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		1
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	b 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		

mmunity	27-092039	8 Page 5
? n (b) and (c) below, t	the	Yes No
c, provide detail in I	Part VI	11b 11c
power to regularly ap ax year? If 'No,' desc led the organization ers to appoint and/o ditions or restriction	ribe in 's activities. r remove	Yes No
the supported orgar in Part VI how prov. vised, or controlled	iding such the	2
of the directors or tri w control or manag the supported organ	ement of the	Yes No
the fifth month of t t provided during th tion, and (3) copies not previously prov	e prior tax s of the	Yes No
ected by the support No,' explain in Part Poorted organization	rted VI how (s)	2
zations have a sign ation's income or as upported organization	sets at	3
during the year (see	instructions):	
ne 3 below. ed a government entit	ty (see instruction	ns).
-		Yes No
the exempt purpose identify those suppo es, how the organiz at these activities c	rted ation was	The state of the s
nvolvement, one or plain in Part VI the r hese activities but f	easons for	2a 2b

	Has the organization accepted a gift or contribution from any of the following persons?			
;	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		
ļ	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		ann an
Sec	ction C. Type II Supporting Organizations			
1	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Sec	tion 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1345° 25
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		ě
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1				
á	The organization satisfied the Activities Test. Complete line 2 below.			
ı	$oldsymbol{D}$ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
á	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		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	ur.	
•	Parent of Supported Organizations. Answer (a) and (b) below.			
3	Did the appropriation have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	3a		
	each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
	oupported digenization in the			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete	ovemb e Sect	er 20, 1970. See instructio ions A through E.	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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		.
	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	-gest-	respective to the second	gazinaga (m.) - Appara e sarinta t Appara e sarinta
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		-11
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	25° 25°	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated		
BΛΛ			Schedule A (Forn	n 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	tion D — Distributions			Current Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations.						
4	Amounts paid to acquire exempt-use assets			,				
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7	Total annual distributions. Add lines 1 through 6	,						
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions	on is responsive (provide	details					
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6	200 SAME	F 18 18 18 18 18 18 18 18 18 18 18 18 18					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)	F (1)						
3	Excess distributions carryover, if any, to 2014:			Company of the Company				
а		Note	2005					
b		33 3		Property and a second of				
С			337 34	-				
d		Parties Control	SEC. 32	1127				
е	From 2013	AND SEE	440	100				
f	Total of lines 3a through e		SE 15	454740				
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount		Table 1					
	Carryover from 2009 not applied (see instructions)	200 SEC.		NAME OF TAXABLE PARTY.				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		THE STATE OF	182				
4	Distributions for 2014 from Section D, line 7:	and the second s						
а	Applied to underdistributions of prior years			36.7				
	Applied to 2014 distributable amount	W. S.	76 4 3					
	Remainder. Subtract lines 4a and 4b from 4		14 E	3242				
	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7	Excess distributions carryover to 2015. Add lines 3j and 4c			2.5				
8	Breakdown of line 7:	弄 类 通						
а	Service and the part of the pa		200 100 100 100	and the second				
b		F 198		249				
С			F 4 4 2 2					
d	Excess from 2013		\$ \$ \$ \$ X					
	Excess from 2014		4 2	1375 1				

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Information about Schedule G (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

► Attach to Form 990 or Form 990-EZ.

Name of the organization Sunland-Tujunga-Shadow Hi		Hills	ills Community		1 ' -	Employer identification number		
Fund Fundraising Activities. Complete if the organ				/ II 5 000 D. I	27-0920398			
Part I Form 990-EZ filers are not re	plete if the orga- quired to comp	nization ai lete this p	nswered '` art.	res' to Form 990, Part	IV, line 17.			
1 Indicate whether the organization	raised funds thr	ough any	of the foll	owing activities. Check	all that apply.			
a Mail solicitations			е	Solicitation of non-	government grants			
b Internet and email solicitations	5		f	Solicitation of gove	ernment grants			
c Phone solicitations			g	Special fundraising	events			
d In-person solicitations			_					
	r oral agreement	with any i	ndividual (i	ncluding officers, directo	rs trustees or key			
2 a Did the organization have a written o employees listed in Form 990, Par								
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	riduals or entities ne organization.	(fundraise	rs) pursua	nt to agreements under v	which the fundraiser is to	be		
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser (iv) Gross receipt		(iv) Gross receipts	s (v) Amount paid to (vi) Amount paid to			
or entity (fundraiser)		have custody or control of contributions?		from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization		
		Yes	No					
1								
2						-		
3								
4								
5								
6								
7								
8								
9								
10								
		l						
otal								
3 List all states in which the organization or licensing.	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is exempt from	registration		

Sch	edule	G (Form 990 or 990-EZ) 2014 Sunland	-Tujunga-Shado	w Hills Communi	ty 27-09	20398 Page 2	
		Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	the organization ar	swered 'Yes' to Fo	rm 990, Part IV, li	ne 18, or reported lines 1 and 6b.	
RE			(a) Event #1 Voice of the V (event type)	(b) Event #2 Fireworks Disp (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))	
REVENUE	1	Gross receipts	26,416.	14,913.	<u> </u>	41,329.	
Ŀ	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	26,416.	14,913.		41,329.	
	4	Cash prizes					
_	5	Noncash prizes					
D I RECT	6	Rent/facility costs					
Č T	7	Food and beverages					
E X P	8	Entertainment					
EXPENSES	9	Other direct expenses		6,691.		6,691.	
Š		Direct expense summary. Add lines 4 thro					
Par	t III	Net income summary. Subtract line 10 fro Gaming. Complete if the organizar	tion answered 'Yes	s' to Form 990, Part	IV, line 19, or rep	ported more than	
	1	\$15,000 on Form 990-EZ, line 6a.				1	
R E			(a) Bingo	(b) Pull tabs/Instant	(a) Other coming	(d) Total gaming (add column (a) through column (c))	
V E			(a) Diligo	bingo/progressive bingo	(c) Other gaming	(add column (a)	
REVENUE	1	Gross revenue	(a) Dilligo	bingo/progressive	(c) Other gaming	(add column (a)	
	1 2	Gross revenue	(a) Dilligo	bingo/progressive	(c) Other gaining	(add column (a)	
		Cash prizes	(a) Dilligo	bingo/progressive	(c) Other gaining	(add column (a)	
		Cash prizes	(a) Dilligo	bingo/progressive	(c) Other gaining	(add column (a)	
	3	Cash prizes		bingo/progressive bingo		(add column (a)	
	3	Cash prizes Noncash prizes Rent/facility costs	Yes %	bingo/progressive	Yes 8	(add column (a)	
	3 4 5	Cash prizes	Yes %	Yes%	Yes %	(add column (a) through column (c))	
	3 4 5	Cash prizes	Yes % No No Dugh 5 in column (d)	Yes%	Yes %	(add column (a) through column (c))	
DIPENSECT S	3 4 5 6 7 8 Enter	Cash prizes	Yes % No bugh 5 in column (d) ne 7 from line 1, column nducts gaming activities activities in each of the	Yes % No n (d)s: ese states?	Yes %	(add column (a) through column (c)) Yes No	

b If 'Yes,' explain:

Scn	edule G (Form 990 or 990-EZ) 2014 Sunland-Tujunga-Shadow Hills Community		1398	Page 3
11	Does the organization operate gaming activities with nonmembers?	•••••	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility			%
	b An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address •			
ı	a Does the organization have a contact with a third party from whom the organization receives gaming revenue by If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ If 'Yes,' enter name and address of the third party:	e amour	nt	No
	Name •			
	Address •			
16	Gaming manager information:			
	Name •			. – – – -
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
n	organization's own exempt activities during the tax year ► \$ 1 IV Supplemental Information. Provide the explanations required by Part I, line 2b, col	umns (iii) and (<u>/).</u>
rai	Supplemental Information. Provide the explanations required by Part I, line 2b, coland Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	additi	onal	-71

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.

Open to Public Inspection

No

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Sunland-Tujunga-Shadow Hills Community Fund

Employer identification number

27-0920398

 r una					
Form 990-EZ, Part I, Line 16 Other Expenses					
Bank Charges Editor Grants to the school Office Expenses Telephone		\$	359. 3,600. 300. 290. 1,198.		
retephone	Total	\$	5,747.		
Form 990-EZ, Part III - Organization's Primary Exempt Purpose					
Support of Community School Extracurricular Sporting and Education Programs					
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts					
(a) Did the organization, during the year, receive any funds,	directly	y or			
indirectly, to pay premiums on a personal benefit contract?			No		
(b) Did the organization, during the year, pay premiums, direc	tly or				

indirectly, on a personal benefit contract?.....