OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

A	For the	and e 2014 calendar year, or tax year beginning JUL 1 2014 and e	naing Ji	UN 30, 2015				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre	ss MELWOOD HORTICULTURAL TRAINING CENTER						
	Name			52-085	7690			
	Initial return		Room/suite	E Telephone numbe				
	Final	PARA MANUAL MANU		V/00/40-00/06	99-8000			
	termir ated			G Gross receipts \$	88,451,074.			
Г	Amen return			H(a) Is this a group re				
\Box	Applic			for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in				
ī	Tax-ex	empt status: x 501(c)(3) 501(c) ()	527	1	list. (see instructions)			
		te: Www.MELWOOD.ORG		H(c) Group exemptio	121			
		organization: x Corporation Trust Association Other	L Year		A State of legal domicile: MD			
	art I	Summary	Tag i out	011011111111111 1295 II	Totals of logal dofficions MD			
	14	Briefly describe the organization's mission or most significant activities: (SEE SC)	HEDULE O	1)				
& Governance			DODE C					
rna	2	Check this box if the organization discontinued its pperations or dispose	ed of more	than 25% of its net as	ssets.			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	O INE	ADE ATE AS				
Ğ	4	Number of independent voting members of the governing body (Part VI, life 1b)			10			
SS	5	Total number of individuals employed in calendar year 2014 (Part V. line 2a)	MA	5	1660			
ij	6	Total number of individuals employed in calendar year 2014 (Part V, line 2a) Total number of volunteers (estimate if necessary)		6	73			
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
×		Net unrelated business taxable income from Form 990-T, line 34			0.			
-				Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)		3,766,488.	4,277,978.			
ğ	9	Program service revenue (Part VIII, line 2g)		76,501,521,	79,146,613,			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		293,854.	202,640.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		130,710.	290,580,			
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,692,573.	83,917,811.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		50,445,188.	53,520,069.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
bel	b	Total fundraising expenses (Part IX, column (D), line 25)						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,558,987.	30,101,035.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		79 004 175.	83 621 104.			
	19	Revenue less expenses. Subtract line 18 from line 12		1 688 398.	296,707.			
Net Assets or			Be	ginning of Current Year	End of Year			
Sets	20	Total assets (Part X, line 16)		37,364,044.	37,900,474.			
ABS	21	Total liabilities (Part X, line 26)		14 157 802.	14,545,939.			
9.5	22	Net assets or fund balances. Subtract line 21 from line 20		23 206 242.	23,354,535,			
P	art II	Signature Block						
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
		COPY - RETAIN FOR			No.			
Sig	n	Signature of officer YOUR RECORDS		Date				
He	re	CAROL ANN DESANTIS, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer Supaturer	LA	Date 1 2 2016 Check	PTIN			
Pai	d	WILLIAM E, TURCO, CPA	JAI	JAN 1 1 2016 Check PTIN self-employed P00369217				
Pre	parer	Firm's name RSM US LLP		Firm's EIN ▶ 42-0714325				
Use	Only	Firm's address 9737 WASHINGTONIAN BLVD., #400						
_		GAITHERSBURG, MD 20878-7340		Phone no. (30	1) 296-3600			
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)	avenusse wateras		X Yes No			

Form 990 (2014) MELWOOD HORTICULTURAL TRAINING CENTER Part IV Checklist of Required Schedules

1 is the organization described in section SOT(x)(3) or 4917(x)1) (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule of Contributors9 3 Did the organization engage in direct or indirect political camping activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(R) organizations. Did the organization engage in lobbying activities, or have a section 501(r) election in effect during the tax year? M "Yes," complete Schedule C, Part II. 1 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 84-19? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or instoric attractives? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporally restricted andownents, permanent endowments, or quasi-indevolvents? If "Yes," complete Schedule D, Part X, inc. 10 If "Yes," complete Schedule D, Part X, inc. 10 If "Yes," complete Schedule D, Part X, inc. 10 If "Yes," complete Schedule D, Part X, inc. 10 If Yes, complete Schedule D, Part X, inc. 10 If Yes, complete Schedule D, Part X, inc. 10 If It is assets reported i	1				
3 Did the organization engage in direct or indirect political campalgin activities on behalf of or in opposition to candidates for public officer (if "Ves," complete Schedule C, Part I 5 Is the organization a section 501(e)(3) organization regage in lobbying activities, or have a section 501(e)(4) election in effect during the tax year? If "Ves," complete Schedule C, Part II 5 Is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 if "Ves," complete Schedule C, Part II 5 Did the organization marked any donce advated funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part I 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit expair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 Did the organization and part X or provide credit counseling, debt management, credit expair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization and part X or provide credit counseling, debt management, credit expair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization and part X or provide credit counseling, debt management, credit expair, or debt negotiations services? If "Yes," complete Schedule D, Part V 10 Did the organization apport an amount for lond, buildings, and equipment in Part X, line 150 If "Yes," complete Schedule D, Part V 110 Did the organization apport an amount for		If "Yes," complete Schedule A	_1_	Х	
Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "res," complete Schedule C, Part II 4	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Newsure Proceedings of the Complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or hold a conservation easiers for the funds or accounts for which donors have the right to provide advice on the environment, listed and areas, or historic structures? If "Yes," complete Schedule D, Part III	3		3		х
5 Is the organization as section 501(c)(l), 501(c)(li), or 501(c)(li) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.819 // 11 // 12 //	4				
5 Is the organization as section 501(c)(l), 501(c)(li), or 501(c)(li) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.819 // 11 // 12 //			4		х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Wes, "complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, listotic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar seases? If "Yes," complete Schedule D, Part III 9 Did the organization organization organization organization organization organization amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization organization or the following questions is "Yes," then complete Schedule D, Part V 11 If the organization's report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a z 11b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c Did the organization in separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d Did the organization have aggregate revenues or expenses of more than \$10,00	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Wes, "complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, listotic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar seases? If "Yes," complete Schedule D, Part III 9 Did the organization organization organization organization organization organization amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization organization or the following questions is "Yes," then complete Schedule D, Part V 11 If the organization's report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a z 11b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c Did the organization in separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d Did the organization have aggregate revenues or expenses of more than \$10,00		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization of poor an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization by the following questions is "Yes," then complete Schedule D, Part V if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, as a spiplicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V if the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V if the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V if the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V if Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X in Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X in 16? If "Yes," complete Schedule D, Part X in Did the organization separate or consolidated financial statements for the tax year include a fortoric that addresses the organization separ	6				
bit he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Polithe organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
8	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization senswer to any of the following questions is "Yes," then complete Schedule D, Part V, II, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - order related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization shalpit for uncertain tax positions under FIN 48 (SAC 740) If "Yes," complete Schedule D, Part X 11 Did the organization shalpit for uncertain tax positions under FIN 48 (SAC 740) If "Yes," complete Schedule D, Part X 11 Did the organization shalpit and shalpit of the same shalpit of the same shalpit of the partical or shalpit of the same shalpit of the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 13 Is the organization asserted in section 1700/(1)(A)(II) If "Yes," complete Schedule D, Part X and XII is optional 14 Did the organization flamina on office, em		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments or the "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nagotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization (rective) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III d Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X III part X, line 16? If "Yes," complete Schedule D, Part X III D Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III D Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III D Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII D Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United S		Schedule D, Part III	8		_X
## "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 17 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 18 Did the organization obtain separate, independent audited financial statements for the tax year If "Yes," complete Schedule D, Part X and XII 18 Did the organization included in consolidated, independent audited financial statements for the tax year? 19 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 19 Is the organization maintain an office, employees, or agents outside the United States? 10 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Y	9	- · · · · · · · · · · · · · · · · · · ·			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V					
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other isabilities of Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d			9		_X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	10				
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	11				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	_				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	а		446	,,	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d	h		1 Ia	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d	U		11h		v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garsts or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 of expenses for profes	c		110		_^_
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d	·		11c		x
Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f x 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a x 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 x 14a Did the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 x 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b x 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report and Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 x 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 x x 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1 18 x x	d		. 10		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 17 X 18 Did the organization report more than \$15,000 of do gross income and contributions on Part VIII, lines 1 and 82? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			11d		х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f x 11a 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b x 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines a read and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 A 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	f				
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b x 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b x 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 x 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a x 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total_of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a x	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b x 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 10 10 10 10 10 10 10 10 10 10 10 10 1		Schedule D, Parts XI and XII	12a		Х
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	b	-			
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. 19 A 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.			12b	Х	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	13		13		_X
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	14a		14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	þ				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H					
foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			14b		_X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	15				
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	40		15		_X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		40		
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17	17		10		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	17		17	9	v
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a x	18		17		Λ
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		18		v
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19		10		Δ_
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		х
	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form **990** (2014)

Form 990 (2014) MELWOOD HORTICULTURAL TRAINING CENTER
Part IV Checklist of Required Schedules (continued)

	one of the quite of the quite of the property			-
0.4	Did the evaporization vaport may than \$5,000 of grants or other applications to any demostic evaporization or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		_ X
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		Х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	v	
2/12	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_20_	X	
2 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		_X
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OEL		۱.,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		v
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		_X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If Test, complete schedule E, Part 19.	200		Δ_
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 01		_
UZ.	Schedule N, Part II	32	i)	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.	-	- A
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		_A_
04		34	х	
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	332	^	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		,,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		X
50	If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		_ X
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
	Note. All Form 990 filers are required to complete Schedule O	38	y	
		-		

Form **990** (2014)

Form 990 (2014)

MELWOOD HORTICULTURAL TRAINING CENTER

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
	T. W.	-	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	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)?	4a		X			
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c	-	Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_					
^	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	_					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-				
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	1						
a	Gross income from members or shareholders						
D	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a		_			
a	Note. See the instructions for additional information the organization must report on Schedule O.	iva					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
.,	organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		A)			
	To, provide an explanation in concedure o		aan	1001			

MELWOOD HORTICULTURAL TRAINING CENTER Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent _______1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 X Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶мD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. x Own website Another's website x Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2014)

State the name, address, and telephone number of the person who possesses the organization's books and records:

ROMELL BUCHANAN, CONTROLLER - 301-599-4552 5606 DOWER HOUSE ROAD, UPPER MARLBORO, MD

Form 990 (2014) MELWOOD HORTICULTURAL TRAINING CENTER 52-0857 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	(do	not c	Pos check	C) itior more		one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
=	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIKE KEPPLER	2,00									
CHAIR		X		X		-		0.	0,	0.
(2) GEORGE WATKINS	2.00									_
VICE CHAIR	2.00	X		X		Н		0.	0.	0.
(3) RICHARD MAHAN TREASURER	2,00	x		х				0.	0.	0.
(4) CHRISTIE ROBERTS	39,00	_		_				0.	0.	0.
SECRETARY/EMPLOYEE	1.00	x		x				10.891.	0.	0.
(5) DONALD DONAHUE	2,00									
IMMEDIATE PAST CHAIR	- 3.00	x						0.	0.	0.
(6) CHRISTINA EAGLIN	2,00									
BOARD MEMBER		x						0.	0.	0.
(7) SUE GREER	2,00									
BOARD MEMBER		x						0.	0,	0.
(8) TRACY WAREING	2,00									
BOARD MEMBER		х						0.	0.	0.
(9) STEVE MARTIN	2,00									
BOARD MEMBER		X	_	_	_	<u> </u>	_	0,	0,	0.
(10) SHARON CAMP	2,00	-								
BOARD MEMBER	_	X			_			0.	0.	0.
(11) DIVINA GAMBLE	2.00									*127
BOARD MEMBER		X			-			0.	0.	0.
(12) BRENDA SHEAFFER	40.00							05.600		
EMPLOYEE-REPRESENTATIVE BOARD	30.00	X						25,628.	0.	0,
(13) CAROL ANN DESANTIS	38.00	(Sec.)		x				265 200	0.	0 302
(14) MYRON THOMAS	40.00			^		Н		365,399.	0.	9,392.
CFO THOMAS	40.00			x				213,827.	0.	9,730.
(15) DAVID HARDEN	40.00			A					0.	5,750.
COO	20.00	1			x			202,920.	0.	1,058.
(16) LARYSA KAUTZ	40.00									
GENERAL COUNSEL						x		109,722.	0,	4,532.
(17) JUDITH MCCOWAN	40.00									
SR. VP OF CONTRACTS						x		185,279.	0.	8,411.
432007 11-07-14										Form 990 (2014)

432007 11-07-14

Form **990** (2014)

Part VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)						h an	Reportable	Reportable compensation from related		am	timat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		com fr orga and	pensa om th anizat d relat anizat	ation ne tion ted
(18) SCOTT GIBSON	40,00												
VP HUMAN RESOURCE						X		136,220.		0.		5	080
(19) DEBORAH PURCELL	40,00												
VP ADMIN. CONTRACT SERVICES						Х		131,581.		0.		13	871
(20) MICHAEL GLANZ	38.00												
VP COMMUNITY SERVICES	2,00					Х		127,457.		0.		6	,787
1b Sub-total								1,508,924.		0.		58	,861
c Total from continuation sheets to Part V								0.		0.			0
d Total (add lines 1b and 1c)								1,508,924.		0.		58	,861
2 Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed at	bove	e) wr	io r	eceived more than \$100	,000 of reportable				2
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				-							3		х
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	anc	ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J 1	for such individual		L	4	Х	
5 Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J t	or s	uch j	pers	son .				S2 .	5		Х
Section B. Independent Contractors		_		_			_						
 Complete this table for your five highest co the organization. Report compensation for 	-								•	ensat	ion fi	rom	
(A) Name and business	address							(B) Description of s	ervices	Coi	(C mper) nsatio	n
EMCOR GOVERNMENT SERVICES, 320 23RD													
STREET, SUITE 100, ARLINGTON, VA 222	757							BUILDING/FACILITY	MAINTENANCE		3	628	,239
DAVIS MEMORIAL GOODWILL, 2200 SOUTH	DAKOTA										92		
ATTIONNESS AND							- 6	DT DO GT DANTTITO (NO THE			- 4	200	TO THE

(A) Name and business address	(B) Description of services	(C) Compensation
EMCOR GOVERNMENT SERVICES, 320 23RD		
STREET, SUITE 100, ARLINGTON, VA 22202	BUILDING/FACILITY MAINTENANCE	3,628,239.
DAVIS MEMORIAL GOODWILL, 2200 SOUTH DAKOTA		
AVENUE, NE, WASHINGTON, DC 20018	BLDG CLEANING/MAINTENANCE	1,789,535.
BOLANA		
10739 TUCKER STREET, BELTSVILLE, MD 20705	BLDG CLEANING/MAINTENANCE	1,449,603.
RAPPAHANNOCK, 1414 CAROLINE STREET,		120
FREDERICKSBURG, VA 22401	BUILDING MAINTENANCE	606,048.
TRANECO		
P.O. BOX 406469, ATLANTA, GA 30384-6469	HVAC SERVICE	291,316,
2 Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization	those listed above) who received more than	

Form **990** (2014)

493 220.

Form 990 (2014)

Page 9 MELWOOD HORTICULTURAL TRAINING CENTER Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) (D) Revenue excluded from tax under sections 512 - 514 (A) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 24.365 **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e 957,977 f All other contributions, gifts, grants, and similar amounts not included above 3,295,636 g Noncash contributions included in lines 1a-1f; \$_ 3,112,015 Total, Add lines 1a-1f Business Code Program Service Revenue 900099 70.737.075 2 a CONTRACT FEES 70,737,075 b SERVICE FEES 900099 8,409,538 8,409,538 f All other program service revenue Total. Add lines 2a-2f 79 146 613 Investment income (including dividends, interest, and other similar amounts) 105,052 105,052 Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents 113,854 b Less: rental expenses c Rental income or (loss) 113,854. d Net rental income or (loss) 113,854 113.854. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 4,303,368 327,483 b Less: cost or other basis and sales expenses 325,661 4,207,602, c Gain or (loss) 1,822 d Net gain or (loss) 97.588 97,588. 8 a Gross income from fundraising events (not Other Revenue including \$ == contributions reported on line 1c). See Part IV, line 18 a 213 b Less: direct expenses 0 c Net income or (loss) from fundraising events 213. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 80.918 b Less: cost of goods sold 0 Net income or (loss) from sales of inventory 80 918 80,918. Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 95.595 95,595. d All other revenue e Total. Add lines 11a-11d 95,595

79 146 613

Form 990 (2014) MELWOOD HORTICULTURAL TRAINING CENTER Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).	
_	Check if Schedule O contains a respon				x
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	840,551.	128,351.	712,200.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	40,286,950,	35,468,010.	4,173,940.	645,000.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,926,287.	1,750,640.	175,647.	
9	Other employee benefits	7,400,536.	7,225,762.	97,116.	77,658.
10	Payroll taxes	3,065,745.	2,644,306.	372,096.	49,343.
11	Fees for services (non-employees):				
а	Management				
b	Legal	395,958.		395,958.	
С	Accounting	123,200.	123,200.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,607.		46,607.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	15,908,407.	13,749,534.	1,175,042.	983,831.
12	Advertising and promotion	934,079.	118,910.		815,169.
13	Office expenses	4,693,074.	4,374,000.	287,074.	32,000.
14	Information technology				
15	Royalties				
16	Occupancy	1,853,293.	926,293.	895,000.	32,000.
17	Travel	658,000.	589,000.	62,000.	7,000.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	222.222	55.000		2 222
20	Interest Powments to offiliates	238,000.	55,000.	180,000.	3,000,
21 22	Payments to affiliates	2 260 417	1 001 200	140.005	F 000
		2,368,417.	1,921,392.	442,025.	5,000.
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	- 1		ο.	
а	EQUIP. MAINT. & RENTAL	3,027,000.	1,738,000.	1,257,000.	32,000.
b	BAD DEBT	-145_000.	52,000.	-197,000	
c	DAD DADA	-	52,000.	257,000.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,621,104.	70,864,398.	10,074,705.	2,682,001.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

		Check if Schedule O contains a response or no	le to arry in	THE IT WHIST BLC X		111111111111111	
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			2,333.	1	2,333.
2	2	Savings and temporary cash investments			3,805,337,	2	6,924,308
3	3	Pledges and grants receivable, net			951 357	3	70 00
4	4	Accounts receivable, net		13,468,691.	4	11,618,952	
5	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disqual	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
2		employees' beneficiary organizations (see instr)	Complete	Part II of Sch L		6	
7	7	Notes and loans receivable, net	***********	***********	84,552.	7	87,696
⁽ 8		Inventories for sale or use		281,354.	8	217,354	
9	9	Prepaid expenses and deferred charges	*******		251,103,	9	195,412
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	38,274,633.			
		Less: accumulated depreciation			16,110,074.	10c	15,374,728
11		Investments - publicly traded securities			2,793,885.	11	2,893,034
12		Investments - other securities. See Part IV, line	· · · · · · · · · · · · · · · · · · ·	12			
13	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11	*******		566,715.	15	586,657
16	6	Total assets. Add lines 1 through 15 (must equ	al line 34)		37,364,044.	16	37,900,474
17	7	Accounts payable and accrued expenses	*********		11,160,463.	17	10,727,710
18	3	Grants payable				18	
19	9	Deferred revenue	192,611.	19	213,253		
20		Tax-exempt bond liabilities		20			
21	1	Escrow or custodial account liability. Complete		21			
22	2	Loans and other payables to current and former	officers, o	directors, trustees,			
		key employees, highest compensated employee					
22		Complete Part II of Schedule L				22	
23		Secured mortgages and notes payable to unrela			2,804,728.	23	3,604,976
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, pa	yables to r	related third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X of			
		Schedule D				25	
26		Total liabilities. Add lines 17 through 25			14,157,802.	26	14,545,939
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🗓 and			
}		complete lines 27 through 29, and lines 33 an					
27		Unrestricted net assets			21,840,346.	27	22,057,535
28		Temporarily restricted net assets	423,896.	28	355,000		
29					942,000.	29	942,000
:		Organizations that do not follow SFAS 117 (A	SC 958), c	check here			
5		and complete lines 30 through 34.			-	-	
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or ed		CONTRACTOR		31	
27 28 29 30 31 32		Retained earnings, endowment, accumulated in			32		
33		Total net assets or fund balances			23,206,242.	33	23,354,535
34	1	Total liabilities and net assets/fund balances			37 364 044.	34	37,900,474

Form 990 (2014)

-orm	1990 (2014) MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690		Pag	ge IZ
Pa	rt XI Reconciliation of Net Assets				De - C
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83	,917,	811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	83	621,	104.
3	Revenue less expenses. Subtract line 2 from line 1	3		296,	707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	206	242.
5	Net unrealized gains (losses) on investments	5		-148,	414.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	23	354	535.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash x Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b_	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis x Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	************	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	Act and OMP Circular A 1999		20		100

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2014)

3b

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 52-0857690 MELWOOD HORTICULTURAL TRAINING CENTER Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 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). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in l x l section 170(b)(1)(A)(vi). (Complete Part II.) 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 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). 11 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. 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 b 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 other support (see support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690

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.)

Caleadar year (of fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total	Sec	ction A. Public Support										
Giffs, grants, contributions, and membership feas received. (Do not include any "unusual grants.")	Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
Tax revenues levial for the organization benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge to the organization without charge by aceh 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) tolal on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the publicly support, elevant line 5 tens line 4. 20 294, 265, Section B. Total Support. Calendar year (or fitsel year beginning in)			1.52			.,		A SAMULA				
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 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) 105,655. 6. Public support seases the 8 feet line 4. 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Support Calendar year (or fiscal year beginning in) be (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Support A mounts from line 4. 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 6. Cross income from interest, dividends, payments received on securities locals, rents, royalbee and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9. Net income from unrelated business activities, whether or not the business is regularly carried on the sale of capital assets (Explain in Part VI) 33,833,28,658,34,688,49,656,95,595,302,440, 21,924,592,193,193,193,193,193,193,193,193,193,193		membership fees received. (Do not										
2 Tax revenues levied for the organization without charge later to benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and the paid to the organization without charge 4. Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 5 Public support. Seatest line 8 from line 4. 6 Public support Seatest line 8 from line 4. 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Not income from innetset dusiness activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 19 Total support. Add lines 7 through 10 10 Chris rich sease (Explain in Part VI). 10 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(i/S) organization, check this box and stop here. 18 Public support percentage from 2013 Schedule A, Part II, line 14. 19 Public support percentage from 2013 Schedule A, Part II, line 14. 19 Solven five five the sale of capital assets (Explain in Part VI). 19 Solven five five granization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10 All Public support percentage from 2013 Schedule A, Part II, line 14. 10 Computation of Public Support Percentage.		include any "unusual grants.")	4 792 104	3 894 537	3 668 224	3 766 488	4 277 978	20 399 331				
a The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2	Tax revenues levied for the organ-					7,5					
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) • 105,055, 6 Public support. Seletant line 5 from line 4 • Gross income from line 4 • 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 8 Gross income from line 4 • 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 10 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 33 1/3% support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 16 33 1/3% support test - 2014. If the organization did not check he box on line 13, fine, or 15, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI in the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI in the organization meets the "facts-and-circumstances		ization's benefit and either paid to										
turnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3		or expended on its behalf										
turnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3	3	The value of services or facilities										
## Total Add lines 1 through 3		furnished by a governmental unit to										
4 Total. Add lines 1 through 3												
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 105,065. 6 Public support. Subtract lines 5 from line 4. 20, 294, 265. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4. 4, 792,104, 3, 894,537, 3, 668, 224, 3, 766, 488, 4, 277, 978, 20, 399, 331, 3, 668, 224, 3, 766, 488, 4, 277, 978, 20, 399, 331, 40, 40, 40, 40, 40, 40, 40, 40, 40, 40	4		4 792 104	3 894 537	3 668 224	3 766 488	4 277 978	20 399 331				
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)			1,752,104.	3,074,007.	3,000,224,	3,700, ±00.	4,211,510	20,555,551.				
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 105,065, 6 Public support. Subtract line 8 from line 4. Section B. Total Support Calendar year (of fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4. A Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 11 Total support. Add lines 7 through 10 21,924,592, 13 First five years. If the Form 990 is for the organization of here Section C. Computation of Public Support Percentage 1 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92,56,56 91,555 91,533,173% support test - 2014. (the organization did not check the box on line 13, and line 14 is 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. Total check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. Tote organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. Tote organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. Tote organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. Tote organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. Total chief has been a publicly supported organization meets the "facts-and-circumstances" tes	•	•										
supported organization) included on line 1 that exceeds 2% of the amount shown on line 10. That exceeds 2% of the amount shown on line 11. column (f)												
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 105,065, 6 Public support. Subtract line 5 fem line 4. 20, 294, 266. Section B. Total Support Calendar year (or liseal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 4, 792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 400 (e) 2014 (f) Total 5, 2015 (e) 2015		. ,			1							
amount shown on line 11, column (f) 105_065, 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4 4,792_104, 3,894_537, 3,668_224, 3,766_488, 4,277_978, 20_399_331, divided by line 11, column (f) 21,924_58, and income from interest, dividences, payments received on securities loans, rents, royalties and income from similar sources 365_002, 217_113, 224_422, 197_378, 218_906, 1_222_821_9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93_833, 28_668, 34_688, 49_656, 95_595, 302_440_117_0rational payments are ceipter from related activities, etc. (see instructions) 12_07_384_736_692_1384_736_692_1384_736_692_1384_736_692_1384_738_692_149_149_149_149_149_149_149_149_149_149												
column (f) 105_065. 8 Public support. Subtract line 5 from line 4. Callendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total regions of the programment of the public support services on securities loans, rents, royalties and income from similar sources and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93_833 28_668_34_688_49_656_95_555_302_440_11 Total support. Add lines 7 through 10 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization organization and programments the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization organization organization organization or												
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 21 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 92,56 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 0 91,55 % 16a 33 1/3% support test - 2014. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \$\square\$ \text{ \te		- aluman (6)						105 065				
Section B. Total Support Calendar year (or fissal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93,833 28,668 34,688 49,656 95,595 302,440, 11 Total support. Add lines 7 through 10 21,924,592, 12 Gross receipts from related activities, etc. (see instructions) 12 384,736,692, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 91,55 96 15 Public support test - 2014. (fine organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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. The organization does not line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization does not line 18, 16a, or 16b, and line 14 is 10% or more, and if the organization meets	6	***********************										
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2013 Schedule A, Part II, line 14 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 91,55 % 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization dualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organizati								20,294,200.				
7 Amounts from line 4 4,792,104, 3,894,537, 3,668,224, 3,766,488, 4,277,978, 20,399,331. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 11 Total support. Add lines 7 through 10 21,924,592, 12 Gross receipts from related activities, etc. (see instructions) 12 Jak, 736,692. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92,56 % 15 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 16 91,55 % 17,5		angono introductional manual and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 11 Total support. Add lines 7 through 10 21,924,592, 12 384,736,692, 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92,56 % 15 91,55 % 16 91,55			C - 15×0/1									
dividends, payments received on securities loans, rents, royalties and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1704 ARCHAE ARCHAEL	4,152,104.	5,054,557.	5,000,224.	3,700,400.	4,2/1,3/0.	20,333,331.				
securities loans, rents, royalties and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 11 Total support. Add lines 7 through 10 21,924,592, 26 gross receipts from related activities, etc. (see instructions) 12 384,736,692, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) crganization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92,56 % 15 91,55 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization was and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-an	Ŭ						1					
and income from similar sources 365,002, 217,113, 224,422, 197,378, 218,906, 1,222,821, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 11 Total support. Add lines 7 through 10 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 12 Gross receipts from related activities, etc. (see instructions) 12 384,735,692, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 92,56 % 15 91,55 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \$\square\$ \text{31} \text{32} 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \$\square\$ \text{31} 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3 1/3												
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		· · ·	365 002	217 112	224 422	107 270	219 006	1 222 821				
activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93 833 28 668 34 688 49 656 95 595 302 440. 11 Total support. Add lines 7 through 10 21 924 592. 12 Gross receipts from related activities, etc. (see instructions) 12 384, 736 692. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92.56 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 91.55 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 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"	۵		303,002.	217,113.	224,422.	197,370,	210,900.	1,666,061.				
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93,833, 28,668, 34,688, 49,656, 95,595, 302,440, 11 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 384,736,692, 12 Gross receipts from related activities, etc. (see instructions) 12 384,736,692, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization	9											
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 93 833 28 668 34,688 49,656 95,595 302,440. 11 Total support. Add lines 7 through 10 21,924,592. 12 Gross receipts from related activities, etc. (see instructions) 12 384,736,692. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 92.56 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 91.55 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization												
or loss from the sale of capital assets (Explain in Part VI.) 93 833 28 668 34 688 49 656 95 595 302 440 11 Total support. Add lines 7 through 10 21, 924, 592, 12 Gross receipts from related activities, etc. (see instructions) 12 384, 736, 692, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 91.55 66 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	10				-							
assets (Explain in Part VI.) 93 833. 28 668. 34 688. 49 656. 95 595. 302 440. 11 Total support. Add lines 7 through 10 21, 924, 592. 12 Gross receipts from related activities, etc. (see instructions) 12 384, 736, 692. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported or	10	· ·										
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 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization			02 022	20 660	24 600	40 656	05 505	2002 7440				
12 384,736,692. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 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 17 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported 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	11		93,833.	20,000.	34,000.	49,030,	95,595.					
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 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 17 a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 a 10 a	_		etc (see instruction	ne)			40					
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 3 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 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 17 a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 14			•	E E E E E E E E E E E E E E E E E E E				304,730,092.				
Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2013 Schedule A, Part II, line 14 16 92,56 % 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 public support test is 14 public supported by supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 19 public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 10 public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 10 public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 10 public support percentage for 2014 (line 14, public supported by 31, 33 1/3% or more, check this box and sine 14 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3% or more, check this box and sine 15 is 33 1/3%	10		6.75±16 + 9.717*0***			•						
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 15 91,55 6 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization In the image 14	Sec			centage	*******************							
15 Public support percentage from 2013 Schedule A, Part II, line 14 16 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 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. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 15 91,55 % 19 1,55 % 19 1,55 % 19 1,55 % 10 2 3 1/3% or more, check this box and line 14 is 33 1/3% or more, check this box and stop here. 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 here.					olumn (fl)		14	92 56 %				
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization												
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 and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. 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 and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Image: Part of the organization of the organi												
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	•		-								
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												
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												
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	b											
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												

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			×			
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge				,		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business					A	
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)		1)				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
	check this box and stop here			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Se	ction C. Computation of Publ	ic Support Pe	rcentage			1970	
15	Public support percentage for 2014 (I	ine 8, column (f) d	livided by line 13, o	column (f))		. 15	%
	Public support percentage from 2013					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2014. If the	_					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2013. If the	-					
	line 18 is not more than 33 1/3%, che						·
20	Private foundation, If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check the	nis box and see in	structions	▶

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. A	I Supporting	Organizations
--------------	--------------	---------------

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

	Yes	No
1		
2		_
3a		
OI-		
3b		
3c		
4a		-
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
		-
9a		
9b		
9c		-
10a		
10b		

Sch	edule A (Form 990 or 990-EZ) 2014 MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690	P	age 5
Pa	rt IV Supporting Organizations (continued)		1,,	20
14	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		
	etion B. Type I Supporting Organizations	TIC		
			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		
Sec	tion C. Type II Supporting Organizations			
		ā	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	×		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			-
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see ins	tructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete Ilne 3 below.		w.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government enti	ty (see instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0-		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
D				
	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	01-	J - I	
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .			
L		3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <i>Part VI</i> , the role played by the organization in this regard.	3h		

1	Check here if the organization satisfied the Integral Part Test as a qualify			uctions. All
	other Type III non-functionally integrated supporting organizations must	complete Sec	ctions A through E.	
Section	A - Adjusted Net Income	31.5	(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3	4		
	preciation and depletion	5		
	rtion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	her expenses (see instructions)	7		
	ljusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
27	erage monthly value of securities	1a		
22,	erage monthly cash balances	1b		
	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di:	scount claimed for blockage or other			
fac	etors (explain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d	3		
	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, e instructions).	4		
	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by .035	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, Column A)	1		
2 En	ter 85% of line 1	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
	ter greater of line 2 or line 3	4		
	ome tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally-integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

Page 6

ra	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	\$	
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 organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
00+	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
301	ion E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	::::::::::::::::::::::::::::::::::::::			
b				
C				
	Excess from 2013			
u	Excess from 2014			The state of the s

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2010 AMOUNT: \$ 93,833.
2011 AMOUNT: \$ 28,668.
2012 AMOUNT: \$ 34,688.
2013 AMOUNT: \$ 49,656.
2014 AMOUNT: \$ 95,595.
HE 190

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and OMB No. 1545-0047

its instructions is at www.irs.gov/form990 . Name of the organization Employer identification number

: NATIVE	WOOD HODETCH SITE AT THE ATTITUD COMMENT.	E2 09E7C00
Organization type (check o	LWOOD HORTICULTURAL TRAINING CENTER one):	52-0857690
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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 private foundation	=
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from stions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductruelty to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., t received <i>nonexclusively</i>
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA 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) (2014)

	Total locations (coo includitions). Goo depredate copies on altern additions	ar space is necuca.	00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$520,420.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$400,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u> 54		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
s.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MELWOOD HORTICULTURAL TRAINING CENTER

52-0857690

(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of Part II (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raiti		- \$	
(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
		\$	3
(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
	90	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		= 1	

art III	RTICULTURAL TRAINING CENTER Exclusively religious charitable etc. con	tributions to organizations described in	52-0857690 section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the following	In line entry. For organizations
	Use duplicate copies of Part III if addition	is, chantable, etc., contributions of \$ 1,000 or less all space is needed.	ss for the year. (Eittel tills fino. blice.)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
- No			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
) No			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art I	# TO 10 10 10 10 10 10 10 10 10 10 10 10 10		
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

MELWOOD HORTICULTURAL TRAINING CENTER Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ ____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

	TURAL TRAINING CENT	ER	52-0857690	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year m	arket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	to Form 000 Doct IV line	tto Con Form 000 Dard V	t line 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		, ime 13. on: Cost or end-of-year m	arket value
)**-//	(b) Book value	(C) Method of Valuati	on. Cost of end-of-year m	arket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part	, line 15.	
(a)	Description		(b) B	ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.	9 199	244.00.00.00.00.00.00.00.00.00.00.00.00.0		
Complete if the organization answered "Yes"	to Form 990 Part IV line	11e or 11f See Form 990	Part X line 25	
1. (a) Description of liability	to romineed, runting mile	(b) Book value	1 dit 7, iii 0 20.	
(1) Federal income taxes		(D) = 0 on value		
(2)				
(3)				
(4)			-	
(5)				
(6)				
(7)				
(8)		- 100	1000	
(9)			F	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financ	ial statements that report	s the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII x

Part	XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per R	eturn.	. ago .
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		(1)	
1	Total revenue, gains, and other support per audited financial statements	****************		1	83,798,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	To 14			*
а	Net unrealized gains (losses) on investments	2a	-148,414.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		76 146.		
е /	Add lines 2a through 2d			2e	-72,268.
3	Subtract line 2e from line 1	•		3	83,871,204.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	All 16			
a	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	46,607.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	46,607.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	83,917,811.
Part	XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	83,684,099.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a [Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		109 602.		
е /	Add lines 2a through 2d	Waters at John William		2e	109,602,
	Subtract line 2e from line 1			3	83,574,497.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	46,607.		
	Other (Describe in Part XIII.)	64/00/40) HILLOW CO.			
	Add lines 4a and 4b	West transfer of the second se		4c	46.607.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	83,621,104.
	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b ar	nd 2b; Part V, line	4; Part X,	line 2; Part XI,
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	,
PART	V, LINE 4:				
THE E	NDOWMENT BALANCE INCLUDES BOARD DESIGNATED AND DONOR-RESTR	ICTED			
ENDOW	MENT FUNDS, BOARD DESIGNATED FUNDS ARE DESIGNATED BY THE C	ENTER'S			
BOARD	OF DIRECTORS TO BE USED FOR THE MELWOOD ENDOWMENT FUND, R	EMAINING			
ENDOW	MENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS	THAT MHTC			
MUST	HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD, INCOME	EARNED ON			
THESE	FUNDS CAN BE WITHDRAWN TO BE USED FOR GENERAL PURPOSES.				
PART	X, LINE 2:				
MHTC	AND MDH ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UND	ER THE			
PROVI	SIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN	N ADDITION,			
		-11			
	QUALIFY FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAVE BE	EN			
432054 10-01-14				Schedule	D (Form 990) 2014

Schedule D (Form 990) 2014 MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690	Page 5
Part XIII Supplemental Information (continued)		
CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS, INCOME THAT		
IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT		
TO FEDERAL AND STATE CORPORATE INCOME TAXES, MHTC AND MDH DID NOT HAVE ANY		
NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30,		
2015 AND 2014.		
THE CENTER ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY		
IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS		
CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN		
THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE CENTER MAY		
RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS		
MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON		
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE		
POSITION, THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL		
STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT		
THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE		
SETTLEMENT, THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	7-7-	
ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON		75
INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.		
MANAGEMENT EVALUATED THE CENTER'S TAX POSITIONS AND CONCLUDED THAT THE		
CENTER HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE		
CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS		
GUIDANCE, GENERALLY, THE CENTER IS NO LONGER SUBJECT TO INCOME TAX	(at se	
EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR		
YEARS BEFORE 2012.		*
PART XI LINE 2D - OTHER ADJUSTMENTS:		

432055 10-01-14

Schedule D (Form 990) 2014 MELWOOD HORTICULTURAL TRAINING CENTER Part XIII Supplemental Information (continued)		52-0857690	Page 5
Supplemental Information (continued)			
RELATED ORGANIZATIONS CONSOLIDATED INCOME 76	,146.		
The state of the s	, 224,		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
DEL AND GRANTELITANA GONGO INITIA EMPENARA	500		
RELATED ORGANIZATIONS CONSOLIDATED EXPENSES 109	,602.		
36	181		
	liste		
	-1-1		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2014

Internal Revenue Service Name of the organization

Department of the Treasury

MELWOOD HORTICULTURAL TRAINING CENTER

52-0857690

Part I Questions Regarding Compensation			
		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 99	0,		
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or charter travel Housing allowance or residence for persona	ıl use		
Travel for companions Payments for business use of personal residual payments.	dence		
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (e.g., maid, chauffeur, che	ef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	on's		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
establish compensation of the CEO/Executive Director, but explain in Part III.			
x Compensation committee Written employment contract			
x Independent compensation consultant x Compensation survey or study			
x Form 990 of other organizations x Approval by the board or compensation con	nmittee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	х	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			х
c Participate in, or receive payment from, an equity-based compensation arrangement?			x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			-11
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the revenues of:			
	50		
a The organization?b Any related organization?	5a 5b	-	X
If "Yes" to line 5a or 5b, describe in Part III.			X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the net earnings of:			
	60		
a The organization?	6a		_ X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		_ X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
not described in lines 5 and 6? If "Yes," describe in Part III	-	w.	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			v
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		X
Regulations section 53.4958-6(c)?	.9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forr	. 000	2014

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)(B)	in column (B) reported as deferred in prior Form 990
(1) CAROL ANN DESANTIS	Ü	(i) 327,115	36,000.	2,284.	5,477.	3,915.	374,791,	0.
CEO	ij		0.0	0	0	0	0	0
(2) MYRON THOMAS	i)	(i) 213 453.		374.	0.	9,730,	223,557,	0.
CFO	Ü			.0	0	0		
(3) DAVID HARDEN	Ü	(i) 144,865.	21 000	37,055.	0	1,058	203 978	
000	i)	(ii) 0	0	0	0.	0		0
(4) JUDITH MCCOWAN	ت	(i) 184,511	0	768.	4,152	4 259	193 690	0
SR. VP OF CONTRACTS	Ü	0 (11)		0	0		0	0
		8						
2								
	٦	9						
	, <u>s</u>							
	=	9						
	, E							
	2	0						
	, 13							
		(0)						
		0						
	<u> </u>	0						
		0						
	Ü	0						
	(ii)	0						
	(i)	10						
	(ii)	j) [
	9	0						
	(II)	0						
	Θ	0						
	(II)	0						
	Θ	0						
	(11)	0						
	(i)							
	(ii)	ū						
432112				c			Schedu	Schedule J (Form 990) 2014

432113 10-13-14

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 52-0857690

Pa	rt I Types of Property				1 20 000	1000		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	х	3,999	3,112,015.	SALES PRICE			
7	Boats and planes		,					
8	Intellectual property							
9	Securities · Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
. •	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
25	Other ()							
26	Other ()							
20 27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	n the tay year for c	ontributions				
23	for which the organization completed Form 828							
	101 Which the organization completed 10111 020	oo, rartiv, i	Dollee Acknowled	gernent 29			Yes	No
30-	During the year, did the organization receive by	v contributio	n any proporty ro	ported in Part I lines 1 throu	ah 29 that it		res	NO
oua					-			
	must hold for at least three years from the date			-		00.		0.22
	exempt purposes for the entire holding period?	*********	******************	***********************************	************************	30a		X
	If "Yes," describe the arrangement in Part II.	a allau +b a+ ::	nautraa tha wastassa	of any non-atendand accession	. Hinna O	ا ۱		
31	 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 					31	Х	
32a			*	·				61
	contributions?	***************************************			4747447447444444	32a	Х	-
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is cl	necked,			
114	describe in Part II.							-
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 99	U.	Schedule M	(Form	990) (2014

Schedule IV	M (FORM 990) (2014) MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both this part for any additional information.	e organization . Also complete
SCHEDULE	M, LINE 32B:	
THE ORGAN	NIZATION CONTRACTS WITH AUCTION HOUSES TO SELL DONATED	
VEHICLES.		
>		
1		
		-
	——————————————————————————————————————	
-		

432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.lrs.gov/form990 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690 DESCRIPTION OF ORGANIZATION MISSION: FORM 990 PART I LINE 1 MELWOOD ADVOCATES FOR AND EMPOWERS INDIVIDUALS OF DIFFERING ABILITIES TO TRANSFORM THEIR OWN LIVES THROUGH UNIQUE OPPORTUNITIES TO WORK AND PLAY IN COMMUNITIES FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM THE FORM 990 IS FIRST REVIEWED BY THE SENIOR MANAGEMENT OF THE ORGANIZATION. THE FORM 990 IS THEN PRESENTED BY THE ORGANIZATION'S CFO TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE I.R.S. FORM 990, PART VI, SECTION B, LINE 12C: A POLICY ON CONFLICTS OF INTEREST IS INCLUDED IN THE EMPLOYEE MANUAL EMPLOYEES MUST SIGN OFF ON THE ORIENTATION CHECKLIST THAT THEY RECEIVED THE EMPLOYEE MANUAL THERE IS AN ANNUAL REVIEW IN WHICH THE OFFICERS, AND DIRECTORS COMPLETE A QUESTIONNAIRE ON CONFLICT OF INTEREST AND SIGN A STATEMENT FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION IS SUBJECT TO THE APPROVAL OF THE BOARD. OFFICERS AND KEY EMPLOYEES COMPENSATION IS DETERMINED BY A COMPARABILITY DATA STUDY PERFORMED BY HUMAN RESOURCES: FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION SENDS FINANCIALS TO AGENCIES AND STATES UPON REQUEST

POLICIES CAN BE REVIEWED UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

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

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization		Employer identification number
MELWOOD HORTICULTURAL TRAINING CENTER		52-0857690
FORM 990, PART IX, LINE 11G, OTHER FEES:		
SUB-CONTRACTORS:		
SUB-CONTRACTORS:		
PROGRAM SERVICE EXPENSES	13,749,534,	
MANAGEMENT AND GENERAL EXPENSES	1,175,042,	
FUNDRAISING EXPENSES	983,831.	
TOTAL EXPENSES	15,908,407,	
TOTAL OTHER TIPE ON TOTAL OOD DATE IN THE 140 GOLD	45 000 405	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	15,908,407.	
	+	
		
		/4
		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

MELWOOD HORTICULTURAL TRAINING CENTER

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-0857690

Direct controlling entity End-of-year assets **e** Total income ਰ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

			:				
(a)	(b)	(o)	Ф)	(e)	((g)	Ć
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)(13)	(6)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
MELWOOD DOLLY HOUSING INC 52-2145231	PROVIDE PEOPLE WITH				MELWOOD		
5606 DOWER HOUSE ROAD	DIFFERING ABILITIES ACCESS				HORTICULTURAL		
UPPER MARLBORO, MD 20772	TO AFFORDABLE & SAFE	MARYLAND	501(C)(3)	LINE 9	TRAINING CENTER	×	
							ĺ
							Ì
							ĺ
	1						

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

SEE PART VII FOR CONTINUATIONS

38

Schedule R (Form 990) 2014

432161 08-14-14 LHA

Schedule R (Form 990) 2014 MELWOOD HORTICULTURAL TRAINING CENTER

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

(a)	(q)	(၁)	(p)	(e)		(6)	(h)	(i)	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		goodo	Yes No	K-1 (Form 1065)	Yes No	
51										
1 1										
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	lanizations Taxable a poration or trust durin	is a Corpo	ration or Trust Correar.	nplete if the organiza	tion answered "Yes	" on Form 990, Pa	art IV, line 34	because it had o	ne or mo	e related
(-)			0.1			9		1.1	1	[

432162 08-14-14

Schedule R (Form 990) 2014

52-0857690

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	(y			1	×
b Gift, grant, or capital contribution to related organization(s)				4	×
(0)				1	×
d Loans or loan quarantees to or for related organization(s)				Ţ	Þ
	***************************************		***************************************	2 .	4
e Loans of loan gualantees by related organization(s)			erry experior or or experior districts. He because the because the contract of	9	×
f Dividends from related organization(s)				4	×
q Sale of assets to related organization(s)			engelika de kontrol ya kantan an kantan da kantan d	- 5	4 >
Purchase of assets from related organization(s)	***************************************			j	4 :
		***************************************		= :	×
I EXCRIMINGE OF ASSETS WITH FEIMTED OF GARLIZATION (S)				÷	×
j Lease of facilities, equipment, or other assets to related organization(s)	***************************************		***************************************	ij	×
k Lease of facilities, equipment, or other assets from related organization(s)				÷	>
	anization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	***************************************	***************************************	E	d >
	tion(s)			n h	1
				H	
		***************************************		2	
p Reimbursement paid to related organization(s) for expenses				đ.	M
				1a ×	
***************************************				+	X
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) MELWOOD DOLLY HOUSING INC.	0	182,708.	LSOST		
(2)					
(8)					
(a)					
(5)					
(9)					
432163 08-14-14	40		Schedule	Schedule R (Form 990) 2014) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization, see instructions regarding exclusion for certain investment partnerships.	ctivity Legal domicile Predominant income states are of classed unrelated, country) Predominant income partners see. Share of classed unrelated, country sections 512-514) Predominant income partners see. Share of classed unrelated, control of classed country sections 512-514) Predominant income partners see. Share of classed country control of con				
(b) (c)					
irial was not a related organization, See Instr	Name, address, and EIN of entity				

Schedule H (Form 990) 2014 MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
	_	
NAME OF RELATED ORGANIZATION:		
NAME OF REDAILED ORGANIZATION:		
MELWOOD DOLLY HOUSING INC.		
PRIMARY ACTIVITY: PROVIDE PEOPLE WITH DIFFERING ABILITIES ACCESS TO		
AFFORDABLE & SAFE HOUSING		
	44.	
the second secon	90	

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 ⋅

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box	*********		X
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form	1).	
			atic 3-month extension on a previous			
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file	(6 months for a	corporation
required t	o file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically fi	le Form	8868 to request	an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	ransfers	Associated Wit	h Certain
Personal I	Benefit Contracts, which must be sent to the IRS in par	oer format	(see instructions). For more details of	n the ele	ectronic filing of	this form,
Part I	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies nes	ded)		
A corpora	tion required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete	`	
Part I only						
	/ corporations (including 1120-C filers), partnerships, REN	IICs and t	rusts must use Form 7004 to reques	t an outo	malan af Mara	
to file incc	ome tax returns.	,,00, 4,,0 (radio masi ase i omi i oba to reques			SALAKATA SALAKATA
Type or	Name of exempt organization or other filer, see instru	ictions			ler's identifying	
print	Traine of exempt enganization of other filer, see institu	ictions.		Employe	er identification i	number (EIN) or
	MELWOOD HORTICULTURAL TRAIL	NING (CENTER		52-085	7690
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 5606 DOWER HOUSE ROAD	ee instruc	tions.	Social s	ecurity number	
return. See instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	UPPER MARLBORO, MD 20772					
Enter the i	Return code for the return that this application is for (file	e a separa	te application for each return)	*********	****************	0 1
Application Return Application						
Is For Code Is For						Return Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 4720) (individual)	03	Form 4720 (other than individual)			09
Form 990-l	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			
	ROMELL BUCHANAN	V. COL	TROLLER			12
• The boo	oks are in the care of > 5606 DOWER HOUS	SE ROA	AD - UPPER MARLBORG) MT	20772	
Telepho	one No. ► 301-599-4552		Fax No.	, 111	20112	
	rganization does not have an office or place of business	in the Lin	ited States, chack this how			
If this is	for a Group Return, enter the organization's four digit (Group Exe	motion Number (GEN)	this is fa		
oox ▶ □	. If it is for part of the group, check this box 🕨	and attac	ch a list with the names and ElNe of		or the whole grot	ip, cneck this
1 I requ	uest an automatic 3-month (6 months for a corporation	required t	o file Form 990-T extension of time	an memi	pers the extension	in is for.
j	FEBRUARY 15, 2016, to file the exempt	organizat	ion return for the ergenization name	ariui A alaassa	TI	
is for	the organization's return for:	organizat	of return for the organization name	above.	The extension	
	calendar year or					
	X tax year beginning JUL 1, 2014	anc	dending JUN 30, 2015			
1.0		, and	rending <u>3014 30, 2013</u>		((e);	
lu.						
	e tax year entered in line 1 is for less than 12 months, ch	neck reaso	n: Initial return	nal ratio	v n	
	e tax year entered in line 1 is for less than 12 months, ch	neck reaso	n: Initial return F	inal retur	rn	
2 If the	Change in accounting period			inal retur	rn	
2 If the	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720,					
2 If the	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720, efundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	inal retur	\$	0.
2 If the 3a If this nonre b If this	Change in accounting period s application is for Forms 990·BL, 990·PF, 990·T, 4720, efundable credits. See instructions. s application is for Forms 990·PF, 990·T, 4720, or 6069,	or 6069, e enter any	nter the tentative tax, less any	За	\$	
2 If the 3a If this nonre b If this estim	Change in accounting period s application is for Forms 990·BL, 990·PF, 990·T, 4720, efundable credits. See instructions. s application is for Forms 990·PF, 990·T, 4720, or 6069, nated tax payments made. Include any prior year overpressions.	or 6069, e enter any ayment all	refundable credits and owed as a credit.			0.
2 If the 3a If this nonre b If this estim c Balar	Change in accounting period s application is for Forms 990·BL, 990·PF, 990·T, 4720, efundable credits. See instructions. s application is for Forms 990·PF, 990·T, 4720, or 6069,	or 6069, e enter any ayment allo	refundable credits and owed as a credit. this form, if required,	За	\$	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Α	For th	e 2014 calendar year, or tax year beginningJUL_12014 and e	ending J	UN 30, 2015	
В	Check i applicat	C Name of organization		D Employer identifi	cation number
	Addr chan	melwood-dolly housing, inc.			
F	Nam chan	THE STATE OF THE S		52-214	5231
Ē	 Initia retur		Room/suite	E Telephone numbe	
F	Final	F606 November 1991	1100111/04/10	301-59	
	termi ated			G Gross receipts \$	
	Amer	nded		H(a) Is this a group re	76,146.
F	Appli			for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-ex	rempt status: x 501(c)(3)	or 527	1	list. (see instructions)
-		te: N/A	1 521	H(c) Group exemptio	
		forganization: x Corporation Trust Association Other	1 Vear	Property of the State of the St	State of legal domicile; MD
	art I		L Toar	or formation, 1999 N	State of legal dominate, MD
	1	Briefly describe the organization's mission or most significant activities: (SEE SC	ס מוווסטטי		
Governance	Ι.	Phony describe the organization of most significant activities. The Sc	.nebude U		
Jan.	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not as	rente
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)			, socio.
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
න ග	5	Total number of individuals employed in calendar year 2014 (Part V, line 18)	************	5	0
iţie		Total number of volunteers (estimate if necessary)		6	0
Activities &	7 a	Total number of volunteers (estimate if necessary)		7a	0.
ď	b	Net unrelated business taxable income from Form 990-T, line 34	· · • • • • • • • • • • • • • • • • • •	78 7b	
	<u> </u>		/	Prior Year	0. Current Year
4	8	Contributions and grants (Part VIII, line 1h)	· -	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		74,788.	76,136.
ève	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	10.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		74.797.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	76,146,
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,814.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	18,931.
рег		Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116 764	90,671.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,764. 136 578.	
	19	Revenue less expenses. Subtract line 18 from line 12		-61.781.	109,602. -33,456.
Or Ses	10	Trevende 1666 975 street, Cabitati illie 16 from illie 12	Bar	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		503,876.	
Vet Assets or und Balances	21	Total liabilities (Part X, line 26)		723,057.	471,413. 724,050.
Firet	22	Net assets or fund balances. Subtract line 21 from line 20		-219 181.	-252,637.
	art II	Signature Block		-213,101,1	-232,031.
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			, monoage and sonel, the
		PUBLIC IN			
Sig	n	Signature of officer COPY - RE			
Her		CAROL ANN DESANTIS, CHIEF EXECUTIVE OFFICER YOUR R			
		Type or print name and title			2
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	ı	WILLIAM E. TURCO, CPA	-	N 1 7 7 1 Isuf-employe	─ ¹
	arer	Firm's name MCGLADREY LLP	JA	Firm's EIN	42-0714325
	Only	Firm's address 9737 WASHINGTONIAN BLVD., #400		o Ent	*** 0111323
		GAITHERSBURG, MD 20878-7340		Phone no. (30)	1) 296-3600
May	the I	RS discuss this return with the preparer shown above? (see instructions)	**********	1 : ::0::0 ::10:(5/0 ::	x Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	. 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Mate
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44-		
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Х	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	-41
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19	-	_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		_X
D	n rea to line zoa, old the organization attach a copy of its addition infancial statements to this return?	20b		

Form 990 (2014) MELWOOD-DOLLY HOUSING INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23	Х	
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	-
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		7.0
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		u
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		X
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2014)

Form 990 (2014) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
۵	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0.		
	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		_
10	Section 501(c)(7) organizations. Enter:	9b		-
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

Form 990 (2014) MELWOOD-DOLLY HOUSING, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website x Another's website x Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form 990 (2014)

State the name, address, and telephone number of the person who possesses the organization's books and records:

ROMELL BUCHANAN, CONTROLLER - 301-599-8000 5606 DOWER HOUSE ROAD, UPPER MARLBORO

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

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

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

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

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

(A) Name and Title	hours per b		not c	ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL GLANZ	2,00									
PRESIDENT	38,00	Х		Х	_	-	_	0.	127,457.	6,787
(2) CAROL ANN DESANTIS	2.00								245 222	2 322
CHAIR (3) ROMELL BUCHANAN	38,00	X		Х			_	0.	365,399.	9,392
TREASURER & VICE PRESIDENT	38.00	y		x				0.	118,361,	12,101
(4) CHRISTIE ROBERTS	2,00	-		-	П			<u>v.</u>	110,301,	12,10
SECRETARY	38,00	x		x				0.	10,891.	
								=======================================		
2=								illi n a	2 = 1	
T 15, 10										
								,	H	

432007 11-07-14

Form 990 (2014)

	irectors, Trustees, Key Em	ploye	ees,			gnes	t C					<i>,</i>	
(A)	(B)		I	(C Posit				(D)	(E)			(F)	
Name and title	Average hours per		not ch	heck n	nore t			Reportable	Reportable compensation			timat nount	
	week							'	from related			othei	
	(list any	ctor						the	organizations	1			ation
	hours for	rdire				pa		organization	(W-2/1099-MISC			om th	
	related	stee o	nstee			ensat		(W-2/1099-MISC)			orga	aniza	ation
		al trus	nal tr		loyee	d woo						l rela	
		ividu	titutio	cer	emp	ploye	шeг				orga	nizat	tions
	iiie)	르	E	Ē	Xe.	£.	요						
		4											
				\vdash		_	_			_			
		1 1											
		1 1					- 1						
		\Box											
		1											
		\Box	\exists	\neg		7				_			
		1											
			\neg			-				_			
		1											
1h Sub-total	115	1 1	1			-		0	COD 1	100		0.0	nnn
									622,1			28	,280
									500.4	-		-	0
										08,		28	,280
		lose	uste	a ab	ove) Wh	o re	ceived more than \$100	,000 of reportable				
compensation from the organ	ization		_		_							Yes	No
O Did the average time list and f											-	168	NO
- ·				•						ganization 4			
											3		Х
											4	X	-
					-			-					
10.70		e J fo	or su	ich p	oerso	on					5		Х
Section B. Independent Contract													
Service Servic	Total trace turns to the									ensat	tion fi	om	
the organization. Report com	pensation for the calendar y	ear e	ndir	ng w	ith c	or wit	thin	the organization's tax y	ear.				
	(A)							(B)		_	(C		
Name	and business address	NON	IE				4	Description of s	ervices	Со	mper	isatio	on
	Industrial per week (list any hours for related organizations below line) Delow line Delow												
						345							
					-	0.00							
		hours per week (list any) hours for related organizations below line) Jack Born A											
2 Total number of independent	contractors (including but r	ot lin	nited	d to t	thos	e lis	ted	above) who received m	ore than				
\$100,000 of compensation from	om the organization				0)							

432008 11-07-14

			-DOLLY HO	DUSI	NG INC			52-2145231	Page \$
ar	t VI	II Statement of Rever	nue						13
		Check if Schedule O cont	ains a respo	onse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	16 10 10 10 10 10 10 10 10 10 10 10 10 10				€		
nd Ind	g								
-	n	Total. Add lines 1a-1f		******	Business Code				
enu	2 a b c			_	900099	76,136.	76,136.		
Revenue	d e								
	f	All other program service reve					-		
+	3	I Total. Add lines 2a-2f				76,136.			
	4	other similar amounts) Income from investment of ta: Royalties	x-exempt bo	ond p	proceeds	10.			10
	3	noyalies	(i) Rea		(ii) Personal				
	С	Less: rental expenses							
		Net rental income or (loss) Gross amount from sales of	(i) Securit		(ii) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			wy outer				
	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c). See	a					
5		Less: direct expenses							
		Net income or (loss) from func Gross income from gaming ac Part IV, line 19	tivities. See)	>				
	С	Less: direct expenses Net income or (loss) from gam	ing activitie	b					
	-	Gross sales of inventory, less and allowances Less: cost of goods sold					Seed a		****
		Net income or (loss) from sale							=
		Miscellaneous Revenu	е		Business Code				312
	11 a b c								
	d	All other revenue							
	40	Total savenue Cas testando							

Form **990** (2014)

52-2145231

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 18,630 18,630 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 301 301 10 Payroll taxes Fees for services (non-employees): 11 Management b Legal C Accounting 2,500 2 500 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 14,390 Advertising and promotion 12 Office expenses 13 4.844 4.844 Information technology 14 15 Royalties Occupancy 16 51,863 51.863 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 13,608 13,608 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а OTHER EXPENSES 3,466 3.466 b e All other expenses Total functional expenses. Add lines 1 through 24e 25 0 109,602 109,602 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X | Balance Sheet

2 Savings and temporary cash investments	Part	X	Balance Sheet			
1 Cash - non-interest-bearing 96 349 1 54 27 2 Savings and temporary cash investments 48,507, 2 68,25 3 Pledges and grants receivable, net 1,190, 4 4 Accounts receivable, net 1,190, 4 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part I of Schedule L 5 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part I of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(ft))(ft), persons described in section 4958(ft)(ft), and contributing employers and sponsoring organizations of section 5016(58) voluntary employees beneficiary organizations of section 5016(58) voluntary employees beneficiary organizations of section 5016(58) voluntary employees beneficiary organizations of section 5016(58) voluntary employees and deferred charges			Check if Schedule O contains a response or note to any line in this Part X		·····	
2 Savings and temporary cash investments				(A) Beginning of year		
2 Savings and temporary cash investments		1	Cash - non-interest-bearing	96,349.	1	54,276
Piedges and grants receivable, net 1,190, 4		2	Savings and temporary cash investments	48,507,	2	68,252
4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(n)(T)), persons described in section 4958(n)(T), persons descr		3			3	9,273
tusteese, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4956(ff(1)), persons described in section 4958(o(3)(6), and contributing employers and sponsoring organizations of section 501c(s)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 553, 175, b Less: accumulated depreciation 10b 233, 563, 353, 220, 10c 339, 61 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 503, 875, 16 471, 41 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred evenue 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Constant and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diequalified persons. Complete Part II of Schedule L 22 Constant and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diequalified persons. Complete Part II of Schedule L 22 Constant and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diequalified persons. Complete Part II of Schedule L 24 Constant and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and diequalified persons. Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net ass		4			4	
Part II of Schedule Canas and other receivables from other disqualified persons (as defined under section 4956(f)(1), persons described in section 4958(c)(3)(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L		5				
Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), persons described in section 495(6)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			trustees, key employees, and highest compensated employees. Complete			
Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), persons described in section 495(6)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			Part II of Schedule L		5	
section 4958(f)(1)), persons described in section 4968(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees's beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 553,175 b Less: accumulated depreciation 10a 553,175 b Less: accumulated depreciation 10a 553,175 b Less: accumulated depreciation 10a 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 Investments - other securities. See Part IV, line 11 Intangible assets 114 Intangible assets 114 Intangible assets 114 Intangible assets. See Part IV, line 11 Intangible assets 117 Intangible assets See Part IV, line 11 Intangible assets See Part IV Intangible		6	Loans and other receivables from other disqualified persons (as defined under			
employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 10a 553,175 b Less accumulated depreciation 10b 213,563, 353,220, 10c 339,51; 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 13 1 Investments - program-related. See Part IV, line 11 13 1 Intangible assets 1 14 14 Intangible assets 1 15 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 503,876, 16 471,41. 17 Accounts payable and accrued expenses 17 17 Accounts payable and accrued expenses 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employoes, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here 7 Total liabilities. Add lines 17 through 25 25 22, 53 25, 53 26 724, 05 27 28 28 29 Permanently restricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-i						
mployees' beneficiary organizations (see instr), Complete Part II of Sch L						
7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 9 9 9 9 9 9 9 9	'n				6	
8 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 553,175, 10b 339,61: 11 11 12 11 12 11 12 11 12 11 13 11 12 13 11 14 15 15 15 15 15 15	Assets	7				
9 Prepaid expenses and deferred charges 9	¥				8	
10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 553,175, 10b 213,563, 353,220, 10c 339,51 11 Investments - publicly traded securities 11 12 12 12 13 12 13 14 14 15 15 14 15 15 16 15 16 15 16 15 16 16					9	
basis. Complete Part VI of Schedule D 10a 553,175. b Less: accumulated depreciation 10b 213,563 353,220, 10c 339,61: 11 Investments - publicly traded securities 111 12 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 144 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 503,876, 16 471,41 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 19 Escrow or custodial account liabilities 20 21 Escrow or custodial account liabilities, Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25 723, 057, 26 724, 05 27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 182,757, 25 183,75 28 Total liabilities and lines 33 and 34. 27 Unrestricted net assets 29 29 Permanently restricted net assets 29 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 31 Total net assets or fund balances 219,181, 33 -252,63 33 Total net assets or fund balances 513,376, 34 471,41	1	l0a				
b Less: accumulated depreciation 10b 213,563, 353,220, 10c 339,51: Investments - publicity traded securities						
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 14 14 15 15 14 15 15 14 15 15		b		7	10c	339 612
12 Investments - other securities. See Part IV, line 11	1			4		000,000
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 14 15 15 15 15 15 15						
14 Intangible assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable						
15						
16 Total assets. Add lines 1 through 15 (must equal line 34) 503 875 16 471 41 17 Accounts payable and accrued expenses 17 18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 540 ,300 23 540 ,300 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 182 ,757 25 183 ,75 26 Total liabilities. Add lines 17 through 25 723 ,057 26 724 ,05 Organizations that follow SFAS 117 (ASC 958), check here			Other assets See Part IV line 11			
17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 540,300, 23 540,300 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 182,757, 25 183,757 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,059 272,057, 26 724,059 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 20 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 31 Total net assets or fund balances 503,876, 34 471,41						A71 A13
18 Grants payable 18 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 182,757, 25 183,75 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,05 724,05 723,057, 26 724,05 723,057, 26 724,05 724,05 725,63						7/12,712
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 540,300, 23 540,300 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 182,757, 25 183,75; 26 Total liabilities. Add lines 17 through 25 723 057, 26 724, 05; Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 503 876, 34 471, 41						
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 540,300, 23 540,300 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 182,757, 25 183,75 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,050 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances -219,181, 33 -252,637 34 Total liabilities and net assets/fund balances 503,876, 34 -471,41						
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 540,300, 23 540,300 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,05 27 Organizations that follow SFAS 117 (ASC 958), check here ▼ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▼ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 503,876,34 471,41						
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Qapital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 503 876, 34 471, 41						
key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 503 876, 34 471, 41					-	
Secured mortgages and notes payable to unrelated third parties 540,300, 23 540,30. 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 182,757, 25 183,75. 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,05. Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Permanently restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 503,876,34 471,41						
Secured mortgages and notes payable to unrelated third parties 540,300, 23 540,30. 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 182,757, 25 183,75. 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,05. Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Permanently restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 503,876,34 471,41					22	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 182,757, 25 183,75 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,05 Organizations that follow SFAS 117 (ASC 958), check here 27 Unrestricted net assets 728 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 503,876, 34 471,41	ر ا	2	Secured mortgages and notes payable to unrelated third parties	540 300		540 300
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 503 876, 34 471, 41						340,300
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 182,757, 25 183,75 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 503,876,34 471,41					24	
Schedule D 182,757, 25 183,75 26 Total liabilities. Add lines 17 through 25 723,057, 26 724,05 Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete lines 27 through 29, and lines 33 and 34. x and complete lines 27 through 29, and lines 33 and 34. 27 -219,181, 27 -252,63 28 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances -219,181, 33 -252,63 34 Total liabilities and net assets/fund balances 503,876, 34 471,41	-	.0			1 1	
Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 503 876, 34 723 057, 26 724 05 724 05 724 05 723 057, 26 724 05 724 05 724 05 724 05 724 05				182 757	25	183 750
Organizations that follow SFAS 117 (ASC 958), check here x and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 503 876 34 471 41	2	96				Total Control of Total Control of
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			***	123,031,	20	724,030
27 Unrestricted net assets	_ω					
33 Total het assets of fund balances	ဗ္ဗ ၂ _၁	7		-219 181	27	-252 637
33 Total het assets of fund balances						252,007
33 Total het assets of fund balances						
33 Total het assets of fund balances	Š ~	.0			20	
33 Total het assets of fund balances	-					
33 Total het assets of fund balances	2 3	10	•		30	***
33 Total het assets of fund balances	2 3					
33 Total het assets of fund balances	5 3					
34 Total liabilities and net assets/fund balances 503,876, 34 471,41	S S					-252 637
			Total liabilities and net assets/fund halances			
Form 990 (20		-	Total nationers and fiel assets/fully baldifies	503,876.	34	Form 990 (20

Form **990** (2014)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MELWOOD-DOLLY HOUSING INC 52-2145231 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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). 7 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.) 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 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. 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). (i) Name of supported (iv) Is the organization (vi) Amount of (ii) EIN (iii) Type of organization (v) Amount of monetary listed in your (described on lines 1-9 organization other support (see support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		(
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4			, ,			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2014 (li					14	%
	Public support percentage from 2013						%
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	າສ			
b	33 1/3% support test - 2013. If the o	-					
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	_			100		•
	and if the organization meets the "fac-						A
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th				ere e		
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction	s ▶
					0-1-	odulo A (Form 990	000 ET 0044

Schedule A (Form 990 or 990-EZ) 2014 MELWOOD-DOLLY HOUSING, INC. 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the				1		
	organization's tax-exempt purpose	98,270.	96.897.	71,178.	74,788.	76,136,	417,269.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	98,270.	96.897.	71 178.	74,788.	76,136,	417,269.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		0.
k	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.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						417,269.
	ction B. Total Support						111,4021
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	98,270.	96,897.	71,178.	74.788.	76.136.	417,269.
	Gross income from interest,			- 4		30 0	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	24.	26.	12.	9.	10.	81.
b	Unrelated business taxable income						2,11,000
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	24.	26.	12.	9.	10,	81.
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	98.294.	96,923,	71,190.	74,797.	76 146.	417,350.
	First five years. If the Form 990 is for	the organization's	first, second, third				
	check this box and stop here				•		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))	*******	15	99.98 %
16	Public support percentage from 2013	Schedule A, Part	III, line 15		***************************************	16	99.98 %
Sec	ction D. Computation of Inves	stment Income	e Percentage			- 40	
17	Investment income percentage for 20	14 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.02 %
18	Investment income percentage from 2	2013 Schedule A, F	Part III, line 17	. 11010 . 10100		18	.02 %
	33 1/3% support tests - 2014. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2013. If the	-					and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

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 C	Organizations
----------------	--------------	----------------------

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

	Yes	No
1		
2		
3a		-
3b		
Зс		-
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-9b		
9c		
10a		
10b		

		145231	E	age 5
Pa	rt IV Supporting Organizations (continued)			330
44	Has the arganization apported a gift or contribution from any of the following persons?		Yes	No
11	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)			
а	below, the governing body of a supported organization?	44-		
b		11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) ar/h) above 2 /f "Yes" to a /h are a preside detail in Read W	11b		_
	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	ļ	
	The state of the s		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			_
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruction	us).		
a	The organization satisfied the Activities Test. Complete Ilne 2 below.	10).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	:).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
10.7	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		2-2145231 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	CC		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			3977.00
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting org	anization (see
-	instructions)	,	,, e e	

Schedule A (Form 990 or 990-EZ) 2014

Pai	TV Type III Non-Functionally Integrated 50	09(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organization	S	
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	n the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	· · · · · · · · · · · · · · · · · · ·	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
~	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions carryover, if any, to 2014.			
a b		-		
		1		
d		1		
	From 2012			
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
100	Applied to 2014 distributable amount			
1	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
_	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	PROJECT (1997) 1997			
b				
-				
C	Excess from 2013	-		
	The state of the s			
<u>e</u>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 1 Also complete this part for any additional information. (See instructions).	Page	52-2145231 F		HOUSING INC.	Z) 2014 MELWOOD-DOLLY	(Form 990 or 990-Ez	redule A
Also complete this part for any additional information. (See instructions).	2	17b: and Part III, line 12	Part II. line 10: Part II. line 17a or	ne explanations required b	Information. Provide th	Supplemental	art VI
		Trojana raitinjinio iz	211.1, 1110 10, 1 4, 1 11, 1110 17 4 01	rmation (See instructions)	part for any additional info	Also complete this	
				mation. (See instructions).	part for any additional infor	Also complete triis	
	_						
		sain,), ==	961	
× h = ±							
×							
* ***							

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	MELWOOD-DOLLY HOUSING INC.		52-2145231
Pa	art I Organizations Maintaining Donor Advised Funds or Other Sim	ilar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fur	nds ((b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in		ds
	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for		
Ü	for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot		
	impermissible private benefit?		r
Pa	irt II Conservation Easements. Complete if the organization answered "Yes" to		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	Tomi 550, Fait IV,	mie / .
,		line of a biotovically	. Sanara and a sada a sanara
			important land area
		tion of a certified hi	stone structure
0	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a co	onservation easement on the last
	day of the tax year.		11.12.10. F. 1.10. T. V.
	Tabel mumb on of a consequation accounts		Held at the End of the Tax Year
a	***************************************		2a
b			2b
C	\ / Hillion		2c
d			
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organ	nization during the tax
	year •		
4	Number of states where property subject to conservation easement is located	1	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	-	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation of	_	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	. , , , ,	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue		
	include, if applicable, the text of the footnote to the organization's financial statements the	at describes the org	ganization's accounting for
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasu	ires or Other	Similar Assats
1 41	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ares, or other t	olilliai Assets.
4-			and believes along the visiting of out
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-		
	historical treasures, or other similar assets held for public exhibition, education, or research	n in lurtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b			
	treasures, or other similar assets held for public exhibition, education, or research in further	erance of public sei	rvice, provide the following amounts
	relating to these items:	F 1	.
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets		provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to thes		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	************************	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		LLY HOUSING, IN			hau Cina	52-2145			age 2
ra							-	14.	
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of the	e following that are a	a significan	it use of its	collectio	n item	.S
	(check all that apply):								
а	Public exhibition	9		change programs					
b	Scholarly research		e L Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how they further	the organization's e	xempt pur	pose in Par	t XIIIa:		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other sim	ilar assets			g	
	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arran		lete if the organizati	on answered "Yes"	to Form 99	90, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contributio	ns or other assets n	ot include	d			
	on Form 990, Part X?		***************************************				Yes] No
b	If "Yes," explain the arrangement in Part XIII								
			_				Amoun	t	
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.		•		,	**********			1
	rt V Endowment Funds. Complete i					X1X144144444444			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	hack
1a	Beginning of year balance	(4) 5 311 511 752	(5):	(o) i iio youro ouon	(La) Trinot	youro buon	(0) 1 0 0 1	Joans	Duon
h	Contributions								
~	Net investment earnings, gains, and losses								
4	Grants or scholarships								
u a	Other expenditures for facilities								
•									
	and programs						-		
T	Administrative expenses								
g	End of year balance		<i>n</i> : 4	())					
2	Provide the estimated percentage of the cur	-		(a)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the posse	ession of the organiz	zation that are held	and administered fo	r the orgar	nization	1		
	by:							Yes	No
	(i) unrelated organizations								
	(ii) related organizations			911111191191191919			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990	0, Part IV, line 11a.	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o	, ,	t or other (c)	Accumula	ted	(d) Boo	k valu	е
		basis (invest	ment) basis	s (other) c	depreciatio	n			
1a	Land	11.1							
	Buildings			552,055.	212	2,443.		339	612.
	Leasehold improvements								
	Equipment	(A) (A)							
	Other			1 120.		120.			0.
	. Add lines 1a through 1e. (Column (d) must e		t X, column (B), line			. >		339	612.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 MELWOOD-DOLLY HOU	SING, INC.		52-2145231	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" t				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year marke	t value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to	o Form 990, Part IV, line	11c. See Form 990, Part X, lin	e 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year marke	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" to	o Form 990. Part IV. line	11d. See Form 990. Part X. lin	e 15.	
	escription	1141 000 1 01111 000,1 41171, 1111	(b) Book	value
(1)			(19)	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Q-100 (T)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	***************************************		
			W	
Complete if the organization answered "Yes" to			t X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO AFFILIATE		182,708.		
(3) TENANT DEPOSITS HELD IN TRUST		1,042.		
(4)				
(5)				
(6)			=	
(7)				
(8)			2277	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	183,750,		
2 Liability for uncertain tay positions. In Part XIII, provide t			tataments that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII x

Schedule D (Form 990) 2014

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	ue per Return.	1
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.	•	
1	Total revenue, gains, and other support per audited financial statements		1	76 146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1111 1111		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			76,146.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	46 TW:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	***************************************	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ,	5	76,146.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements	**************		109,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	W 100		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	109,602.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	NC LIV		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	109,602.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, lin	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
PARI	TX, LINE 2:			
THE	ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXE	S UNDER THE		
PROV	VISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE	(IRC), IN		
ADD1	TION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNA	L REVENUE		
SERV	VICE (IRS) NOT TO BE A PRIVATE FOUNDATION, INCOME WHICH IS	NOT RELATED		
TO E	EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO	FEDERAL AND		
STAT	TE INCOME TAXES. FOR THE YEARS ENDED JUNE 30, 2015 AND 201	4 THE		
	#E #			-
ORGA	ANIZATION HAD NO TAXABLE UNRELATED BUSINESS INCOME, AND AC	CORDINGLY, NO		
PROI	VISION FOR INCOME TAXES IS REQUIRED IN THE ACCOMPANYING FI	NANCIAL		
am				
STAT	PEMENTS.			
_				

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR 432054 10-01-14

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	MELWOOD-DOLLY HOUSING, INC.	52-2145231		
Pa	art I Questions Regarding Compensation			
2,			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal re-			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, c			
		<i>'</i>		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organiza	tion's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation c	ommittoo		
	Approvar by the board of compensation c	Juliurree		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_		4-		720
	Receive a severance payment or change-of-control payment?		-	X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504/s/(2) 504/s/(4) and 504/s/(00) superiordians must seemblate lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the revenues of:			I ALAK
a	The organization?	<u>5a</u>		X
b	Any related organization?	<u>5b</u>	-	x
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of:			
a	The organization?	6a	-	X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

				:	:			
		(b) Breakdown or	(b) breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(y(a)	in column (5) reported as deferred in prior Form 990
(1) CAROL ANN DESANTIS	Ξ	0.	0	0	0	0	0	0
CHAIR	E	363 115.	0	2.284	5 477	3 915.	374 79	0
	ε						4	
	€							
	Ξ							
	€							
	Θ							
	⊞							
	Ξ							
	€							
	Ξ							
	€							
	ε							
	€							
	Ξ							
	E							
	(i)							
	(ii)							
	(i)							
	⊞							
	Ξ							
	⊞							
-	Ξ							
	⊞							
	Ξ							06
	(ii)							
	(i)							
	⊞							
	ε							
	(E)							
	Θ							
	⊞							
4.32 112 2112				1			Schedu	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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.

2014

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

MELWOOD-DOLLY HOUSING, INC.	52-2145231
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
MELWOOD ADVOCATES FOR AND EMPOWERS INDIVIDUALS OF DIFFERING ABILITIES	
TO TRANSFORM THEIR OWN LIVES THROUGH UNIQUE OPPORTUNITIES.	
FORM 990, PART VI, SECTION A, LINE 8A:	(N)
NO MINUTES OF ACTIONS OF MEETINGS HAVE BEEN PREPARED FOR THE MEETINGS OF	
THE DIRECTORS HELD DURING THE FISCAL YEAR. NO CHANGES HAVE BEEN MADE TO	
ORGANIZATIONAL DOCUMENTS IN THE CURRENT FISCAL YEAR.	
FORM 990, PART VI, SECTION A, LINE 8B:	
MELWOOD-DOLLY HOUSING, INC. DOES NOT HAVE COMMITTE WITH AUTHORITY TO ACT ON	
BEHALF OF THE GOVERNING BODY,	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM.	
THE FORM 990 IS FIRST REVIEWED BY THE SENIOR MANAGEMENT OF THE	
ORGANIZATION. THE FORM 990 IS THEN PRESENTED BY THE ORGANIZATION'S CFO TO	
THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE I.R.S.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A POLICY ON CONFLICTS OF INTEREST IS INCLUDED IN THE EMPLOYEE MANUAL.	
EMPLOYEES MUST SIGN OFF ON THE ORIENTATION CHECKLIST THAT THEY RECEIVED THE	
EMPLOYEE MANUAL, THERE IS AN ANNUAL REVIEW IN WHICH THE OFFICERS, TRUSTEES	
AND DIRECTORS COMPLETE A QUESTIONNAIRE ON CONFLICT OF INTEREST AND SIGN A	
STATEMENT.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2014

OMB No. 1545-0047

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

Open to Public Inspection

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

Employer identification number 52-2145231

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33, Part

MELWOOD-DOLLY HOUSING INC.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	tions Complete if the organization an	swered "Yes" on Form 990, Par	rt IV, line 34 because	it had one or more re	lated tax-exempt

(a)	(g)	(0)	(g)	(e)	((g)	0057497
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contro	Section 3 (2(b) 13)
of related organization		foreign country)	section	status (if section	entity	entity?	6/
				501(c)(3))		Yes	No
MELWOOD HORTICULTURAL TRAINING CENTER -	TRAINING AND						
52-0857690, 5606 DOWER HOUSE RD., UPPER	REHABILITATION OF						
MARLBORO, MD 20772	INDIVIDUALS WITH DIFFERING MARYLAND	MARYLAND	501(C)(3)	LINE 7	N/A		×
23							
							1

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 MELWOOD-DOLLY HOUSING INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

(j) (k) General or Percentage managing ownership			e related	Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2014
General or managing partner?			one or mor	(h) Percentage ownership				le R (Form
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had	(g) Share of Pend-of-year cassets				Schedu
(h) Disproportionate allocations?	2		rt IV, line 34					
(g) Share of end-of-year assets			rm 990, Pa	(f) Share of total income				
			"Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income			answered					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			e organizatior	(d) Direct controlling entity				
			omplete if th	(c) Legal domicile (state or foreign country)				32
(d) Direct controlling entity			oration or Trust Co /ear.	(b) Primary activity				
(c) Legal domicile (state or foreign	7.		as a Corpo	Prim				
(b) Primary activity			anizations Taxable a	Z -				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization]s-		2.0	432162 08-14-14

52-2145231

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36,

ž.	3	:	9	Yes	s No
	is with one or more re	lated organizations listed	in Parts II-IV?	,	
	λ	***************************************		19	×
b Gift, grant, or capital contribution to related organization(s)	***************************************			1p	X
c Gift, grant, or capital contribution from related organization(s)	***************************************	***************************************		20	×
				10	×
				_	
				_	4
f Dividends from related organization(s)				#	×
				<u></u>	×
Purchase of assets from related organization(s)				+	×
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	化多孔 医外外的 医甲基氏征 医环络异子氏试验检 医环状虫 医甲甲氏腺 计专用 医甲基氏腺素		Ŧ	×
related organization(s)					×
k Lease of facilities, equipment, or other assets from related organization(s)				+	×
	anization(s)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_	×
m Performance of services or membership or fundraising solicitations by related orga	lated organization(s)			Ē	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-t	
o Sharing of paid employees with related organization(s)					
p Reimbursement paid to related organization(s) for expenses				10	×
q Reimbursement paid by related organization(s) for expenses				1g X	
r Other transfer of cash or property to related organization(s)				-	×
s)				-St	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(3)					
(4)					
(5)					
432163 08-14-14	33		Schedule	Schedule R (Form 990) 2014	0) 2014

52-2145231

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization: See instructions regarding exclusion for certain investment partnerships.

that may not a rotated organization. Occurrence of the state of the st	and a company of the		comient parties amps.	177	9		()	(:	
Name, address, and EIN of entity	Primary activity	nicile oreign y)	t income related, tax under 2-514)	Are all partners sec. 501(c)(3) 0105.7	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Dispropor Code V-UBI ceneral or Percentage bloating amount in box 20 managing ownership of Schedule K-1 parher?	General or managing partner?	(K) Percentage ownership
			_							
	,									
								Schedule	R (Forn	Schedule R (Form 990) 2014

34

Schedule R (Form 990) 2014 MELWOOD-DOLLY HOUSING INC.	52-2145231	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME OF RELATED ORGANIZATION:		
MELWOOD HORTICULTURAL TRAINING CENTER		

PRIMARY ACTIVITY: TRAINING AND REHABILITATION OF INDIVIDUALS WITH		
DIFFERING ABILITIES		
THE RESIDENCE OF THE PROPERTY		

<u> </u>		
	-	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 -

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	rt I and check this box			x
-	re filing for an Additional (Not Automatic) 3-Month Ex	-				
	nplete Part II unless you have already been granted			-		
Electronic	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6 months for a	a corporation
required to	o file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically fi	le Form 8	868 to reques	t an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers .	Associated W	ith Certain
Personal F	Benefit Contracts, which must be sent to the IRS in par	per format	(see instructions). For more details o	n the elec	ctronic filing o	f this form,
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpora	ion required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and o	complete		
Part I only					***************	
	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	
to file inco	me tax returns.			Enter file	er's identifyir	g number
Type or	e or Name of exempt organization or other filer, see instructions.			Employe	r identificatior	number (EIN) or
print						
Elle beether	MELWOOD-DOLLY HOUSING, INC.				52-21452	31
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social security number (SSN)		
filing your return, See	5606 DOWER HOUSE ROAD					
instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	ress, see instructions.			
	UPPER MARLBORO, MD 20772					
						3 <u>4 4 4</u> 0
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 4720	orm 4720 (individual) 03 Form 4720 (other than individual)				09	
Form 990-	PF	04 Form 5227				10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
	ROMELL BUCHANAN, CONT					
 The box 	oks are in the care of 5606 DOWER HOUSE ROAD	- UPPER				
	one No. 301-599-8000		Fax No. 🕨			
	ganization does not have an office or place of busines					
_	for a Group Return, enter the organization's four digit	_			_	•
	, If it is for part of the group, check this box				ers the exten	sion is for.
1 I req	uest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until		
F	EBRUARY 15, 2016 , to file the exemp	ot organiza	tion return for the organization name	ed above.	The extension	n
is fo	the organization's return for:					
▶Ļ	calendar year or					
	tax year beginning	, an	d ending <u> </u>		*	
, –			on: Initial return I	Final retur	'n	
, –	e tax year entered in line 1 is for less than 12 months, o	rieck reas	on			
2 If the	Change in accounting period					
2 If the	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720				•	
2 If the	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720 efundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	3a	\$	0.
2 If the 3a If thi nonr b If thi	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720 efundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069	, or 6069, 9, enter any	enter the tentative tax, less any y refundable credits and	За	\$	0.
2 If the 3a If thi nonr b If thi estir	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720 efundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069 nated tax payments made. Include any prior year over	o, or 6069, o, enter any payment a	enter the tentative tax, less any y refundable credits and lowed as a credit.		\$	0.
2 If the 3a If thi nonr b If thi estir c Bala	Change in accounting period s application is for Forms 990-BL, 990-PF, 990-T, 4720 efundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069	o, or 6069, o, enter any payment alayment wit	enter the tentative tax, less any y refundable credits and lowed as a credit. h this form, if required,	За	\$	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14