

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED JUN 11

Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2014

Openso Rublic Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| _          | Ca- 4h      | 0.0044 0010-                |  |   |                       | <u> </u>   |
|------------|-------------|-----------------------------|--|---|-----------------------|--|
| R          |             | e 2014 calen<br>opplicabla: | dar year, or tax year beginning , and ending   |   |                       |  |
| $\Box$     | Address     | • •                         | C Namo of organization   | D Employer                              | identification number |  |
| Н          |             | _                           | CAMPATRON AND COMMENT OF THE COMMENT |   |                       |  |
| Н          | Name ch     | •                           | CAMBRIDGE AFTER SCHOOL PROGRAM, INC  |   |                       | <u>351095                                   </u> |
| Н          | initial ret |                             | 1  | n/autile                                | E Telephone           |  |
| Н          |             | m/leminated                 | PO BOX 456   |   | 802-                  | <u>644-8888</u>                                  |
| Н          | Amended     |                             | City or town, state or province, country, and ZIP or foreign postal code   |   | F Group Ex            | æmption  |
| Ц          |             | on pending                  | JEFFERSONVILLE VT 05464  |   | Number                |  |
| G          | Accour      | nting Method:               | X Cash Accrual Other (specify) ▶   | H Che                                   | ck ▶ 🗓 ifth           | e organization is not                            |
|            |             | te: ▶ <u>N/A</u>            |  | requ                                    | ired to attach        | Schedule B                                       |
| <u>J</u>   | Tax-exc     | empt status (c              | heck only one) — X 501(c)(3) 501(c)( ) ◀ (Insert no.) 4947(a)(1) or 527  | (Fon                                    | m 990, 990-Ež         | Z, or 990-PF).                                   |
|            |             | of organization             |  |   |                       |  |
| L          | Add line    | es 5b, 6c, and 7            | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets   |   |                       |  |
| (Par       | t II, colu  | mn (B) below)               | are \$500,000 or more, file Form 990 instead of Form 990-EZ  |   | <b>&gt; \$</b>        | 141,413  |
| 8. R       | art I       | 🖔 Reven                     | ue, Expenses, and Changes in Net Assets or Fund Balances (see t  | he instruc                              | ctions for Par        | rt I)  |
|            |             | Check                       | f the organization used Schedule O to respond to any question in this Part I   |   |                       | X  |
|            | 1           | Contributions,              | gifts, grants, and similar amounts received  |   | 1                     | 940  |
|            | 2           | Program ser                 | vice revenue including government fees and contracts   | • • • • • • • • • • • •                 | 2                     | 140,419  |
|            | 3           | Membership                  | dues and assessments   | • • • • • • • • • • • •                 | 3                     |  |
|            | 4           | Investment i                | ncome  | · · · · · · · · · · · · · · · · · · ·   | 4                     | 28   |
|            | 5a          | Gross amou                  | nt from sale of assets other than inventory 5a 5a  |   |                       |  |
|            | ь           | Less: cost o                |  |   |                       |  |
|            | c           | Gain or (loss)              | r other basis and sales expenses from sale of assets other than inventory (Subtract line 5b from line 5a)  |   | 5c                    |  |
|            | 6           |                             | fundraising events   |   |                       | ·  |
|            | а           | _                           | e from gaming (attach Schedule G If greater than   |   |                       |  |
| Đ,         |             | \$15,000)                   | l ea l   |   |                       |  |
| Revenue    | ь           | • • • •                     | e from fundraising events (not including \$ of contributions   |   |                       |  |
| ě          |             |                             | sing events reported on line 1) (attach Schedule G if the  |   |                       |  |
| : "        |             |                             | gross income and contributions exceeds \$15,000) 6b  | 2                                       | 26                    |  |
| -          | С           |                             | expenses from gaming and fundraising events 6c   | 56                                      |                       |  |
| t:         | d           |                             | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract   |   |                       |  |
| -A         | _           | line 6c)                    | 6d   | -940                                    |                       |  |
| <b>ာ</b>   | 7a          | Gross sales                 | of inventory, less returns and allowances 7a   | • |                       | 710  |
| 5          | ь.          | Less: cost of               |  |   |                       |  |
|            | c           |                             | or (loss) from sales of inventory (Subtract line 7b from line 7a)  |   | 7c                    |  |
|            | 8           |                             | in (deposition to Cohodula O)  |   | 8                     | <del></del>                                      |
|            | _           |                             |  | <u></u> jj                              | <b>▶</b> 9            | 140,447  |
|            | 10          | Grants and s                | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amounts paid (list in Schedule O)  RECEIVED  | ···                                     | 10                    | 140,447  |
|            | 11          |                             | dis Malanes  | <b>-</b> ¬忍[····                        | ·   10                |  |
|            | 12          |                             | er compensation, and employee benefits   |   | 12                    | 116,698  |
| Expenses   | 13          | Professional                | fees and other payments to independent contractors   | <u> </u>                                | 13                    | 483  |
| ĕ          | 14          | Occupancy                   | and salitation and analysis are  | =ਜ਼∪\···                                | 14                    | 3,435  |
| X          | 15          | Printing out                | lications, postero, and shipping   | ·····                                   | 15                    | 545  |
|            | 16          | Other eypen                 | lications, postage, and shipping Ses (describe in Schedule O)  |   | 16                    | 34,499   |
|            | 17          |                             | ***************************************  |   |                       | 155,660  |
|            | 18          |                             | ses. Add lines 10 through 16   |   | 17                    |  |
| क्ष        |             | -                           | * *************************************  | • | 10000000              | -15,213  |
| SSe        | 19          |                             | r fund balances at beginning of year (from line 27, column (A)) (must agree with   |   | 40                    | 01 272   |
| Net Assets | 20          |                             | igure reported on prior year's return)   | • | . 19                  | 81,372   |
| Š.         | 20          | Other chang                 | es in net assets or fund balances (explain in Schedule O)  |   |                       | 66 150   |
| Fac        | 21          |                             | r fund balances at end of year. Combine lines 18 through 20  |   | 21                    | 66,159   |
| ror        | raperv      | NOTE REQUEU                 | on Act Notice, see the separate instructions.  |   |                       | Form 990-EZ (2014)                               |

| Form 990-EZ (2014) CAMBRIDGE AFTER SCHO   | OL PROGRA   | M, INC (  | <u> </u>                 | 51095  |                              | Page 2  |
|---|---|---|--------------------------|--|------------------------------|---|
| Part II Balance Sheets (see the instructions for F  | •   |   |                          |  |                              |   |
| Check if the organization used Schedule O t   | o respond to any  | question in th  |                          |  |                              | L   |
| 22 Cook and an and inventors to   |   | ŀ   | (A) Be                   | ginning of year  | <del></del>                  | (B) End of year 66, 159   |
| 22 Cash, savings, and investments 23 Land and buildings   |   |   |                          | 81,37  | 2 22<br>0 23                 | 00,139  |
| 23 Land and buildings 24 Other assets (describe in Schedule O)  | ••••••  | ·····   |                          |  | 0 24                         |   |
| 25 Total assets   |   | i i   |                          | 81,37  | <u> </u>                     | 66,159  |
| 26 Total liabilities (describe in Schedule O)   |   |   |                          |  | 0 26                         | 0   |
| 27 Net assets or fund balances (line 27 of column (B) must agr  | ee with line 21)  |   |                          | 81,37  | 2 27                         | 66,159  |
| Check if the organization used Schedule O to What is the organization's primary exempt purpose?  See Schedule O  Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describ persons benefited, and other relevant information for each program 28  AFTER SCHOOL PROGRAM - THEME RELATED EDUCATION. | each of its three la<br>be the services pro-<br>in title. | question in the question in the quest program solded, the number of the program is a contract to the question in the question | ervices, er of           | II <u>⊠</u>  | (F                           | Expenses Required for section 01(c)(3) and 501(c)(4) rganizations; optional for thers.) |
| AN AFTER-SCHOOL ENVIORMENT. PROGRAM INCLUDES  | STUDIES SUCH  | AS MUSIC, AI  | RT                       |  |                              |   |
| AND OTHER ENRICHMENT PROGRAMS.  |   | •••••   |                          |  | .·Ì                          | 100 500   |
| (Grants \$ ) If this amount includes 29   |   |   |                          |  | 28a                          | 120,582   |
|   |   |   |                          | ••••••••••   |                              |   |
| (Grants \$ ) If this amount includes 30   |   |   |                          |  |                              |   |
| (Grants \$ ) If this amount includes 31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes 32 Total program service expenses (add lines 28a through 31a  Part (V) List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp  | foreign grants, che                                       | ck here   |                          | nsated—see   | 30a<br>31a<br>32<br>he inst  | 120,582 ructions for Part IV)   |
| (a) Name and title  | (b) Average<br>hours per week<br>devoted to position      | (c) Reporti<br>compensa<br>(Forms W-2/10s<br>(if not paid, er   | able<br>tion<br>19-MISC) | (d) Heath be contributions to benefit plan deferred comp | enefits,<br>employ<br>s, and | (e) Estimated amount of other compensation  |
| CARRIE ADII<br>DIRECTOR   | 1.00  | (N 1101 Para)   | 0                        |  |                              | 0 0   |
| KAREN DENNISTON PRESIDENT   | 1.00  |   | 0                        |  |                              | 0 0   |
| KIM WALKER  |   |   |                          |  |                              |   |
| DIRECTOR  | 1.00  |   | 0                        |  |                              | 0 0   |
| CHRISTINE WIEGAND TREASURER   | 1.00  |   | 0                        |  |                              | 0   |
| JEN HADLEY SECRETARY  | 1.00  |   | 0                        |  |                              | 0 0   |
| RALPH IRISH VICE PRESIDENT  | 1.00  |   | 0                        |  |                              | 0 0   |
| JENNIFER CASWELL  | 1.00  |   |                          |  |                              | <del></del>   |
| PROGRAM DIRECTOR  | 40.00   | 3   | <u>6,327</u>             |  |                              | 0 0   |
|   |   |   |                          | · · · · · · · · · · · · · · · · · · ·                    |                              | <del></del>   |
|   |   |   |                          |  |                              |   |
|   |   |   |                          | <del></del> -  |                              |   |
|   |   |   |                          |  |                              |   |
|   |   |   |                          |  |                              |   |
| DAA   |   |   |                          |  |                              | Form 990-EZ (2014)  |

|          | 990-EZ (2           | 014)       |                   | AMBE                 | RIDGE                | AF               | <u>TER</u> | SCHO                                    | OL           | PRO              | GRAM,                                   | INC                                     | 03-                   | 0351             | .095   |                       |                |               | P                                       | age 3    |
|----------|---------------------|------------|-------------------|----------------------|----------------------|------------------|------------|---|--------------|------------------|---|---|-----------------------|------------------|--|-----------------------|----------------|---------------|---|----------|
| <u> </u> | H.V.)               | Otl<br>ins | her Ir<br>tructio | nforma               | tion (N<br>Part V) ( | Note th<br>Check | ne Scho    | edule A<br>organiza                     | and<br>ation | person<br>used S | al benef<br>Schedule                    | it contra<br>O to re:                   | ct stater<br>spond to | nent re<br>any q | equiremenues                                 | nts in the<br>this Pa | rt V           |               |   |          |
| 22       | 0144                |            | ·                 |                      | •                    |                  |            |   |              |                  |   |   |                       |                  |  |                       |                |               | Yes                                     | No       |
| 33       |                     |            |                   |                      |                      |                  |            | rity not p                              | revio        | usty repo        | orted to th                             | ie IRS7 li                              | "Yes," p              | rovide a         | ı  |                       | Ι.             |               |   | Х        |
| 34       | detailed<br>Were an |            |                   |                      |                      |                  |            | ing or go                               | ·····        | na docu          | ments? If                               |   | lach a co             | nformo           |  | • • • • • • • •       | ⊢'             | 33            |   | _^       |
| • •      |                     |            |                   |                      |                      |                  |            |   |              | _                | tion's nam                              |   |                       |                  |  |                       |                |               |   |          |
|          | change              |            |                   |                      |                      | -                |            | go to                                   |              | gu               |   |   | moo, o.q              |                  | ,  |                       |                | 34            | - 1                                     | L X      |
| 35a      |                     |            |                   | •                    |                      |                  | ss gross   | s income                                | of \$        | 1,000 or         | more dur                                | ing the y                               | ear from I            | busines          | <br>S  |                       | ····· [-       |               |   |          |
|          | activities          |            |                   |                      |                      |                  | -          |   |              |                  |   |   |                       |                  |  |                       | 3              | 5a            |   | X        |
| þ        | If "Yes,"           | to line    | e 35a,            | has the              | organiza             | itlon fil        | ed a Fo    | rm 990-1                                | for f        | the year         | ? If "No,"                              | provide a                               | n explana             | ation in         | Schedule (                                   | <b>5</b>              | 3              | 5b            |   |          |
| C        |                     |            |                   |                      |                      |                  |            |   |              | _                | ation subj                              |   |                       | 3(e) no          | tice,  |                       |                |               | ł                                       |          |
|          |                     |            |                   |                      |                      |                  |            |   |              | -                | e Schedul                               |   |                       | • • • • • • • •  | •••••  |                       | <u>  3</u>     | 5c            |   | <u> </u> |
| 36       |                     |            |                   |                      |                      |                  |            |   |              | -                | gnificant d                             | iispositio                              | of net a              | ssets            |  |                       | - 1            | _             |   |          |
| 27       | during th           |            |                   |                      |                      |                  |            |   |              |                  | •••••                                   | • |                       |                  |  |                       |                | 36  <br>***** | *****                                   | X        |
| 37a      |                     |            |                   |                      |                      |                  |            |   | desc         | aribed in        | the instru                              | ctions                                  | ▶                     | 37a              | <u>.                                    </u> |                       |                |               |   | <b></b>  |
| ь<br>38а | Did the o           | -          |                   |                      |                      |                  | •          |   | ·····        | or dim           | ctor, truste                            |   | ······                |                  |  |                       | 3              | 7b            | ***                                     | X        |
| JUG      |                     |            |                   |                      |                      |                  | -          |   |              |                  | e tax yea:                              | -                                       |                       |                  | 616  |                       | 388            | 88:           | *************************************** | X        |
| b        | If "Yes,"           |            |                   |                      |                      |                  |            |   |              |                  |   | . COVERED                               | by tills ti           | 38b              | i  |                       |                |               |   |          |
| 39       | Section 5           |            |                   |                      |                      |                  |            | , |              |                  |   | • • • • • • • • • •                     | • • • • • • • • •     |                  |  |                       |                |               |   |          |
| а        | Initiation          |            |                   |                      |                      |                  | ided on    | line 9                                  |              |                  |   |   |                       | 39a              | 1  |                       |                |               |   |          |
| b        | Gross re            |            |                   |                      |                      |                  |            | • • •                                   | ilities      |                  |   |   |                       | 20h              |  |                       |                |               |   |          |
| 40a      | Section 5           | 501(c)     | )(3) or           | ganizatio            | ons. Ente            | er amo           | unt of ta  | ax impos                                | ed or        |                  | anization                               |   |                       |                  |  |                       |                |               |   |          |
|          | section 4           | 911 ]      | ▶                 |                      |                      |                  | ; section  | n 4912 🕨                                | ·            |                  |   | ; se                                    | ction 495             | 55 ▶ _           |  |                       | 🛮              |               |   |          |
| b        | Section 8           | 501(c)     | )(3), 5           | 01(c)(4),            | and 501              | (c)(29)          | ) organi   | zations.                                | Did ti       | he organ         | nization er                             | ngage in s                              | any sectio            | on 4958          | 3  |                       |                |               |   |          |
|          |                     |            |                   |                      |                      | -                |            |   |              |                  | benefit tr                              |   | -                     | -                |  |                       |                |               | ı                                       |          |
|          |                     |            |                   |                      |                      |                  |            |   |              |                  | es," com                                |   | edule L, i            | Part I .         |  |                       | 4              | 0ъ            |   | X        |
| С        |                     |            |                   |                      |                      |                  |            |   |              |                  | t of tax im                             | -                                       |                       |                  |  |                       |                |               |   |          |
|          | 4955, an            |            |                   | agers of             | aisquaii             | iiiea pe         | ersons c   | auring the                              | yea          | r under          | sections 4                              | 1912,                                   |                       |                  |  |                       |                |               |   |          |
| d        | -                   |            |                   | <br>11(c)(4)         | and 501              | (c)(29           | ) organi   | zatione i                               | <br>Enter    | amoun            | t of tax on                             | line                                    | • • • • • • • • •     | –                |  |                       | — I            |               |   |          |
| -        | 40c reim            |            |                   |                      |                      | (0)(23           | , oigain   | 20110110.                               | L11(01       | anioun           | t or tax on                             | 11110                                   |                       | •                |  |                       |                |               |   |          |
| е        |                     |            |                   | _                    |                      | the tax          | vear. v    | vas the o                               | rgani        | zation a         | party to a                              | a prohibite                             | ed tax sh             |                  |  |                       | — <sub> </sub> |               |   |          |
|          | transacti           |            |                   | -                    | _                    |                  | •          |   |              |                  | , ,                                     |   |                       |                  |  |                       | 4              | 0e            |   | X        |
| 41       | List the s          | tates      | with v            | vhich a c            | opy of th            | nls retu         | ım is file | ed ▶ <u>1</u>                           | Von          | <u>ie</u>        |   |   |                       |                  |  |                       |                |               |   |          |
| 42a      | The orga            | nizati     | ion's b           | ooks are             | in care              | of 🕨             | JENN       | IFER                                    | CAS          | WELL             | • |   |                       | 1                | Telephone                                    | no. ▶                 | 802-           | 644           | 1-8                                     | 888      |
|          |                     |            |                   | OX 456               |                      |                  |            |   |              |                  |   |   |                       |                  |  | _                     | 0546           |               |   |          |
|          | Located             |            |                   | <b></b>              |                      |                  |            |   |              |                  |   |   |                       | VT.              | ZIP + 4                                      | ▶                     | 0546           | • • • • •     | 1                                       |          |
| þ        | -                   |            | -                 |                      |                      |                  | _          |   |              |                  | st in or a                              | _                                       |                       |                  | •  |                       | <u> </u>       |               | Yes                                     | No<br>X  |
|          | If "Yes,"           |            |                   |                      | -                    | • .              |            | Dank acc                                | ount,        | , secunu         | es accou                                | nt, or oun                              | r manca               | ai accoi         | unt)?  |                       | 4              | 2ь            |   |          |
|          | See the i           | nstru      | ctions            | for exce             | otions ar            | nd filin         | a reguir   | ements f                                | or Fi        | nCEN F           | orm 114,                                | Report of                               | Foreign               | Bank a           | nd   |                       |                |               |   |          |
|          | Financial           |            |                   |                      | <b>,</b>             |                  | 3          |   |              |                  |   | ,                                       |                       |                  |  |                       |                |               |   |          |
| C        |                     |            |                   |                      | dar year,            | did th           | e organ    | ization m                               | ainta        | in an of         | fice outsic                             | de the U.S                              | 3.7                   |                  |  |                       | 4              | 2c            |   | X        |
|          | If "Yes,"           | enter      | the na            | ame of th            | ne foreigr           | n coun           | try: 🕨     |   |              |                  | <u></u> .                               |   |                       |                  |  |                       |                |               |   |          |
| 43       |                     |            |                   |                      | -                    |                  |            | -                                       |              |                  |   |   |                       |                  |  |                       |                |               |   | ▶[       |
|          | and ente            | r the      | amour             | nt of tax-           | exempt l             | interes          | t receive  | ed or acc                               | :rued        | during (         | ihe tax ye                              | ar                                      |                       |                  | ▶  | 43                    |                | —т            |   |          |
|          |                     |            |                   |                      |                      |                  |            |   |              |                  |   |   |                       |                  |  |                       | No.            |               | Yes                                     | No       |
| 44a      |                     |            |                   |                      |                      | nor ad           |            |   | -            | •                | If "Yes," F                             |   |                       |                  |  |                       | 88             |               |   |          |
|          | complete            |            |                   |                      |                      |                  |            |   |              |                  |   |   |                       |                  | •      |                       | 4              | 14a           | ****                                    | X        |
| Ь        |                     |            |                   |                      |                      |                  |            |   |              |                  | ar? If "Yes                             |   |                       |                  |  |                       |                |               | *****                                   | X        |
| _        | complete            | ים (חגי    | (880 O            | roestus              | 30-EZ .              |                  | for Inda   |   |              | ndoss d          | udae 4ke -                              |   | • • • • • • • • • •   | • • • • • • •    |  |                       | ·····   4      | 46<br>4c      |   | Ŷ        |
| c<br>d   |                     |            |                   |                      |                      |                  |            |   |              |                  | unng the y<br>payment                   |   |                       |                  |  |                       | 4              |               |   |          |
| a        | explanati           | on in      | Sched             | ias iile (<br>Jule O | nyanizat<br>         | uon III8         |            | in /20 (0                               | repo         | и <b>т (ЛӨВӨ</b> | payment                                 | erii NO,                                | Pipvia8               | en               |  |                       | 74             | 4d            |   |          |
| 45a      |                     |            |                   |                      |                      |                  |            |   |              |                  | n 512(b)(                               |   |                       |                  |  |                       | ····· [-       | 5a            |   | Х        |
| b        |                     |            |                   |                      |                      |                  |            |   | _            |                  | tion with a                             |   | d entity              | within th        | <br>ha                                       | • • • • • • • • • •   | ····· 🙀        |               |   |          |
| -        |                     |            |                   |                      |                      |                  |            |   | _            |                  | need to b                               |   |                       |                  |  |                       |                |               |   |          |
|          | _                   |            |                   |                      | -                    |                  |            |   |              | -                |   | •                                       |                       |                  | <u></u>                                      |                       | 4              | 5b            |   | X        |
| DAA      |                     |            |                   |                      |                      |                  |            |   |              |                  |   |   |                       |                  |  |                       | Form           | 990           | -EZ                                     | (2014    |

| Form 990-EZ (2014)   | CAMBRIDGE AFTER   | SCHOOL PROGRA   | M, INC 03-03                 | 3 <u>5109</u> 5  | Page 4                                     |
|--|---|---|------------------------------|--|--|
| to candidates  | ization engage, directly or indirectly, in for public office? If "Yes," complete S  | n political campaign activitie                                  | es on behalf of or in oppo   | esition  | Yes No                                     |
| Part VI Se<br>All<br>50  | ction 501(c)(3) organizations section 501(c)(3) organizations m and 51.   | only<br>ust answer questions 47                                 | 7–49b and 52, and co         | mplete the tables for li   | nes  |
|  | eck if the organization used Sched  |   |                              |  | Yes No                                     |
| year? If "Yes,"  | ization engage in lobbying activities or complete Schedule C, Part II   | • •   | •                            |  | 47 X                                       |
| 46 is the organization and the organization is the organization of | ation a school as described in section<br>ization make any transfers to an exem   | ا ۱/۵(۵)(۱)(۸)(۱۱)؟ ۱۱ "Yes," c<br>10 pt non-charitable related | omplete Schedule E           | •  | 48 X                                       |
| b If "Yes," was t<br>Complete this   | the related organization a section 527 table for the organization's five higher tho each received more than \$100,000       | organization?<br>st compensated employees                       | s (other than officers, dire | ectors, trustees and key   | 49b  |
|  | Name and title of each employee   | (b) Average hours per week devoted to position                  | (c) Reportable compensation  | (d) Health benefits,<br>contributions to employee<br>benefit plans, and<br>deferred compensation | (e) Estimated amount of other compensation |
| None   |   |   |                              |  |  |
|  |   |   |                              |  |  |
|  |   |   |                              |  |  |
|  |   |   |                              |  |  |
|  |   |   |                              |  |  |
| 51 Complete this   | of other employees paid over \$100,00<br>table for the organization's five higher<br>compensation from the organization. If | st compensated independe  | nt contractors who each      | received more than   |  |
|  | ame and business address of each indeper  |   | <u> </u>                     | pe of service  | (c) Compensation                           |
| None   |   |   |                              |  |  |
|  |   |   | •••••                        |  |  |
|  |   |   |                              |  |  |
|  |   |   |                              |  |  |
|  |   |   |                              |  |  |
|  | of other independent contractors each ization complete Schedule A? Note. A hedule A   | •   | ations must attach a         |  | X Yes No                                   |
|  | jury, I declare that I have examined this ret<br>plate. Declaration of preparer (other than o                               |   |                              |  | edge and ballef, it is                     |
| Here   📗 _   | grature of officer  JENNIFER CAS  The pre- or print name and title  | SWELL Exe   | cutive Diri                  | 5-14-2015<br>ector   |  |
| PrinVTyp Paid Debora   | ah L. Verzilli, CPA   | Deborah L. Verzi  |                              | Date Check self-en   | PTIN PO0295703                             |
| Preparer Firm's na   | dress PO Box 732, 4   | der and Compar<br>181 Brooklyn S                                | ny, Inc.                     | Firm's EIN   | 03-0322133                                 |
| May the IRS discus   | Morrisville, s this return with the preparer shown a  | VT 05661-851 above? See instructions                            |                              | Phone no. 8  | 02-888-7781<br>▶ X Yes No                  |
|  |   |   | ***********                  |  | Form 990-FZ (2014)                         |

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.

▶ 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.

2014

Den colfübilo

Internal Revenue Service

Name of the organization

Department of the Treasury

CAMBRIDGE AFTER SCHOOL PROGRAM. INC. 03-0351095

| Part           | 18 Reas  |  | Status (All organizations                             |                     | omplete  | this part.) See instruction          | ns.                                     |  |  |  |  |  |  |  |
|----------------|--|--|---|---------------------|--|--------------------------------------|---|--|--|--|--|--|--|--|
|                |  |  | se it is: (For lines 1 through 11,                    |                     |  |                                      |   |  |  |  |  |  |  |  |
| 1 [            | 7  |  | sociation of churches described                       |                     | •  |                                      |   |  |  |  |  |  |  |  |
| 2              |  |  | (A)(ii). (Attach Schedule E.)                         |                     |  |                                      |   |  |  |  |  |  |  |  |
| 3              |  |  | ice organization described in se                      | ection 170          | (b)(1)(A)(                                       | 310).                                |   |  |  |  |  |  |  |  |
| 4              | 7  |  | ed in conjunction with a hospital                     |                     |  |                                      | ospital's name.                         |  |  |  |  |  |  |  |
|                | city, and stat   | -  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
| 5              | 1 *  | ********************   | of a college or university owner                      | or operat           | ed hv a a  | overnmental unit described in        | • |  |  |  |  |  |  |  |
| ٠ ـــ          | -  | (b)(1)(A)(iv). (Complete Par   | - · · · · · · · · · · · · · · · · · · ·               | o opciai            | ou by a g  |                                      |   |  |  |  |  |  |  |  |
| 6              | ٦.   |  | c n.,<br>governmental unit d <b>escribed in</b> :     | eaction 17          | /0/b\/4\/A                                       | 11(4)                                |   |  |  |  |  |  |  |  |
| 7 X            |  |  | substantial part of its support fi                    |                     |  |                                      | •                                       |  |  |  |  |  |  |  |
| , 1            |  |  |   | ioin a gove         | si ilii lei ila                                  | i dilit or ironi trie general public | •                                       |  |  |  |  |  |  |  |
| ء ٦            | •  | section 170(b)(1)(A)(vi). (C   | 170(b)(1)(A)(vi). (Complete Par                       | 4 11 \              |  |                                      |   |  |  |  |  |  |  |  |
| 8 –            | 3  |  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
| 3 L            |  |  | (1) more than 33 1/3% of its sup                      | -                   |  |                                      | 788                                     |  |  |  |  |  |  |  |
|                | 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            |  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
|                | 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.)  |  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
| 40 [           | 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. |  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
|                | ٦  |  | *               | _                   |  |                                      |   |  |  |  |  |  |  |  |
| a              |  |  | ted, supervised, or controlled by                     |                     | _  |                                      | •                                       |  |  |  |  |  |  |  |
|                | • •  | - '' '   | to regularly appoint or elect a m                     | iajonity of i       | ne airect  | ors or trustees of the supportin     | 9                                       |  |  |  |  |  |  |  |
|                | •  | You must complete Part   |   |                     |  | emerimation(a) by bardes             |   |  |  |  |  |  |  |  |
| ь              | _  |  | vised or controlled in connection                     |                     |  |                                      |   |  |  |  |  |  |  |  |
|                |  |  | organization vested in the sam                        | ie persons          | that com   | troi or manage the supported         |   |  |  |  |  |  |  |  |
| . —            | n -  | s). You must complete Pa   |   |                     |  |                                      |   |  |  |  |  |  |  |  |
| c [_           |  |  | porting organization operated in                      |                     |  |                                      |   |  |  |  |  |  |  |  |
|                | 7  |  | ctions). You must complete Pa                         |                     |  |                                      |   |  |  |  |  |  |  |  |
| d [_           |  | , -  | supporting organization operate                       |                     |  |                                      |   |  |  |  |  |  |  |  |
|                |  |  | ganization generally must satisf                      |                     |  |                                      |   |  |  |  |  |  |  |  |
| ٠              | 3  |  | st complete Part IV, Sections                         |                     |  |                                      |   |  |  |  |  |  |  |  |
| e [_           |  | =  | ed a written determination from                       |                     |  | rype i, rype ii, rype iii            |   |  |  |  |  |  |  |  |
|                |  |  | inctionally integrated supporting                     | organizat           | on.  |                                      |   |  |  |  |  |  |  |  |
|                |  | r of supported organizations   |   | • • • • • • • • • • |  |                                      |   |  |  |  |  |  |  |  |
|                |  | ving information about the s   |   | Tana                |  |                                      | 4.0.4                                   |  |  |  |  |  |  |  |
|                | me of supported<br>rganization   | (II) EIN   | (III) Type of organization<br>(described on lines 1-9 |                     | organization<br>or governing                     | (v) Amount of monetary support (see  | (vi) Amount of other support (see       |  |  |  |  |  |  |  |
| •              | · gomeoner   |  | above or IRC section                                  |                     | ment?  | instructions)                        | Instructions)                           |  |  |  |  |  |  |  |
|                |  |  | (see instructions))                                   |                     |  |                                      |   |  |  |  |  |  |  |  |
|                |  |  | <u> </u>  | Yes                 | No   | <u> </u>                             | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |  |
| (A)            |  |  |   | 1                   |  |                                      |   |  |  |  |  |  |  |  |
| <del>(D)</del> |  |  |   | <del> </del>        |  |                                      |   |  |  |  |  |  |  |  |
| (B)            |  |  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
|                | <del></del>  | <del></del>  | <del> </del>  | ┼                   | <del>                                     </del> |                                      |   |  |  |  |  |  |  |  |
| (C)            |  |  |   | 1                   | l  |                                      |   |  |  |  |  |  |  |  |
| (0)            |  |  | · <u>-</u>  |                     | <del> </del>                                     |                                      |   |  |  |  |  |  |  |  |
| (D)            |  | Į  |   | 1                   | ł  |                                      |   |  |  |  |  |  |  |  |
| (E)            | <del></del>  |  |   | +                   | <del>                                     </del> |                                      | · <del></del>                           |  |  |  |  |  |  |  |
| (E)            |  |  |   |                     | l  |                                      |   |  |  |  |  |  |  |  |
|                | <del>-</del> ' ·   |  |   |                     |  |                                      | <del></del>                             |  |  |  |  |  |  |  |
| T-4-1          |  |  |   |                     |  |                                      |   |  |  |  |  |  |  |  |
| Total          |  | paranta a regional de la companya d |   | W1 08000 8000 800   |  | i                                    | l                                       |  |  |  |  |  |  |  |

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.)

|       | tion A. Public Support  |                         |                     |                      |   |                                       |           |
|-------|---|-------------------------|---------------------|----------------------|---|---------------------------------------|-----------|
| Cale  | ndar year (or fiscal year beginning in)   | (a) 2010                | (b) 2011            | (c) 2012             | (d) 2013                                | (e) 2014                              | (f) Total |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 5,109                   |                     | 2,500                | 3,787                                   | 940                                   | 12,336    |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                         |                     |                      |   |                                       |           |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge   |                         |                     |                      |   |                                       |           |
| 4     | Total. Add lines 1 through 3  | 5,109                   |                     | 2,500                | 3,787                                   | 940                                   | 12,336    |
| 5     | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                         |                     |                      |   | i de                                  |           |
|       | Public support. Subtract line 5 from line 4.  |                         |                     |                      |   |                                       | 12,336    |
|       | tion B. Total Support   |                         |                     |                      |   |                                       |           |
| Caler | idar year (or fiscal year beginning in) 🕨   | (a) 2010                | (b) 2011            | (c) 2012             | (d) 2013                                | (e) 2014                              | (f) Total |
| 7     | Amounts from line 4   | 5,109                   |                     | 2,500                | 3,787                                   | 940                                   | 12,336    |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 104                     | 82                  | 46                   | 26                                      | 28                                    | 286       |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carried on  |                         |                     |                      |   |                                       |           |
| 10    | Other income. Do not include gain or loss from the sale of capital assets   | 1 001                   | 240                 | 01.6                 |   |                                       | 2.450     |
| 11    | (Explain in Part VI.)   | 1,201                   | 342                 | 916                  |   |                                       | 2,459     |
| 12    |   | (and instructions)      |                     |                      |   | 12                                    | 15,081    |
| 13    | Gross receipts from related activities, etc. First five years. If the Form 990 is for the   | (see instructions)      | account third for   | inth or 66h tou ion  |   |                                       | 140,445   |
| 13    |   |                         |                     |                      |   |                                       | ▶ □       |
| Sec   | organization, check this box and stop her tion C. Computation of Public St  | upport Percent          | ade                 | ********             |   |                                       |           |
| 14    | Public support percentage for 2014 (line 6  |                         |                     | n (f))               |   | 14                                    | 81,80%    |
| 15    | Public support percentage from 2013 Sch   |                         |                     | ·· \·//              | • | 15                                    | 85.74%    |
| 16a   | 33 1/3% support test—2014. If the organ   |                         | **********          | 13. and line 14 is 3 | 3 1/3% or more. c                       | · · · · · · · · · · · · · · · · · · · |           |
|       | box and stop here. The organization qual  |                         |                     |                      |   |                                       | ▶ 🛚       |
| b     | 33 1/3% support test—2013. If the organ   | ization did not ched    | k a box on line 13  | or 16a, and line 1   | 5 is 33 1/3% or ma                      |                                       |           |
|       | check this box and stop here. The organi  |                         |                     |                      |   |                                       | ▶□        |
| 17a   | 10%-facts-and-circumstances test201   |                         |                     |                      |   |                                       | · ·       |
|       | 10% or more, and if the organization meet   | -                       |                     |                      |   |                                       |           |
|       | Part VI how the organization meets the "fa  |                         |                     |                      |   |                                       |           |
|       | organization  |                         | _                   |                      |   |                                       | ▶ □       |
| b     | 10%-facts-and-circumstances test—201  | 13. If the organization | on did not check a  | box on line 13, 16   | a, 16b, or 17a, and                     | 1 line                                |           |
|       | 15 is 10% or more, and if the organization  | _                       |                     |                      |   |                                       |           |
|       | Explain in Part VI how the organization me  |                         |                     |                      | -                                       | blicly                                |           |
|       | supported organization  |                         |                     | =                    | •                                       | •                                     | ▶ □       |
| 18    | Private foundation. If the organization die   | d not check a box o     | n line 13, 16a, 16i | b, 17a, or 17b, che  | ck this box and se                      | 8                                     | <b>_</b>  |
|       | Instructions  |                         |                     |                      |   |                                       | ▶ 🔲       |
|       |   |                         |                     |                      |   |                                       |           |

Schedule A (Form 990 or 990-EZ) 2014 CAMBRIDGE AFTER SCHOOL PROGRAM, INC 03-0351095

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.)

|       | tion A. Public Support   |                   |                       |                       |                    |          |                 |                                       |  |  |  |
|-------|--|-------------------|-----------------------|-----------------------|--------------------|----------|-----------------|---------------------------------------|--|--|--|
| Calen | dar year (or fiscal year beginning in)   | (a) 2010          | (b) 2011              | (c) 2012              | (d) 2013           | (e) 201  | 4               | (f) Total                             |  |  |  |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                   |                       |                       |                    |          |                 | ,                                     |  |  |  |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                   |                       |                       |                    |          |                 |                                       |  |  |  |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513   |                   |                       |                       |                    |          |                 |                                       |  |  |  |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                   |                       |                       |                    |          |                 | ·                                     |  |  |  |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge  |                   |                       |                       |                    |          |                 | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 6     | Total. Add lines 1 through 5   |                   |                       |                       |                    | <u> </u> |                 |                                       |  |  |  |
| 7a    | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                   |                       |                       |                    |          |                 |                                       |  |  |  |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                   |                       |                       |                    |          |                 |                                       |  |  |  |
|       | Add lines 7a and 7b  | **************    |                       |                       |                    |          |                 |                                       |  |  |  |
| 8     | Public support (Subtract line 7c from  |                   | 300                   |                       |                    |          |                 |                                       |  |  |  |
| 200   | line 6.)   |                   |                       |                       |                    |          | <u> </u>        |                                       |  |  |  |
|       | tion B. Total Support  | (-) 0040          | (1) 0044              | (=) 2040              | (4) 2012           | (0) 201  |                 | (f) Total                             |  |  |  |
|       | dar year (or fiscal year beginning in)   | (a) 2010          | (b) 2011              | (c) 2012              | (d) 2013           | (e) 201  | *               | (I) IOIAI                             |  |  |  |
| 9     | Amounts from line 6  |                   | <u> </u>              |                       |                    |          |                 |                                       |  |  |  |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                   |                       |                       |                    |          |                 |                                       |  |  |  |
| b     | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                   |                       |                       |                    |          | $\perp$         |                                       |  |  |  |
| c     | Add lines 10a and 10b  |                   |                       |                       |                    |          | $\dashv$        |                                       |  |  |  |
| 11    | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                   |                       |                       |                    |          |                 |                                       |  |  |  |
| 12    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                   |                       |                       |                    |          |                 |                                       |  |  |  |
| 13    | Total support. (Add lines 9, 10c, 11,  |                   |                       |                       |                    |          |                 |                                       |  |  |  |
|       | and 12.)   |                   |                       | <u> </u>              | <u> </u>           |          |                 |                                       |  |  |  |
| 14    | First five years. If the Form 990 is for the   |                   | st, second, third, fo | urth, or fifth tax ye | ar as a section 50 | 1(c)(3)  |                 | , _                                   |  |  |  |
|       | organization, check this box and stop her  |                   |                       |                       |                    |          |                 | <u> </u>                              |  |  |  |
| Sec   | tion C. Computation of Public St   |                   |                       |                       |                    |          | - <del></del> - |                                       |  |  |  |
| 15    | Public support percentage for 2014 (line 8   |                   |                       |                       |                    |          | 15              | <u>%</u>                              |  |  |  |
| 16    | Public support percentage from 2013 Sch  |                   |                       |                       |                    |          | 16              | <u>%</u>                              |  |  |  |
| Sec   | tion D. Computation of Investme  |                   |                       |                       |                    |          | <u> </u>        |                                       |  |  |  |
| 17    | Investment income percentage for 2014 (i   |                   |                       |                       |                    |          | 17              | <u>%</u>                              |  |  |  |
| 18    | Investment income percentage from 2013   |                   |                       |                       |                    |          | 18              | <u>%</u>                              |  |  |  |
| 19a   | · · · · · · · · · · · · · · · · · · ·  |                   |                       |                       |                    |          |                 |                                       |  |  |  |
|       | 17 is not more than 33 1/3%, check this b  |                   |                       |                       |                    |          |                 | ▶ ∟                                   |  |  |  |
| b     | 33 1/3% support tests—2013. If the orga  |                   |                       |                       |                    |          |                 |                                       |  |  |  |
|       | line 18 is not more than 33 1/3%, check the  |                   |                       |                       |                    |          |                 | ₹ <b>├</b>                            |  |  |  |
| 20    | Private foundation. If the organization di   | d not check a box | on line 14, 19a, or   | 19b, check this b     |                    |          |                 | or 990-FZ) 2014                       |  |  |  |
|       |  |                   |                       |                       |                    |          |                 |                                       |  |  |  |

### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

| <u> </u>        | <u></u>                                 |  |
|-----------------|---|--|
|                 | Yes                                     | No   |
|                 |   |  |
| *******         | ****                                    | ************                                     |
| 1               | y                                       | 20000000000                                      |
|                 |   |  |
|                 |   |  |
| 2               | 30000000000000000000000000000000000000  |  |
|                 |   |  |
| <b>******</b>   |   |  |
| _3a             |   |  |
|                 |   |  |
|                 |   |  |
| 3b              | 2080000000000                           | *******  |
| 30              | *********                               |  |
|                 |   |  |
| 3c              |   | <u> </u>   |
|                 |   |  |
| 4a              |   |  |
| 70              | ******                                  |  |
|                 |   |  |
|                 |   |  |
| 4b              |   |  |
|                 |   |  |
|                 |   |  |
|                 |   |  |
| <b>10000000</b> | *************************************** |  |
| 4c              |   |  |
| 4c              |   |  |
|                 |   |  |
|                 |   |  |
|                 |   |  |
|                 |   |  |
| 5a              |   |  |
|                 |   |  |
| 5b              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|                 |   |  |
| . 5c            | ***********                             | 500000000  |
|                 |   |  |
|                 |   |  |
|                 |   |  |
|                 |   |  |
|                 |   | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> |
|                 |   |  |
|                 |   |  |
|                 |   |  |
| 7               |   |  |
|                 |   |  |
|                 |   |  |
| 8               |   |  |
|                 |   |  |
|                 |   |  |
| 9a              |   |  |
|                 |   |  |
|                 | **************************************  | ************                                     |
| 9b              | 200000000000                            | ***************************************          |
|                 |   |  |
| 9c              |   | <u></u>  |
|                 |   |  |
|                 |   |  |
|                 | 200000000000000000000000000000000000000 | XXXXXXXXXXXX                                     |
| 10a             | 200000000000000000000000000000000000000 | 200000000000                                     |
|                 |   |  |
| 10Ь             |   |  |
|                 |   |  |

|        | tule A (Form 990 or 990-EZ) 2014 CAMBRIDGE AFTER SCHOOL PROGRAM, INC 03-035109   | <del>}</del> 5 |   | Page 5                                 |
|--------|--|----------------|---|--|
| Pa     | Supporting Organizations (continued)   |                |   |  |
| 4.     |  | *******        | Yes                                     | No                                     |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |                |   |  |
| a      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |                | *******                                 |  |
|        | below, the governing body of a supported organization?   | 11a            |   |  |
|        | A family member of a person described in (a) above?  | 11b            |   | ļ                                      |
| Soct   | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 110            |   | <u> </u>                               |
|        | ion B. Type I Supporting Organizations   |                |   |  |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  | ******         | Yes                                     | No                                     |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |                |   |  |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |                |   |  |
|        | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |                |   |  |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1              | 2 <b>33</b> 2222                        | *********                              |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported  |                |   |  |
| _      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |                |   |  |
|        | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |                |   |  |
|        | supervised, or controlled the supporting organization.   | 2              | XXXXXXXXXXX                             | <b>**********</b>                      |
| Sect   | ion C. Type II Supporting Organizations  |                | <u> </u>                                | ·                                      |
|        |  |                | Yes                                     | No                                     |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |                |   |  |
| •      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |                |   |  |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   |                |   |  |
|        | the supported organization(s).   | 1              | *************************************** | T************************************* |
| Sect   | ion D. All Type III Supporting Organizations   |                |   | <u> </u>                               |
|        |  |                | Yes                                     | No                                     |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |                |   |  |
|        | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax  |                |   |  |
|        | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the  |                |   |  |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1              | *********                               |  |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                |   |  |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                |   |  |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2              | ***********                             |  |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a  |                |   |  |
|        | significant voice in the organization's investment policies and in directing the use of the organization's   |                |   |  |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |                |   |  |
| S4     | supported organizations played in this regard.   | 3              |   | <u> </u>                               |
|        | ion E. Type III Functionally-Integrated Supporting Organizations   |                |   |  |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   | :              |   |  |
| a<br>b | The organization satisfied the Activities Test. Complete line 2 below.   |                |   |  |
| c      | The organization is the parent of each of its supported organizations. Complete line 3 below.  | lone)          |   |  |
| ·      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)  | ioriaj.        |   |  |
| 2 /    | Activities Test. Answer (a) and (b) below.   | 1              | Yes                                     | No                                     |
| a      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |                |   |  |
| -      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |                |   |  |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,   |                |   |  |
|        | how the organization was responsive to those supported organizations, and how the organization determined  |                |   |  |
|        | that these activities constituted substantially all of its activities.   | 2a             | ************************                |  |
| b      | The state of the s |                |   |  |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |                |   |  |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these   |                |   |  |
|        | activities but for the organization's involvement.   | 2b             | entrondonago.                           | -                                      |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |                |   |  |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |                |   |  |
| _      | trustees of each of the supported organizations? Provide details in Part VI.   | 3a             |   |  |
| b      |  |                |   |  |
| _ ^    | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b             |   |  |
|        |  |                |   |  |

| Schedule A (Form 990 or 990-EZ) 2014 CAMBRIDGE AFTER SCHOOL PROG                                | RAM           | , INC 03-0351              | 095 Page 6                     |
|---|---------------|----------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org                            |               |                            |                                |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov  |               |                            |                                |
| other Type III non-functionally integrated supporting organizations must complete Section       |               |                            |                                |
| Section A - Adjusted Net Income   |               | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1 Net short-term capital gain   | 1             |                            |                                |
| 2 Recoveries of prior-year distributions  | 2             |                            |                                |
| 3 Other gross income (see instructions)   | 3             |                            |                                |
| 4 Add lines 1 through 3   | 4             |                            |                                |
| 5 Depreciation and depletion  | 5             |                            |                                |
| 6 Portion of operating expenses paid or incurred for production or                              |               |                            |                                |
| collection of gross income or for management, conservation, or                                  | ļ             | 1                          |                                |
| maintenance of property held for production of income (see instructions)                        | 6             | '                          |                                |
| 7 Other expenses (see instructions)   | 7             |                            |                                |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                                   | 8             |                            |                                |
| Section B - Minimum Asset Amount  | * <del></del> | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see                                 |               |                            |                                |
| instructions for short tax year or assets held for part of year):                               |               |                            |                                |
| a Average monthly value of securities   | 1a            |                            |                                |
| b Average monthly cash balances   | 1b            |                            |                                |
| c Fair market value of other non-exempt-use assets  | 1c            |                            |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d            |                            |                                |
| e Discount claimed for blockage or other  |               |                            |                                |
| factors (explain in detail in Part VI):   |               |                            |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                  | 2             |                            |                                |
| 3 Subtract line 2 from line 1d  | 3             |                            |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,                  |               |                            |                                |
| see instructions).  | 4             |                            |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                              | 5             |                            |                                |
| 6 Multiply line 5 by .035   | 6             |                            |                                |
| 7 Recoveries of prior-year distributions  | 7             |                            |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8             |                            |                                |
| Section C - Distributable Amount  |               |                            | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                         | 1             |                            |                                |
| 2 Enter 85% of line 1   | 2             |                            |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                        | 3             |                            |                                |
| 4 Enter greater of line 2 or line 3   | 4             |                            |                                |
| 5 Income tax imposed in prior year  | 5             |                            |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                          |               |                            |                                |
| emergency temporary reduction (see instructions)  | 6             |                            |                                |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated T | voe III       | supporting organization (s | <del></del>                    |

Schedule A (Form 990 or 990-EZ) 2014

instructions).

| Sched | ule A (Form 990 or 990-EZ) 2014 CAMBRIDGE AFTER SOFT Type III Non-Functionally Integrated 509(a)(3) S  | CHOOL PROGRAM,              | INC 03-0351  | 095 Page 7                                |
|-------|--|-----------------------------|--|---|
| Sect  | ion D • Distributions  |                             |  | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exempt purpos  | 508                         |  |   |
| 2     | Amounts paid to perform activity that directly furthers exempt purposes  |                             |  |   |
|       | organizations, in excess of income from activity   | о. осрронос                 |  |   |
| 3     | Administrative expenses paid to accomplish exempt purposes of suppo  | orted organizations         |  |   |
| 4     | Amounts paid to acquire exempt-use assets  |                             |  |   |
| - 5   | Qualified set-aside amounts (prior IRS approval required)  | <del></del>                 |  | <del></del>                               |
| 6     | Other distributions (describe in Part VI). See Instructions.   |                             |  | <del></del>                               |
| 7     | Total annual distributions. Add lines 1 through 6.   |                             | ······································   |   |
| 8     | Distributions to attentive supported organizations to which the organiza   |                             |  |   |
|       | (provide details in Part VI). See Instructions.  |                             |  |   |
| 9     | Distributable amount for 2014 from Section C, line 6   |                             |  |   |
| 10    | Line 8 amount divided by Line 9 amount   |                             |  |   |
|       | Section E - Distribution Allocations (see Instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014   | (iii)<br>Distributable<br>Amount for 2014 |
| 1_    | Distributable amount for 2014 from Section C, line 6   |                             |  |   |
| 2     | Underdistributions, if any, for years prior to 2014  |                             |  |   |
|       | (reasonable cause required-see instructions)   |                             |  |   |
| 3     | Excess distributions carryover, if any, to 2014:   |                             |  |   |
| a     |  |                             |  |   |
| b     |  |                             |  |   |
| С     |  |                             |  |   |
| d     |  |                             |  |   |
| e     | From 2013  |                             |  |   |
| f     | Total of lines 3a through e  |                             |  |   |
| 9     | Applied to underdistributions of prior years   |                             |  |   |
| h     | Applied to 2014 distributable amount   |                             |  |   |
|       | Carryover from 2009 not applied (see instructions)   |                             |  |   |
|       | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4     | Distributions for 2014 from Section  |                             |  |   |
|       | D, line 7:   |                             |  |   |
| a     | Applied to underdistributions of prior years   |                             |  |   |
|       | Applied to 2014 distributable amount   |                             |  |   |
| C     | Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5     | Remaining underdistributions for years prior to 2014, if   |                             |  |   |
|       | any. Subtract lines 3g and 4a from line 2 (If amount   |                             |  |   |
|       | greater than zero, see instructions).  |                             |  |   |
| 6     | Remaining underdistributions for 2014. Subtract lines 3h   |                             |  |   |
|       | and 4b from line 1 (if amount greater than zero, see   |                             |  |   |
|       | instructions).   |                             |  |   |
| 7     | Excess distributions carryover to 2015. Add lines 3  |                             |  |   |
| •     | and 4c.  |                             |  |   |
| 8     | Breakdown of line 7:   |                             |  |   |
|       | Steakeowij or inte 7.  |                             |  |   |
|       |  |                             |  |   |
|       |  |                             |  |   |
|       | Excess from 2013   |                             |  |   |
|       | Excess from 2014   |                             |  |   |
|       | WOODEN TO THE PARTY OF THE PART |                             | والمرافقة والمرافقة فالمنطقة والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة و |   |

| Schedule A (Form                        | <u>1 990 or 990-EZ) 2014</u><br>Supplemental Info | CAMBRIDG                                | E AFTER S                               | SCHOOL P                                | ROGRAM,                                 | INC 03-03                               | 51095                                   | Page 8                                  |
|---|---|---|---|---|---|---|---|---|
|   | art III, line 12. Als                             | o complete this                         | part for any ac                         | idons require                           | mation. (See                            | ine 10; Part II, I                      | ine 1/a or 1/b; ar<br>                  | na<br>                                  |
| Part II,                                | Line 10 -   | Other Inc                               | ome Deta                                | il                                      |   |   |   |   |
|   | SING EVENTS                                       |   |   | \$                                      | 2 459                                   |   |   | •••••                                   |
|   |   | ******************                      | • |   | 2/.3.33                                 | •••••                                   | • | •••••                                   |
| • |   | •••••••                                 |   | ••••••                                  | • |   | •••••••••                               | •••••                                   |
| • |   | ••••••                                  |   | •••••                                   | • | •••••                                   | ••••••••••                              | •••••                                   |
|   |   |   | •••••••                                 | •••••                                   | • | ****************                        | •••••                                   | •••••                                   |
| • | •••••   | • | ******************                      | • | • | •••••                                   |   | •••••                                   |
|   | •••••   | • |   | ••••••                                  |   | ••••••                                  | ••••••                                  | •••••                                   |
| • | ••••••  | ••••••                                  |   | •••••                                   |   | •••••                                   |   | •••••                                   |
| • |   | • | •••••                                   |   |   | •••••                                   |   | •••••                                   |
|   |   | ••••••                                  |   | • |   | •••••                                   |   | •••••                                   |
| • | •••••   | ••••••                                  |   | • | • | • | •••••                                   | •••••                                   |
|   | •••••   | • | •••••                                   | • |   | •••••                                   | •••••                                   |   |
|   |   | •••••                                   |   | ••••••                                  |   | •••••                                   |   |   |
| • · · · · · · · · · · · · · · · · · · · | •••••   | •••••                                   | •••••                                   |   |   | •••••                                   |   | • |
|   |   |   | ••••••                                  |   |   | •••••                                   | •••••                                   | •••••                                   |
|   |   | • |   |   | •••••                                   |   |   |   |
|   |   | ••••••                                  |   |   |   |   | •••••                                   | •••••                                   |
|   |   |   |   |   |   | •••••                                   | •••••                                   |   |
|   |   |   |   |   |   | •••••                                   | •••••                                   |   |
| • |   |   | •••••                                   |   |   |   |   |   |
|   |   |   |   |   |   |   |   | •••••                                   |
|   |   |   |   |   |   | •••••                                   | •••••                                   | •••••                                   |
|   |   |   |   |   |   | ••••••                                  |   |   |
|   |   |   |   |   |   | •••••                                   |   |   |
| • | •••••   |   |   |   |   |   |   |   |
|   |   |   |   |   |   | •••••                                   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2014

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

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

Constate Pablic Impection

| CAMBRIDGE AFTER SCH  | OOL PROGRAM, INC      | 03-0351095 |
|--|-----------------------|------------|
| Form 990-EZ, Part I, Line 16 -   | - Other Expenses      |            |
| Description  | Amount                |            |
| Expenses   |                       |            |
| ADVERTISING  | \$ 2,017              |            |
| OFFICE SUPPLIES  | \$ 449                |            |
| INSURANCE  | \$ 5,420              |            |
| BANK FEE   | \$ 513                |            |
| BUSINESS EXPENSE   | \$ 416                |            |
| CHARITABLE DONATIONS   | \$ 175                |            |
| EDUCATION  | \$ 1,393              |            |
| EMPLOYEE GIFTS   | \$ 500                |            |
| ENRICHMENT EXPENSES  | \$ 318                |            |
| FIELD TRIPS  | \$ 6,762              |            |
| FINGERPRINTING FEES  | \$ 116                |            |
| FOOD PROGRAM   | \$ 10,141             |            |
| PAYROLL SERVICE FEES   | \$ 1,603              |            |
| SUPPLIES   | \$ 3,663              |            |
| TELEPHONE  | \$ 1,013              |            |
|  | Total \$ 34,499       |            |
| Form 990-EZ, Part III - Primar<br>AFTER SCHOOL PROGRAM - THEME R<br>AN AFTER-SCHOOL ENVIRONMENT. P<br>AND OTHER ENRICHMENT PROGRAMS. | ELATED EDUCATIONAL AN |            |

| 03-0351095 Federal Statements FYE: 12/31/2014 | Schedule A, Part II, Line 1(e)  Description | \$ 840                 | Schedule A, Part II, Line 8(e)  Description |                          | Schedule A, Part II, Line 12  Description |  |  |  |
|---|---|------------------------|---|--------------------------|---|--|--|--|
| 03-0351095<br>FYE: 12/31/2014                 |   | Othe <i>r</i><br>Total |   | INTEREST INCOME<br>Total |   | TUITION VARIOUS FUNDRAISING EVENTS TOTAL |  |  |