

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

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

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](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning , and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **SOCIETY FOR CREATIVE ANACHRONISM, INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 360789**  
 City or town, state or province, country, and ZIP or foreign postal code  
**MILPITAS CA 95036**

**D** Employer identification number: **94-1698556**

**E** Telephone number: **408-263-9305**

**F** Name and address of principal officer:  
**RENEE SIGNOROTTI**  
**PO BOX 360789**  
**MILPITAS CA 95035**

**G** Gross receipts\$: **3,670,403**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SCA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1969** **M** State of legal domicile: **CA**

**H(c)** Group exemption number: **5802**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RECREATION &amp; STUDY OF MEDIEVAL &amp; RENAISSANCE HISTORY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>10,060</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>945,233</b>	<b>1,327,127</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,683,689</b>	<b>2,322,751</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,808</b>	<b>7,662</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>101,704</b>	<b>-9,177</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,735,434</b>	<b>3,648,363</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>181,229</b>	<b>200,876</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,118,048</b>	<b>3,255,483</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,299,277</b>	<b>3,456,359</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-563,843</b>	<b>192,004</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,357,887</b>	<b>5,569,397</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>264,052</b>	<b>283,679</b>
		<b>5,093,835</b>	<b>5,285,718</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **RENEE SIGNOROTTI** Date: \_\_\_\_\_  
 Type or print name and title: **VP**

**Paid Preparer Use Only**

Print/Type preparer's name: **KIM L. FREY, CPA** Preparer's signature: \_\_\_\_\_ Date: **11/04/15** Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: **FREY & ASSOCIATES** Firm's EIN: **47-0909513**  
 Firm's address: **30 UNION AVE STE 220 CAMPBELL, CA 95008-3162** Phone no.: **408-379-2010**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**RECREATION & STUDY OF MEDIEVAL & RENAISSANCE HISTORY**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **57,992** including grants of \$ ) (Revenue \$ )

**PUBLICATIONS - QUARTERLY NEWSLETTER TO OVER 20,000 SUBSCRIBERS, BI-MONTHLY PAMPHLETS TO OVER 5,000 SUBSCRIBERS, REGIONAL & LOCAL NEWSLETTERS**

**4b** (Code: ) (Expenses \$ **2,620,561** including grants of \$ ) (Revenue \$ )

**EVENTS - LOCAL & REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC PRACTICING & DEMONSTRATING ARTS & CRAFTS OF THE PERIOD**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2,678,553**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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	<b>X</b>	
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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 (see instructions)		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>24</b>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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	<b>2a</b>	<b>6</b>
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	<b>X</b>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>7a</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>13b</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	<b>13b</b>	
<b>13c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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**

		Yes	No
<b>1a</b>	<b>7</b>		
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>b</b>	<b>7</b>		
Enter the number of voting members included in line 1a, above, who are independent.			
<b>2</b>			<b>X</b>
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?			
<b>3</b>			<b>X</b>
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?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
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?			
<b>b</b>			<b>X</b>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	<b>8a</b>	<b>X</b>	
The governing body?			
<b>b</b>	<b>8b</b>	<b>X</b>	
Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
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
<b>10a</b>	<b>10a</b>	<b>X</b>	
Did the organization have local chapters, branches, or affiliates?			
<b>b</b>	<b>10b</b>	<b>X</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?			
<b>11a</b>	<b>11a</b>		<b>X</b>
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>b</b>			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>	<b>12a</b>		<b>X</b>
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>b</b>	<b>12b</b>		
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>c</b>	<b>12c</b>		
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
<b>13</b>	<b>13</b>		<b>X</b>
Did the organization have a written whistleblower policy?			
<b>14</b>	<b>14</b>		<b>X</b>
Did the organization have a written document retention and destruction policy?			
<b>15</b>			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>	<b>15a</b>	<b>X</b>	
The organization's CEO, Executive Director, or top management official			
<b>b</b>	<b>15b</b>	<b>X</b>	
Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>	<b>16a</b>		<b>X</b>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>b</b>	<b>16b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **AZ, CA, OR, ND, SC, CO, NY, KS, NC, OK, OR, WA, TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**SOCIETY FOR CREATIVE ANACHRONISM PO BOX 360789**

**MILPITAS**

**CA 95036**

**408-263-9305**

**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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAROLD SIMON	10.00									
CHAIRMAN	3.00	X					0	0	0	
(2) ARTHUR DONADIO	10.00									
BOD	3.00	X					0	0	0	
(3) LISA CZUDNOCHOWSKY	10.00									
BOD	3.00	X					0	0	0	
(4) LISA MAY	10.00									
BOD	3.00	X					0	0	0	
(5) DR. SCOTT BERK	10.00									
BOD	3.00	X					0	0	0	
(6) JOHN FULTON	10.00									
BOD	3.00	X					0	0	0	
(7) DAVID KEEN	10.00									
BOD	3.00	X					0	0	0	
(8) RENEE SIGNOROTTI	35.00									
VP & SECRETARY	3.00			X			83,767	0	0	
(9) LESLIE VAUGHN	10.00									
PRESIDENT	3.00			X			12,000	0	0	
(10) THERESE HOFHEINS	10.00									
TREASURER	3.00			X			5,500	0	0	
(11) ANTHONY PONGRATZ	10.00									
VP OPERATIONS	3.00			X			0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>							<b>101,267</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>101,267</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 934,605				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 392,522				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		<b>1,327,127</b>			
<b>Program Service Revenue</b>	<b>2a</b> FEES CHARGED AT EVENTS	Busn. Code	2,243,527	2,243,527		
	<b>b</b> NONMEMBER SURCHARGE		37,131	37,131		
	<b>c</b> INSURANCE CERTIFICATES		15,665	15,665		
	<b>d</b> OTHER		12,653	12,653		
	<b>e</b> NATIONAL PUBS	511120	5,061		5,061	
	<b>f</b> All other program service revenue		8,714	3,715	4,999	
	<b>g Total.</b> Add lines 2a-2f		<b>2,322,751</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		7,662	4,839	2,823	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 23,871					
	<b>b</b> Less: cost of goods sold	<b>b</b> 22,040				
<b>c</b> Net income or (loss) from sales of inventory		1,831	1,831			
Miscellaneous Revenue		Busn. Code				
<b>11a</b> UNREALIZED GAIN/LOSS OF STOCK			-5,428	-5,428		
<b>b</b> LOSS ON KINDGOM ASSETS			-5,580	-5,580		
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			-11,008			
<b>12 Total revenue.</b> See instructions			<b>3,648,363</b>	<b>2,308,353</b>	<b>10,060</b>	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>155,609</b>		<b>155,609</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>10,467</b>		<b>10,467</b>	
<b>9</b> Other employee benefits	<b>21,448</b>		<b>21,448</b>	
<b>10</b> Payroll taxes	<b>13,352</b>		<b>13,352</b>	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	<b>49,840</b>		<b>49,840</b>	
<b>b</b> Legal	<b>42,464</b>	<b>36,543</b>	<b>5,921</b>	
<b>c</b> Accounting	<b>44,505</b>		<b>44,505</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>389</b>	<b>389</b>		
<b>13</b> Office expenses	<b>61,712</b>		<b>61,712</b>	
<b>14</b> Information technology	<b>83,519</b>		<b>83,519</b>	
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>977,552</b>	<b>911,996</b>	<b>65,556</b>	
<b>17</b> Travel	<b>251,663</b>	<b>149,630</b>	<b>102,033</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates	<b>66,574</b>	<b>66,574</b>		
<b>22</b> Depreciation, depletion, and amortization	<b>67,466</b>	<b>49,020</b>	<b>18,446</b>	
<b>23</b> Insurance	<b>163,490</b>	<b>144,955</b>	<b>18,535</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT RENTAL</b>	<b>444,910</b>	<b>444,910</b>		
<b>b</b> <b>SUPPLIES</b>	<b>321,431</b>	<b>321,431</b>		
<b>c</b> <b>FOOD</b>	<b>292,079</b>	<b>292,079</b>		
<b>d</b> <b>BANK CHARGES</b>	<b>70,808</b>	<b>28,328</b>	<b>42,480</b>	
<b>e</b> All other expenses	<b>317,081</b>	<b>232,698</b>	<b>84,383</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>3,456,359</b>	<b>2,678,553</b>	<b>777,806</b>	<b>0</b>
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>2,827,927</b>	<b>1</b>	<b>3,071,701</b>
	<b>2</b> Savings and temporary cash investments	<b>1,766,692</b>	<b>2</b>	<b>1,506,618</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>37,310</b>	<b>4</b>	<b>25,126</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>190,311</b>	<b>8</b>	<b>195,621</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	<b>11,095</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,051,454</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>875,304</b>	<b>179,910</b>	<b>10c</b> <b>176,150</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	<b>222,925</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>355,737</b>	<b>15</b>	<b>360,161</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>5,357,887</b>	<b>16</b>	<b>5,569,397</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>48,236</b>	<b>17</b>	<b>107,147</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>170,229</b>	<b>19</b>	<b>172,864</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>45,587</b>	<b>25</b>	<b>3,668</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>264,052</b>	<b>26</b>	<b>283,679</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	<b>5,093,835</b>	<b>32</b>	<b>5,285,718</b>
<b>33</b> Total net assets or fund balances	<b>5,093,835</b>	<b>33</b>	<b>5,285,718</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>5,357,887</b>	<b>34</b>	<b>5,569,397</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,648,363</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,456,359</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>192,004</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>5,093,835</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-121</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,285,718</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>3b</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**  
(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.

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

**SOCIETY FOR CREATIVE ANACHRONISM,  
INC**

Employer identification number

**94-1698556**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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 organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**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**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support test—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,135,595	1,264,663	1,244,696	945,233	1,327,127	5,917,314
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3,392,732	3,486,513	3,815,042	2,791,514	2,330,393	15,816,194
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	4,528,327	4,751,176	5,059,738	3,736,747	3,657,520	21,733,508
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						21,733,508

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	4,528,327	4,751,176	5,059,738	3,736,747	3,657,520	21,733,508
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	45,371	12,266	5,060	4,808	2,823	70,328
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	45,371	12,266	5,060	4,808	2,823	70,328
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	4,573,698	4,763,442	5,064,798	3,741,555	3,660,343	21,803,836
<b>14 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	99.68%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	99.15%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	1%

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

SOCIETY FOR CREATIVE ANACHRONISM, INC

Employer identification number

94-1698556

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for purpose of easements, total number of easements, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance .....	
<b>1d</b> Additions during the year .....	
<b>1e</b> Distributions during the year .....	
<b>1f</b> Ending balance .....	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Temporarily restricted endowment ▶ ..... %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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 X, line 15.

(a) Description	(b) Book value
(1) <b>REGALIA</b>	<b>279,017</b>
(2) <b>KINGDOM ACCOUNT</b>	<b>81,144</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>360,161</b>

**Part X Other Liabilities.**

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	(b) Book value	
(1) Federal income taxes		
(2) <b>STOCK CLERK DEPOSITS</b>	<b>3,668</b>	
(3) <b>OTHER</b>		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,668</b>	

2. 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 . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>3,667,153</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>18,790</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>18,790</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>3,648,363</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>3,648,363</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>3,475,151</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>18,792</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>18,792</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>3,456,359</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>3,456,359</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT COSTS NETTTED ON FINANCIALS** \$ **18,790**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT COSTS NETTTED ON FINANCIALS** \$ **18,790**

**ROUNDING** \$ **2**





**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.

OMB No. 1545-0047

**2014****Open to Public  
Inspection**

Name of the organization

**SOCIETY FOR CREATIVE ANACHRONISM,  
INC**

Employer identification number

**94-1698556**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD OF DIRECTORS REVIEW AND DETERMINE THE PAY OF THE TOP EXECUTIVES**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
THE BOARD OF DIRECTORS REVIEW AND DETERMINE THE PAY OF THE TOP EXECUTIVES**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE SOLD THROUGH THE STOCK CLERK AND AVAILABLE BY  
SUBSCRIPTION**

**FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER**

<b>DIRECT COSTS NETTTED ON FINANCIALS</b>	<b>\$</b>	<b>18,790</b>
<b>DIRECT COSTS NETTTED ON FINANCIALS</b>	<b>\$</b>	<b>-18,790</b>
<b>ROUNDING</b>	<b>\$</b>	<b>-2</b>

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

<b>PRIOR YEAR BOOK ADJUSTMENT</b>	<b>\$</b>	<b>117</b>
<b>ROUNDING</b>	<b>\$</b>	<b>2</b>

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2014**

Department of the Treasury  
Internal Revenue Service

For calendar year 2014 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p> <p style="text-align: right;"><b>5,569,397</b></p>	<p><b>Print</b></p> <p>or</p> <p><b>Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p style="text-align: center;"><b>SOCIETY FOR CREATIVE ANACHRONISM, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p style="text-align: center;"><b>PO BOX 360789</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p style="text-align: center;"><b>MILPITAS CA 95036</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶ <b>5802</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p style="text-align: center;"><b>94-1698556</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"><b>511120</b></td> <td style="border: none; text-align: center;"><b>511120</b></td> </tr> </table>	<b>511120</b>	<b>511120</b>
<b>511120</b>	<b>511120</b>				
		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

**H** Describe the organization's primary unrelated business activity.  
▶ **ADVERTISING IN PUBLICATIONS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of ▶ **RENEE SIGNOROTTI** Telephone number ▶ **408-263-9305**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11	10,060	10,060
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	10,060	10,060

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		10,060
28 Other deductions (attach schedule)		28		
29 <b>Total deductions.</b> Add lines 14 through 28		29		10,060
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		0

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  **See instructions** and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
**(1)** \$  **(2)** \$  **(3)** \$

**b** Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) ..... \$   
**(2)** Additional 3% tax (not more than \$100,000) ..... \$

**c** Income tax on the amount on line 34 ..... **▶ 35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ..... **▶ 36**

**37 Proxy tax.** See instructions ..... **▶ 37**

**38 Alternative minimum tax** ..... **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ..... **39**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... **40a**

**b** Other credits (see instructions) ..... **40b**

**c** General business credit. Attach Form 3800 (see instructions) ..... **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ..... **40d**

**e Total credits.** Add lines 40a through 40d ..... **40e**

**41** Subtract line 40e from line 39 ..... **41**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (att. sch.) ..... **42**

**43 Total tax.** Add lines 41 and 42 ..... **43 0**

**44a** Payments: A 2013 overpayment credited to 2014 ..... **44a**

**b** 2014 estimated tax payments ..... **44b**

**c** Tax deposited with Form 8868 ..... **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) ..... **44d**

**e** Backup withholding (see instructions) ..... **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) ..... **44f**

**g** Other credits and payments:  Form 2439 ..... **44g**  
 Form 4136 .....  Other ..... Total **▶**

**45 Total payments.** Add lines 44a through 44g ..... **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached .....  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ..... **▶ 47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... **▶ 48**

**49** Enter the amount of line 48 you want: Credited to 2015 estimated tax **▶** **Refunded** **▶ 49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶** ..... **Yes No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. .... **Yes No**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ .....

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>Yes No</b>		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** **▶** \_\_\_\_\_ **VP** **▶** \_\_\_\_\_  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  
 Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **KIM L. FREY, CPA** Preparer's signature: \_\_\_\_\_ Date: **11/04/15** Check  if self-employed PTIN: \_\_\_\_\_

Firm's name **▶** **FREY & ASSOCIATES** Firm's EIN **▶** **47-0909513**

Firm's address **▶** **30 UNION AVE STE 220** Phone no. **408-379-2010**  
**CAMPBELL, CA 95008-3162**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1) <b>N/A</b>
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

**Total** Total

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

**Totals** ▶

**Total dividends-received deductions** included in column 8 ▶

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>LOCAL PUBS</b>	<b>4,999</b>		<b>4,999</b>		<b>49,883</b>	<b>4,999</b>
(2) <b>NATIONAL PUBS</b>	<b>5,061</b>		<b>5,061</b>		<b>57,992</b>	<b>5,061</b>
(3)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II</b> (lines 1-5) .....		Enter here and on page 1, Part I, line 11, col. (A). <b>10,060</b>	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27. <b>10,060</b>

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

## Form 99 Return Summary

For calendar year 2014, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556  
INC**

### Sources of Income

Gross sales or receipts	<u>2,346,622</u>		
Less: Cost of goods sold	<u>22,040</u>		
Gross profit from business activities		<u>2,324,582</u>	
Interest		<u>2,823</u>	
Dividends		<u>4,839</u>	
Rents and royalties			
Gain or (loss) from sales of assets			
Dues, assessments, etc., from members			
Dues, assessments, etc., from affiliated organizations			
Contributions, gifts, grants, etc. received		<u>1,327,127</u>	
Other income		<u>-11,008</u>	
<b>Total income</b>			<u><u>3,648,363</u></u>

### Expenses

Administrative expenses		<u>3,249,995</u>	
Disbursements from current income		<u>98,489</u>	
Disbursements from principal			
Other disbursements			
<b>Total expenses</b>			<u><u>3,348,484</u></u>

Accumulation of income in current year		<u>299,879</u>	
Accumulation of income at beginning of year		<u>5,093,835</u>	
Accumulation of income at end of year		<u><u>5,393,714</u></u>	

Penalty for late filing or incomplete filing \_\_\_\_\_

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,357,887</u>	<u>5,569,397</u>	
Liabilities	<u>264,052</u>	<u>283,679</u>	
Net assets	<u><u>5,357,887</u></u>	<u><u>5,569,397</u></u>	<u><u>211,510</u></u>

### Miscellaneous Information

Amended return

Return / extended due date 11/16/15

### Form 99T Return Summary

For calendar year 2014, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556  
INC**

**Taxable Income**

Unrelated trade or business taxable income	_____	
Additions related to Arizona credits claimed	_____	
Apportionment ratio	<u>1.000000</u>	
<b>Taxable income attributable to Arizona</b>		<u>0</u>

**Arizona Tax Liability Computation**

Tax	<u>50</u>	
Tax from recapture of tax credits	_____	
Nonrefundable tax credits	_____	
<b>Tax liability</b>		<u>50</u>

**Tax Payments**

Refundable tax credits	_____	
Paid with extension	_____	
Estimated tax payments	_____	
Payment made with original return	_____	
Overpayments of tax from original return	_____	
<b>Total payments</b>		_____

**Computation of Total Due or Overpayment**

Balance of tax due	<u>50</u>	
Overpayment of tax	_____	
Penalty and interest	<u>12</u>	
Estimated tax underpayment penalty	_____	
<b>Total amount due</b>		<u>62</u>

**Overpayment**

Amount applied to next year's estimated tax \_\_\_\_\_

**Amount to be refunded**

**Next Year's Estimates**

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	<u>_____</u>

**Miscellaneous Information**

Amended return  
Return / extended due date 11/16/15



For the  calendar year 2014 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>SOCIETY FOR CREATIVE ANACHRONISM, INC</b>	Employer Identification Number (EIN) <b>94-1698556</b>
	Address – number and street or PO Box <b>PO BOX 360789</b>	
Business Telephone Number (with area code) <b>408-263-9305</b>	City, Town or Post Office <b>MILPITAS</b>	State <b>CA</b> ZIP Code <b>95036</b>

68 **Check box if:**  This is a first return  Name change  Address change

A Date Arizona operations began: \_\_\_\_\_

B Nature of Arizona activities: **SEE STATEMENT 1**C Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Include a copy of the organization's federal return.

**NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY –**D  NMMD Registry Identification Number: \_\_\_\_\_

E What type of entity is the dispensary?

 Corporation  Limited Liability Company (LLC)  Partnership  S corporation Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?

 Corporation  Disregarded Entity  Partnership  S corporationIf the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.G Federal form filed:  1040  1041  1065  1120  1120-S  Other (specify) \_\_\_\_\_H  Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.****CHECK BOX IF return filed under extension:**82 82C  3-month federal82F  6-month Arizona/federal

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

66 RCVD

**Sources of Income**

1	Gross sales from business activities	1	2,346,622	00
2	Less cost of goods sold or of operations: Include itemized statement <b>STMT 2</b>	2	22,040	00
3	Gross profit from business activities: Subtract line 2 from line 1	3	2,324,582	00
4	Interest	4	2,823	00
5	Dividends	5	4,839	00
6	Rents and royalties	6		00
7	Gain or (loss) from sales of assets, excluding inventory items	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received	10	1,327,127	00
11	Other income: Include itemized statement <b>SEE STATEMENT 3</b>	11	-11,008	00
12	Total income: Add lines 3 through 11	12	3,648,363	00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13		00
14	Salaries and wages other than amounts included on line 2	14	155,609	00
15	Interest	15		00
16	Taxes	16	13,352	00
17	Rent expense	17	977,552	00
18	Depreciation: Include schedule <b>SEE STATEMENT 4</b>	18	67,466	00
19	Miscellaneous expenses: Include itemized statement <b>SEE STMT 5</b>	19	2,036,016	00
20	Total expenses: Add lines 13 through 19	20	3,249,995	00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	98,489	00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	299,879	00
25	Accumulation of income at beginning of year	25	5,093,835	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	5,393,714	00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00
----	--	----	--	----

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1) <b>SOCIETY FOR CREATIVE ANACHRONISM,</b>	EIN <b>94-1698556</b>
---	--------------------------

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

<b>A1</b> Dues, assessments, etc., to affiliates	<b>A1</b>	<b>66,574</b>	<b>00</b>	
<b>A2</b> Contributions, gifts, grants, etc., paid	<b>A2</b>		<b>00</b>	
<b>A3</b> Benefit payments to or for members or their dependents:				
<b>A3a</b> Death, sickness, hospitalization, disability, or pension benefits	<b>A3a</b>	<b>10,467</b>	<b>00</b>	
<b>A3b</b> Other benefits	<b>A3b</b>	<b>21,448</b>	<b>00</b>	
<b>A4</b> Dividends and other distributions to members, shareholders, or depositors	<b>A4</b>		<b>00</b>	
<b>A5</b> Other	<b>A5</b>		<b>00</b>	
<b>A6</b> Total: Add lines A1 through A5. Enter total here and on page 1, line 21	<b>A6</b>			<b>98,489</b>

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

<b>B1</b> Dues, assessments, etc., to affiliates	<b>B1</b>		<b>00</b>	
<b>B2</b> Contributions, gifts, grants, etc., paid	<b>B2</b>		<b>00</b>	
<b>B3</b> Benefit payments to or for members or their dependents:				
<b>B3a</b> Death, sickness, hospitalization, disability, or pension benefits	<b>B3a</b>		<b>00</b>	
<b>B3b</b> Other benefits	<b>B3b</b>		<b>00</b>	
<b>B4</b> Dividends and other distributions to members, shareholders, or depositors	<b>B4</b>		<b>00</b>	
<b>B5</b> Other	<b>B5</b>		<b>00</b>	
<b>B6</b> Total: Add lines B1 through B5. Enter total here and on page 1, line 22	<b>B6</b>			<b>00</b>

**SCHEDULE C Balance Sheet**

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year	
<b>Assets</b>					
<b>C1</b> Cash		<b>4,594,619</b>	<b>00</b>	<b>C1</b>	<b>4,578,319</b>
<b>C2a</b> Accounts receivable	<b>C2a</b>	<b>25,126</b>	<b>00</b>		
<b>C2b</b> Less allowance for doubtful accounts	<b>C2b</b>		<b>00</b>		
<b>C2c</b> Line C2a less line C2b. Enter difference in column (b)		<b>37,310</b>	<b>00</b>	<b>C2c</b>	<b>25,126</b>
<b>C3a</b> Other notes and loans receivable: Include schedule	<b>C3a</b>		<b>00</b>		
<b>C3b</b> Less allowance for doubtful accounts	<b>C3b</b>		<b>00</b>		
<b>C3c</b> Line C3a less line C3b. Enter difference in column (b)			<b>00</b>	<b>C3c</b>	<b>00</b>
<b>C4</b> Inventories		<b>190,311</b>	<b>00</b>	<b>C4</b>	<b>195,621</b>
<b>C5</b> Investments (securities): Include schedule	<b>SEE STATEMENT 6</b>		<b>00</b>	<b>C5</b>	<b>222,925</b>
<b>C6</b> Investments (other): Include schedule			<b>00</b>	<b>C6</b>	<b>00</b>
<b>C7a</b> Land, buildings, and equipment; basis:	<b>C7a</b>	<b>1,051,454</b>	<b>00</b>		
<b>C7b</b> Less accumulated depreciation: Include schedule	<b>C7b</b>	<b>875,304</b>	<b>00</b>		
<b>C7c</b> Line C7a less line C7b. Enter difference in column (b)	<b>SEE STMT 7</b>	<b>179,910</b>	<b>00</b>	<b>C7c</b>	<b>176,150</b>
<b>C8</b> Other assets (describe):	<b>SEE STATEMENT 8</b>	<b>355,737</b>	<b>00</b>	<b>C8</b>	<b>371,256</b>
<b>C9</b> Total assets: Add lines C1 through C8		<b>5,357,887</b>	<b>00</b>	<b>C9</b>	<b>5,569,397</b>
<b>Liabilities</b>					
<b>C10</b> Accounts payable and accrued expenses		<b>48,236</b>	<b>00</b>	<b>C10</b>	<b>107,147</b>
<b>C11</b> Mortgages and other notes payable: Include schedule			<b>00</b>	<b>C11</b>	<b>00</b>
<b>C12</b> Other liabilities (describe):	<b>SEE STATEMENT 9</b>	<b>215,816</b>	<b>00</b>	<b>C12</b>	<b>176,532</b>
<b>C13</b> Total liabilities: Add lines C10 through C12		<b>264,052</b>	<b>00</b>	<b>C13</b>	<b>283,679</b>
<b>Net Assets</b>					
<b>C14</b> Capital stock or trust principal			<b>00</b>	<b>C14</b>	<b>00</b>
<b>C15</b> Paid-in or capital surplus			<b>00</b>	<b>C15</b>	<b>00</b>
<b>C16</b> Retained earnings or accumulated income		<b>5,093,835</b>	<b>00</b>	<b>C16</b>	<b>5,285,718</b>
<b>C17</b> Total net assets: Add lines C14 through C16		<b>5,093,835</b>	<b>00</b>	<b>C17</b>	<b>5,285,718</b>
<b>C18</b> Total liabilities and net assets: Add lines C13 and C17		<b>5,357,887</b>	<b>00</b>	<b>C18</b>	<b>5,569,397</b>

✎ PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

**SOCIETY FOR CREATIVE ANACHRONISM,**

EIN

**94-1698556****Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

**Please  
Sign  
Here**

OFFICER'S SIGNATURE

**RENEE SIGNOROTTI**

DATE

**11/04/2015**

TITLE

**VP**

**Paid  
Preparer's  
Use  
Only**

PAID PREPARER'S SIGNATURE

**FREY & ASSOCIATES**

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

**30 UNION AVE STE 220**

FIRM'S STREET ADDRESS

**CAMPBELL**

CITY

DATE

**CA**

STATE

PAID PREPARER'S PTIN

**47-0909513**FIRM'S  EIN OR  SSN**408-379-2010**

FIRM'S TELEPHONE NUMBER

**95008-3162**

ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

**Arizona Statements**

**Statement 1 - Form 99, Page 1, Line B - Nature of Arizona Activities**

Description
RECREATION & STUDY OF MEDIEVAL & RENAISSANCE HISTORY

**Statement 2 - Form 99, Page 1, Line 2 - Cost of Goods Sold or of Operations**

Description	Amount
BOOK SALES	22,040
TOTAL	<u>22,040</u>

**Statement 3 - Form 99, Page 1, Line 11 - Other Income**

Description	Amount
UNREALIZED GAIN/LOSS OF STOCK	-5,428
LOSS ON KINGDOM ASSETS	-5,580
TOTAL	<u>-11,008</u>

**Statement 4 - Form 99, Page 1, Line 18 - Depreciation**

Description	Amount
DEPRECIATION	67,466
TOTAL	<u>67,466</u>

**Statement 5 - Form 99, Page 1, Line 19 - Miscellaneous Expenses**

Description	Amount
ACCOUNTING	34,620
ANNUAL AUDIT	4,000
BOOKKEEPING	5,885
LEGAL	36,543
IN HOUSE COUNSEL	5,921
TRAVEL - KINGDOM ACCOUNTS	149,630
TRAVEL	2,506
TRAVEL	3,507
TRAVEL	4,092
TRAVEL	1,173
TRAVEL-AIRFARE, TAXI, PARKING	346
HOTEL	1,538
FOOD	1,133
TRAVEL-AIRFARE/TAXI	42,415
LODGING	14,044
HOTEL, FOOD, BEVERAGE	25,604
MISCELLANEOUS MEALS	4,537
TRAVEL-PRESIDENT	1,138
STIPEND	8,140
STIPEND	9,000
PRESIDENT STIPEND	12,000
TREASURER-STIPEND	5,500

**Arizona Statements****Statement 5 - Form 99, Page 1, Line 19 - Miscellaneous Expenses (continued)**

<u>Description</u>	<u>Amount</u>
VP OF IT SERVICES STIPEND	8,000
PUBLICATIONS MANAGER	7,200
ADVERTISING - KINGDOM ACCOUNT	389
OFFICE SUPPLIES	482
OFFICE EXPENSES	93
EXECUTIVE ASSIST. OFFICE	27
OFFICE EQUIPMENT	260
OFFICE SUPPLIES	4,677
TRAVEL	1,323
PROPERTY TAXES	134
BACKGROUND CHECKS	5,341
ADVISORY FEES	1,486
HOSTING SERVICES	17,593
DATABASE MANAGEMENT	17,205
COMPUTER SOFTWARE	620
ON LINE MEMBERSHIP MODIFICATI	600
TECHNOLOGY ADVANCEMENT	47,501
WORKER'S COMP INSURANCE	1,585
FIDELITY BOND	273
D & O LIABILITY	16,345
PROPERTY	332
GENERAL LIABILITY	119,015
EQUESTRIAN	15,042
CERTIFICATE OF INSURANCE	9,600
INSURANCE - KINGDOM ACCOUNTS	1,298
PRINTING	32,710
POSTAGE	15,179
TRANSFERS BETWEEN KINGDOM	-2,306
PRINTING & PUBLICATIONS	51,467
SUPPLIES	321,431
FOOD	292,079
EQUIPMENT RENTAL	444,910
BANK CHARGES	28,328
BAD DEBTS	3,974
FEES	46,999
OTHER EXPENSES	19,701
DONATIONS - OTHER NON PRO	4,988
PRINTING & PUBLICATIONS	1,009
MAINTENANCE CONTRACTS	58,634
BANK CHARGES	42,480
LICENSES & FEES	24,740
TOTAL	<u><u>2,036,016</u></u>

**Statement 6 - Form 99, Page 2, Line C5 - Investments (Securities)**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BROKERAGE ACCOUNT	\$	\$ 222,925
TOTAL	<u><u>\$ 0</u></u>	<u><u>\$ 222,925</u></u>

**Arizona Statements**

**Statement 7 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BUILDINGS, EQUIPMENT	\$ 1,010,970	\$ 1,051,454
LESS: ACCUMULATED DEPRECIATION	-831,060	-875,304
TOTAL	\$ <u>179,910</u>	\$ <u>176,150</u>

**Statement 8 - Form 99, Page 2, Line C8 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
KINGDOM ACCOUNT	\$ 97,614	\$ 81,144
REGALIA	258,123	279,017
INTANGIBLE ASSETS		11,095
PREPAID EXPENSES		
TOTAL	\$ <u>355,737</u>	\$ <u>371,256</u>

**Statement 9 - Form 99, Page 2, Line C12 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED REVENUE	\$ 170,229	\$ 172,864
OTHER	45,587	
STOCK CLERK DEPOSITS		3,668
TOTAL	\$ <u>215,816</u>	\$ <u>176,532</u>

For the  calendar year 2014 or  fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>SOCIETY FOR CREATIVE ANACHRONISM, INC</b>	Employer Identification Number (EIN) <b>94-1698556</b>
Address – number and street or PO Box <b>PO BOX 360789</b>		
Business Telephone Number (with area code) <b>408-263-9305</b>	City, Town or Post Office <b>MILPITAS</b>	State <b>CA</b>
		ZIP Code <b>95036</b>

**68** Check box if:  This is a first return  Name change  Address change

**A** Date Arizona operations began \_\_\_\_\_

**B** Nature of unrelated business activities: \_\_\_\_\_

**C** Unrelated business activity codes: **511120 511120**

**D** ARIZONA apportionment for multistate organizations only (check one box):  
 AIR Carrier  STANDARD  ENHANCED

**E**  Check this box to elect to be treated as a multistate service provider, if qualified (include Schedule MSP). Indicate year of election  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5

**F** Did you file an Arizona Form 99T?  Yes  No

**G** Check federal form filed:  990-T  Other (specify) \_\_\_\_\_

**Include a copy of the organization's federal return.**

**CHECK BOX IF return filed under extension:**  
 82  82F  X

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**

**88**

**81** PM **66** RCVD

**Arizona Unrelated Business Taxable Income Computation**

1 Unrelated business taxable income from federal Form 990-T	1		0 00
2 Additions related to Arizona tax credits claimed	2		00
3 Subtotal: Add line 1 and line 2	3		00
4 Apportionment ratio for multistate organizations only: See instructions	4	[ ] [ ] [ ] [ ] [ ]	
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	5		0 00

**Arizona Tax Liability Computation**

6 Enter tax: Tax is 6.5 percent of line 5, or \$50, whichever is greater	6		50 00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31	7		00
8 Subtotal: Add line 6 and line 7	8		50 00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: <b>10</b> [3] [3] [3] [3]			
11 Tax liability: Subtract line 9 from line 8	11		50 00

**Tax Payments**

12 Refundable tax credits: Check box(es) and enter amount: <b>12</b> <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349	12		00
13 Extension payment made with Arizona Form 120EXT or online	13		00
14 Estimated tax payments	14		00
15 Amended returns: Payment made with original return plus all payments made after it was filed: See instructions	15		00
16 Subtotal payments: Add lines 12 through 15	16		00
17 Overpayments of tax from original return or later adjustments: See instructions	17		00
18 Total Payments: Subtract line 17 from line 16	18		00

**Computation of Total Due or Overpayment**

19 Balance of tax due: If line 11 is larger than line 18, enter balance of tax due. Skip line 20	19		50 00
20 Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax	20		00
21 Penalty and interest	21		12 00
22 Estimated tax underpayment penalty: If Form 220 is included, check this box <input type="checkbox"/> 22A	22		00
23 <b>TOTAL AMOUNT DUE:</b> Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return	23		62 00
24 <b>OVERPAYMENT:</b> See instructions	24		00
25 Amount of line 24 to be applied to 2015 estimated tax	25		00
26 Amount to be refunded: Subtract line 25 from line 24	26		00





Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2014**

Department of the Treasury  
Internal Revenue Service

For calendar year 2014 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p> <p style="text-align: right;"><b>5,569,397</b></p>	<p><b>Print</b></p> <p>or</p> <p><b>Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>SOCIETY FOR CREATIVE ANACHRONISM, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>PO BOX 360789</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>MILPITAS CA 95036</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶ <b>5802</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p style="text-align: center;"><b>94-1698556</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>511120</b></td> <td style="width: 50%; text-align: center;"><b>511120</b></td> </tr> </table> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<b>511120</b>	<b>511120</b>
<b>511120</b>	<b>511120</b>				

**H** Describe the organization's primary unrelated business activity.  
▶ **ADVERTISING IN PUBLICATIONS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of ▶ **RENEE SIGNOROTTI** Telephone number ▶ **408-263-9305**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11	10,060	10,060
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	10,060	10,060

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		10,060
28 Other deductions (attach schedule)		28		
29 <b>Total deductions.</b> Add lines 14 through 28		29		10,060
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		0

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  **See instructions** and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
**(1)** \$ \_\_\_\_\_ **(2)** \$ \_\_\_\_\_ **(3)** \$ \_\_\_\_\_

**b** Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
**(2)** Additional 3% tax (not more than \$100,000) ..... \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ..... **▶** **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) ..... **▶** **36**

**37 Proxy tax.** See instructions ..... **▶** **37**

**38 Alternative minimum tax** ..... **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ..... **39**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... **40a**

**b** Other credits (see instructions) ..... **40b**

**c** General business credit. Attach Form 3800 (see instructions) ..... **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ..... **40d**

**e Total credits.** Add lines 40a through 40d ..... **40e**

**41** Subtract line 40e from line 39 ..... **41**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (att. sch.) ..... **42**

**43 Total tax.** Add lines 41 and 42 ..... **43** **0**

**44a** Payments: A 2013 overpayment credited to 2014 ..... **44a**

**b** 2014 estimated tax payments ..... **44b**

**c** Tax deposited with Form 8868 ..... **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) ..... **44d**

**e** Backup withholding (see instructions) ..... **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) ..... **44f**

**g** Other credits and payments:  Form 2439 \_\_\_\_\_  
 Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **▶** **44g**

**45 Total payments.** Add lines 44a through 44g ..... **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached .....  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ..... **▶** **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... **▶** **48**

**49** Enter the amount of line 48 you want: Credited to 2015 estimated tax **▶** **Refunded** **▶** **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶** ..... **Yes** **No** **X**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. .... **Yes** **No** **X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ .....

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>Yes</b> <b>No</b>		
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** **▶** \_\_\_\_\_ **VP** **▶** \_\_\_\_\_  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? **X** Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **KIM L. FREY, CPA** Preparer's signature: \_\_\_\_\_ Date: **11/04/15** Check  if self-employed PTIN: \_\_\_\_\_

Firm's name **▶** **FREY & ASSOCIATES** Firm's EIN **▶** **47-0909513**

Firm's address **▶** **30 UNION AVE STE 220** Phone no. **408-379-2010**

Firm's address **▶** **CAMPBELL, CA 95008-3162**

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1) <b>N/A</b>
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

**Total** Total

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

**Totals** ▶

**Total dividends-received deductions** included in column 8 ▶

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>LOCAL PUBS</b>	<b>4,999</b>		<b>4,999</b>		<b>49,883</b>	<b>4,999</b>
(2) <b>NATIONAL PUBS</b>	<b>5,061</b>		<b>5,061</b>		<b>57,992</b>	<b>5,061</b>
(3)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II</b> (lines 1-5) .....	Enter here and on page 1, Part I, line 11, col. (A). <b>10,060</b>	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27. <b>10,060</b>

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on page 1, Part II, line 14 .....



## Form 199 Return Summary

For calendar year 2014, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556  
INC**

Gross sales / receipts	2,343,276	
Dues from members		
Contributions / grants	1,327,127	
Total costs	22,040	
Expenses	3,388,893	
<b>Excess / (deficit)</b>		<b>259,470</b>

Filing fee	10
Total payments	10
Penalties and interest	
Use tax	

<b>Balance due</b>	
<b>Refund</b>	<b>0</b>

### Balance Sheet

	Beginning	Ending	Differences
Assets	5,357,887	5,569,397	
Liabilities	264,052	283,679	
Net assets	5,093,835	5,285,718	191,883

### Miscellaneous Information

Amended return

Return / extended due date 12/15/15

## Form 109 Return Summary

For calendar year 2014, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**SOCIETY FOR CREATIVE ANACHRONISM, 94-1698556  
INC**

### Income

Gross profit			
Capital gain / loss			
All other income			
<b>Total income</b>			
Officer compensation			
Salaries			
All other deductions			
Excess ad costs			
Specific deduction	1,000		
<b>Total deductions</b>	1,000		
<b>Unrelated business taxable income</b>		0	
Apportionment percentage		0.0000%	
Apportioned UBTI			
Enterprise zone and net operating loss deduction			
<b>Net UBTI</b>			0

### Taxes / Credits / Payments / Penalties

Tax on net UBTI			
Credits			
Alternative minimum tax			
Other tax			
<b>Total tax</b>			
Prior year overpayment			
Tax payments			
Paid with extension			
<b>Total payments</b>			
<b>Net tax</b>			

### Adjustments

Applied to next year's tax			
Use tax			
Estimated tax penalty			
Interest on late payments			
Failure to pay penalty			
<b>Total adjustments</b>			
<b>Balance due</b>			
<b>Refund</b>			

### Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

### Miscellaneous Information

Amended return  
Return / extended due date 05/15/15

034

**MAIL TO:**

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

**WEB SITE ADDRESS:**

<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>018214</u> <u>SOCIETY FOR CREATIVE ANACHRONISM,</u> Name of Organization <u>PO BOX 360789</u> Address (Number and Street) <u>MILPITAS CA 95036</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0572795</u>  Federal Employer I.D. No. <u>94-1698556</u>
--	---

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/14 ending 12/31/14) list:

Gross annual revenue \$ 3,648,363 Total assets \$ 5,569,397

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<b>X</b>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>

Organization's area code and telephone number 408-263-9305

Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

\_\_\_\_\_  
Signature of authorized officer      RENEE SIGNOROTTI      Printed Name      VP      Title      \_\_\_\_\_      Date



034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

**2014****California e-file Return Authorization for Exempt Organizations**

FORM

**8453-EO**Exempt Organization name **SOCIETY FOR CREATIVE ANACHRONISM, INC**Identifying number  
**94-1698556****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	<b>3,670,403</b>
2	Total gross income (Form 199, line 8)	2	<b>3,648,363</b>
3	Total expenses and disbursements (Form 199, Line 9)	3	<b>3,388,893</b>

**Part II Settle Your Account Electronically for Taxable Year 2014**4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_**Part III Banking Information** (Have you verified the exempt organization's banking information?)5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_      7 Type of account:  Checking  Savings**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

**Sign Here**

Signature of Officer

**08/11/15**

Date

**VP**

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	<b>FREY &amp; ASSOCIATES</b> <b>30 UNION AVE STE 220</b> <b>CAMPBELL CA</b>	FEIN		<b>47-0909513</b>
			ZIP Code		<b>95008-3162</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address		FEIN	
			ZIP Code	

**TAXABLE YEAR** **California Exempt Organization**  
**2014 Annual Information Return**

FORM  
**199**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization Name **SOCIETY FOR CREATIVE ANACHRONISM, INC** California corporation number **0572795**

Additional Information. See instructions. FEIN **94-1698556**

Street address (suite or room) **PO BOX 360789** PMB no. \_\_\_\_\_

City **MILPITAS** State **CA** Zip code **95036**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990)  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption?  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A**  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources. \_\_\_\_\_ \$ \_\_\_\_\_  
**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
 No filing fee is required   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is an IRS Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,343,276	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	1,327,127	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	3,670,403	00
	5	Cost of goods sold	5	22,040	00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7	22,040	00
	8	Total gross income. Subtract line 7 from line 4	8	3,648,363	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,388,893	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	259,470	00
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12	Total payments	12	10	00
	13	Penalties and Interest. See General Instruction J	13		00
	14	Use tax. See General Instruction K	14		00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15		00

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **VP** Title **VP** Date \_\_\_\_\_ Telephone **408-263-9305**

**Paid Preparer's Use Only** Preparer's signature \_\_\_\_\_ Date **11/04/2015** Check if self-employed  PTIN **[REDACTED]**

Firm's name (or yours, if self-employed) and address **FREY & ASSOCIATES**  
**30 UNION AVE STE 220**  
**CAMPBELL, CA 95008-3162** FEIN **47-0909513**  
 Telephone **408-379-2010**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**SOCIETY FOR CREATIVE ANACHRONISM,  
94-1698556**

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	2,346,622	00	
	2	Interest	●	2	2,823	00	
	3	Dividends	●	3	4,839	00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions)	●	6		00	
	7	Other income. Attach schedule <b>SEE STATEMENT 1</b>	●	7	-11,008	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	2,343,276	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	●	9	66,574	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	●	11		00	
	12	Other salaries and wages	●	12	155,609	00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	977,552	00
		16	Depreciation and depletion (See instructions)	●	16		00
		17	Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 4</b>	●	17	2,189,158	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	3,388,893	00

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		4,594,619	●	4,578,319
2 Net accounts receivable		37,310	●	25,126
3 Net notes receivable			●	
4 Inventories		190,311	●	195,621
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock. <b>STMT 5</b>			●	222,925
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	1,010,970		1,051,454	
b Less accumulated depreciation	(831,060)	179,910	(875,304)	176,150
11 Land			●	
12 Other assets. Attach schedule. <b>STMT 6</b>		355,737	●	371,256
13 <b>Total assets</b>		5,357,887		5,569,397
<b>Liabilities and net worth</b>				
14 Accounts payable		48,236	●	107,147
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule. <b>STMT 7</b>		215,816		176,532
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		5,093,835	●	5,285,718
22 <b>Total liabilities and net worth</b>		5,357,887		5,569,397

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	259,468	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 9</b>	●	18,790
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		18,790
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		259,470
5	Expenses recorded on books this year not deducted in this return. Attach schedule <b>STMT 8</b>	●	18,792				
6	Total. Add line 1 through line 5		278,260				

**Statement 1 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN/LOSS OF STOCK	\$ -5,428
LOSS ON KINDGOM ASSETS	-5,580
TOTAL	<u>\$ -11,008</u>

# California Statements

**Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts**

<u>PSA</u>	<u>Class</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Relationship</u>	<u>Status</u>	<u>Purpose</u>	<u>Amount</u>	<u>Noncash Description</u>	<u>FMV Explanation</u>	<u>Book Value Amount</u>	<u>Book Value Explanation</u>	<u>Date</u>
------------	--------------	-------------	----------------	-------------	--------------	------------	---------------------	---------------	----------------	---------------	----------------------------	------------------------	--------------------------	-------------------------------	-------------

66,574

**California Statements**

**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation**

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
RENEE SIGNOROTTI		PO BOX 360789					
	MILPITAS	CA	95036	VP & SECRETARY		35.00	
LESLIE VAUGHN		225 WEST 1ST ST #120					
	MESA	AZ	85201	PRESIDENT		10.00	
HAROLD SIMON		9417 SINGING QUAIL DRIVE					
	AUSTIN	TX	78758	CHAIRMAN		10.00	
ARTHUR DONADIO		201 NORTHWOOD DRIVE					
	SOUTHERN PINES	NC	28387	BOD		10.00	
LISA CZUDNOCHOWSKY		19 RADCLIFFE ROAD					
	MARKHAM	ON	L3R 7X8	BOD		10.00	
LISA MAY		613 WENTWORTH DRIVE					
	RICHARDSON	TX	75081	BOD		10.00	
DR. SCOTT BERK		310 MILFORD WARREN GLEN RD					
	MILFORD	NJ	08848-1874	BOD		10.00	
JOHN FULTON		2494 HOLLINS AVE					
	MEMPHIS	TN	38112	BOD		10.00	
DAVID KEEN		10328 JULIO PLACE					
	SANTEE	CA	92071-5012	BOD		10.00	
ANTHONY PONGRATZ		1024 42ND STREET					
	SACRAMENTO	CA	95819	VP OPERATIONS		10.00	
THERESE HOFHEINS		5330 EVENING LIGHT COURT					
	COLORADO SPRINGS	CO	80917	TREASURER		10.00	
TOTAL							<u>0</u>

**California Statements****Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
LOCAL PUBS	
POSTGE	13,675
PRINTING	36,208
NATIONAL PUBS	
POSTAGE	23,344
PRINTING & PUBLICATIONS	34,648
EMPLOYEE MEDICAL INSURANCE	21,448
PAYROLL TAXES	13,352
ACCOUNTING	34,620
ANNUAL AUDIT	4,000
BOOKKEEPING	5,885
LEGAL	36,543
IN HOUSE COUNSEL	5,921
STIPEND	8,140
STIPEND	9,000
PRESIDENT STIPEND	12,000
TREASURER-STIPEND	5,500
VP OF IT SERVICES STIPEND	8,000
PUBLICATIONS MANAGER	7,200
PRINTING	32,710
POSTAGE	15,179
TRAVEL - KINGDOM ACCOUNTS	149,630
TRAVEL	2,506
TRAVEL	3,507
TRAVEL	4,092
TRAVEL	1,173
TRAVEL-AIRFARE, TAXI, PARKING	346
HOTEL	1,538
FOOD	1,133
TRAVEL-AIRFARE/TAXI	42,415
LODGING	14,044
HOTEL, FOOD, BEVERAGE	25,604
MISCELLANEOUS MEALS	4,537
TRAVEL-PRESIDENT	1,138
TRANSFERS BETWEEN KINGDOM	-2,306
PRINTING & PUBLICATIONS	51,467
SUPPLIES	321,431
FOOD	292,079
EQUIPMENT RENTAL	444,910
BANK CHARGES	28,328
BAD DEBTS	3,974
FEES	46,999
OTHER EXPENSES	19,701
DONATIONS - OTHER NON PRO	4,988
PRINTING & PUBLICATIONS	1,009
MAINTENANCE CONTRACTS	58,634
BANK CHARGES	42,480
LICENSES & FEES	24,740
PENSION	10,467
ADVERTISING - KINGDOM ACCOUNT	389
OFFICE SUPPLIES	482
OFFICE EXPENSES	93

**California Statements****Statement 4 - Form 199, Part II, Line 17 - Other Expenses (continued)**

<u>Description</u>	<u>Amount</u>
EXECUTIVE ASSIST. OFFICE	\$ 27
OFFICE EQUIPMENT	260
OFFICE SUPPLIES	4,677
TRAVEL	1,323
PROPERTY TAXES	134
BACKGROUND CHECKS	5,341
ADVISORY FEES	1,486
HOSTING SERVICES	17,593
DATABASE MANAGEMENT	17,205
COMPUTER SOFTWARE	620
ON LINE MEMBERSHIP MODIFICATI	600
TECHNOLOGY ADVANCEMENT	47,501
WORKER'S COMP INSURANCE	1,585
FIDELITY BOND	273
D & O LIABILITY	16,345
PROPERTY	332
GENERAL LIABILITY	119,015
EQUESTRIAN	15,042
CERTIFICATE OF INSURANCE	9,600
INSURANCE - KINGDOM ACCOUNTS	1,298
TOTAL	<u>\$ 2,189,158</u>

**Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BROKERAGE ACCOUNT	\$	\$ 222,925
TOTAL	<u>\$ 0</u>	<u>\$ 222,925</u>

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
KINGDOM ACCOUNT	\$ 97,614	\$ 81,144
REGALIA	258,123	279,017
PREPAID EXPENSES		11,095
TOTAL	<u>\$ 355,737</u>	<u>\$ 371,256</u>



**California Statements**

**Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER	\$ 45,587	\$
STOCK CLERK DEPOSITS		3,668
DEFERRED REVENUE	170,229	172,864
TOTAL	<u>\$ 215,816</u>	<u>\$ 176,532</u>

**Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books**

<u>Description</u>	<u>Amount</u>
DIRECT COSTS NETTTED ON FINANCIALS	\$ 18,790
ROUNDING	2
TOTAL	<u>\$ 18,792</u>

**Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

<u>Description</u>	<u>Amount</u>
DIRECT COSTS NETTTED ON FINANCIALS	\$ 18,790
TOTAL	<u>\$ 18,790</u>

TAXABLE YEAR

# California Exempt Organization Business Income Tax Return

FORM

**2014**

**109**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name **SOCIETY FOR CREATIVE ANACHRONISM, INC** California corporation number **0572795**

Additional information. See instructions. FEIN **94-1698556**

Street address (suite/room no.) **PO BOX 360789** PMB no. \_\_\_\_\_

City (If the corporation has a foreign address, see instructions.) **MILPITAS** State **CA** ZIP code **95036**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

- A** First Return Filed?  Yes  No
- B** Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D** Final Return?  Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized.  
 Enter date (mm/dd/yyyy) \_\_\_\_\_
- E** Amended Return  Yes  No
- F** Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G** Nature of trade or business **ADVERTISING**
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K** Unrelated Business Activity (UBA) Code **511120**
- L** Is this a Hospital?  Yes  No  
 If "Yes," attach IRS Schedule H (Form 990)

Taxable Corporation	<b>1</b> Unrelated business taxable income from Side 2, Part II, line 30	1	00
	<b>2</b> Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	2	00
	<b>3</b> Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1.	3	00
Taxable Trust	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30	4	00
Tax Computation	<b>5</b> Unrelated business taxable income from line 3 or line 4	5	00
	<b>6</b> Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6	00
	<b>7</b> Net Operating Loss deduction. See General Information N	7	00
	<b>8</b> Add line 6 and line 7	8	00
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5	9	00
	<b>10</b> Tax <b>8.84</b> % x line 9. See General Information J	10	00
	<b>11 a</b> New employment credit, amount generated. <b>11 b</b> Amount claimed	11b	00
<b>c</b> Tax credits from Schedule B. See instructions	11c	00	
<b>d</b> Total Credits. Add line 11b and 11c	11d	00	
Total Tax	<b>12</b> Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	12	00
	<b>13</b> Alternative minimum tax. See General Information O	13	00
	<b>14</b> Total tax. Add line 12 and line 13	14	00
Payments	<b>15</b> Overpayment from a prior year allowed as a credit	15	00
	<b>16</b> 2014 estimated tax payments. See instructions	16	00
	<b>17</b> 2014 withholding (Form 592-B and/or 593.) See instructions	17	00
	<b>18</b> Amount paid with extension (form FTB 3539)	18	00
	<b>19</b> Total payments and credits. Add line 15 through line 18	19	00
Refund (Direct Deposit of Refund) or Amount Due	<b>20</b> Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions	20	00
	<b>21</b> Overpayment. Subtract line 14 from line 19. See instructions	21	00
	<b>22</b> Enter amount of line 21 to be applied to 2014 estimated tax	22	00
	<b>23</b> Use tax. See instructions	23	00
	<b>24</b> Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21	24	00
	<b>a</b> Fill in the account information to have the refund directly deposited. Routing number	24a	
	<b>b</b> Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <b>c</b> Account Number	24c	
	<b>25</b> Penalties and interest. See General Information M	25	00
	<b>26</b> <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	<b>27</b> Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result	27	00

**SOCIETY FOR CREATIVE ANACHRONISM,  
94-1698556**



**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

<b>1</b>	<b>a</b> Gross receipts or gross sales	<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		00
<b>2</b>	Cost of goods sold and/or operations (Schedule A, line 7)			<b>2</b>		00
<b>3</b>	Gross profit. Subtract line 2 from line 1c			<b>3</b>		00
<b>4</b>	<b>a</b> Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			<b>4a</b>		00
	<b>b</b> Net gain (loss) from Part II, Schedule D-1			<b>4b</b>		00
	<b>c</b> Capital loss deduction for trusts			<b>4c</b>		00
<b>5</b>	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			<b>5</b>		00
<b>6</b>	Rental income (Schedule C)			<b>6</b>	0	00
<b>7</b>	Unrelated debt-financed income (Schedule D)			<b>7</b>		00
<b>8</b>	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			<b>8</b>		00
<b>9</b>	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			<b>9</b>		00
<b>10</b>	Exploited exempt activity income (Schedule G)			<b>10</b>		00
<b>11</b>	Advertising income (Schedule H, Part III, Column A)			<b>11</b>		00
<b>12</b>	Other income. Attach schedule			<b>12</b>		00
<b>13</b>	Total unrelated trade or business income. Add line 3 through line 12			<b>13</b>		00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees from Schedule I			<b>14</b>		00
<b>15</b>	Salaries and wages			<b>15</b>		00
<b>16</b>	Repairs			<b>16</b>		00
<b>17</b>	Bad debts			<b>17</b>		00
<b>18</b>	Interest. Attach schedule			<b>18</b>		00
<b>19</b>	Taxes. Attach schedule			<b>19</b>		00
<b>20</b>	Contributions. See instructions and attach schedule			<b>20</b>		00
<b>21</b>	<b>a</b> Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	<b>21a</b>	00			
	<b>b</b> Less: depreciation claimed on Schedule A. See instructions	<b>21b</b>	00	<b>21</b>		00
<b>22</b>	Depletion. Attach schedule			<b>22</b>		00
<b>23</b>	<b>a</b> Contributions to deferred compensation plans			<b>23a</b>		00
	<b>b</b> Employee benefit programs. See instructions			<b>23b</b>		00
<b>24</b>	Other deductions. Attach schedule			<b>24</b>		00
<b>25</b>	Total deductions. Add line 14 through line 24			<b>25</b>		00
<b>26</b>	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			<b>26</b>		00
<b>27</b>	Excess advertising costs (Schedule H, Part III, Column B)			<b>27</b>		00
<b>28</b>	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			<b>28</b>		00
<b>29</b>	Specific deduction. See instructions			<b>29</b>	1,000	00
<b>30</b>	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.			<b>30</b>		00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			Date	<input type="checkbox"/> Telephone <b>408-263-9305</b>
	Signature of officer ▶	Title VP	Date		
Paid Preparer's Use Only	Preparer's signature ▶	Date 11/04/15	Check if self-employed ▶ <input type="checkbox"/>	<input type="checkbox"/> PTIN 	
	Firm's name (or yours, if self-employed) and address ▶	<b>FREY &amp; ASSOCIATES</b> <b>30 UNION AVE STE 220</b> <b>CAMPBELL, CA 95008-3162</b>		<input type="checkbox"/> FEIN <b>47-0909513</b>	
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Telephone <b>408-379-2010</b>	

**SOCIETY FOR CREATIVE ANACHRONISM,  
94-1698556**

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) \_\_\_\_\_

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.**

1	Enter credit name _____ code ● _____ ●	1		00
2	Enter credit name _____ code ● _____ ●	2		00
3	Enter credit name _____ code ● _____ ●	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c	4		00

**Schedule K Add-On Taxes or Recapture of Tax. See instructions.**

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name _____	4		00
5	Total. Combine the amounts on line 1 through line 4. See instructions.	5		00

**Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 <b>Total Sales</b>	●	●	
2 <b>Apportionment percentage.</b> Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			●

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 <b>Property factor:</b> See instructions	● 0	● 0	●
2 <b>Payroll factor:</b> Wages and other compensation of employees	● 0	● 0	●
3 <b>Sales factor:</b> Gross sales and/or receipts less returns and allowances	● 0	● 0	●
4 <b>Total percentage:</b> Add the percentages in column (c)			
5 <b>Average apportionment percentage:</b> Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
N/A		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6. **0**

**SOCIETY FOR CREATIVE ANACHRONISM,  
94-1698556**



**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
<b>N/A</b>					
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
<b>N/A</b>					
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling org. gross income	6 Deductions directly connected with income in column (5)
<b>1 N/A</b>					
<b>2</b>					
<b>3</b>					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
<b>1</b>					
<b>2</b>					
<b>3</b>					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9					

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
<b>N/A</b>							
Total. Enter here and on Side 2, Part I, line 10							

**SOCIETY FOR CREATIVE ANACHRONISM,  
94-1698556**



**Schedule H Advertising Income and Excess Advertising Costs**

**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
N/A						
Totals						

**Part II Income from Periodicals Reported on a Separate Basis**

LOCAL PUBS	4,999		4,999		49,883	4,999
NATIONAL PUBS	5,061		5,061		57,992	5,061

**Part III Column A – Net Advertising Income**

**Part III Column B – Excess Advertising Costs**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
LOCAL PUBS		N/A	
NATIONAL PUBS			
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

**Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
N/A			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

**Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)**

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						0
2 Other depreciation:						
Buildings	N/A					0
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						0
5 Amount of depreciation claimed elsewhere on return						0
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						