

**Frey & Associates  
30 Union Ave Ste 220  
Campbell, CA 95008-3162  
408-379-2010**

July 29, 2016

**CONFIDENTIAL**

SOCIETY FOR CREATIVE ANACHRONISM -  
MICHIGAN, INC.  
PO BOX 360789  
MILPITAS, CA 95036

Dear Renee:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)  
Renewal Solicitation Registration Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Frey & Associates

## Filing Instructions

### **SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.**

#### **Short Form Exempt Organization Tax Return**

#### **Taxable Year Ended December 31, 2015**

**Date Due:** August 15, 2016

**Remittance:** None is required. Your Form 990-EZ for the tax year ended 12/31/15 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Frey & Associates  
30 Union Ave Ste 220  
Campbell, CA 95008-3162

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2015, or fiscal year beginning . . . . . 2015, and ending . . . . . 20 . . . . .  
▶ **Do not send to the IRS. Keep for your records.**  
▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2015

|   |   |
|---|---|
| Name of exempt organization<br><b>SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.</b> | Employer identification number<br><b>27-3625694</b> |
| Name and title of officer<br><b>RENEE SIGNOROTTI<br/>VP CORPORATE</b>                   |   |

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |  |    |               |
|---|--|----|---------------|
| 1a Form 990 check here ▶ <input type="checkbox"/>               | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b |               |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b | <b>70,816</b> |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>          | b Total tax (Form 1120-POL, line 22) .....                               | 3b |               |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b |               |
| 5a Form 8868 check here ▶ <input type="checkbox"/>              | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | 5b |               |

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize **FREY & ASSOCIATES** to enter my PIN **97856** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ **07/20/16**

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**77013744632**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **07/20/16**

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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  
**2015**  
Open to Public 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](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** , and ending

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

**C Name of organization**  
**SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.**

**D Employer identification number**  
**27-3625694**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 360789**

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

City or town, state or province, country, and ZIP or foreign postal code  
**MILPITAS CA 95036**

**F Group Exemption Number** ▶ **5802**

**G Accounting Method:**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H Check** ▶  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ **N/A**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c)( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **70,816**

| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)   |  | Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> |               |
|---|--|---|---------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | <b>9,919</b>  |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  | <b>60,886</b> |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>  |               |
|   | <b>4</b> Investment income   | <b>4</b>  | <b>11</b>     |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b>   |               |
|   | <b>b</b> Less: cost or other basis and sales expenses  | <b>5b</b>   |               |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b>   |               |
|   | <b>6</b> Gaming and fundraising events   |   |               |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b>   |               |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>  |   |               |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b>  |   |               |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b>  |   |               |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>  |   |               |
| <b>b</b> Less: cost of goods sold   | <b>7b</b>  |   |               |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b>  |   |               |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>   |   |               |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>   | <b>70,816</b>   |               |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b>   |               |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b>   |               |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b>   |               |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b>   |               |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b>   | <b>33,853</b> |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b>   | <b>959</b>    |
|   | <b>16</b> Other expenses (describe in Schedule O)  | <b>16</b>   | <b>32,982</b> |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>  | <b>67,794</b>   |               |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b>   | <b>3,022</b>  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b>   | <b>95,289</b> |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b>   |               |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b>   | <b>98,311</b> |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 91,807                | 22 | 94,246          |
| 23 Land and buildings  | 0                     | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 3,716                 | 24 | 4,452           |
| 25 Total assets  | 95,523                | 25 | 98,698          |
| 26 Total liabilities (describe in Schedule O)                                  | 234                   | 26 | 387             |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 95,289                | 27 | 98,311          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
**RECREATION & STUDY OF MEDIEVAL & RENAISSANCE HISTORY**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|   |     |  |        |
|---|-----|--|--------|
| 28 <b>EVENTS - LOCAL &amp; REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC PRACTICING &amp; DEMONSTRATING ARTS &amp; CRAFTS OF THE PERIOD.</b> |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 28a |  | 62,722 |
| 29  |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 29a |  |        |
| 30  |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a |  |        |
| 31 Other program services (describe in Schedule O)  |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a |  |        |
| 32 Total program service expenses (add lines 28a through 31a)   | 32  |  | 62,722 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| JOHN FULTON<br>PRESIDENT            | 1.00   | 0  | 0   | 0  |
| RENEE SIGNOROTTI<br>VP CORPORATE    | 1.00   | 0  | 0   | 0  |
| THERESE HOFHEINS<br>TREASURER       | 1.00   | 0  | 0   | 0  |
| ANTHONY J PONGRATZ<br>VP OPERATIONS | 1.00   | 0  | 0   | 0  |
| MICHELE MARTINES<br>DIRECTOR        | 1.00   | 0  | 0   | 0  |
| DR SCOTT BERK<br>DIRECTOR           | 1.00   | 0  | 0   | 0  |
| DAVID KEEN<br>DIRECTOR              | 1.00   | 0  | 0   | 0  |
| PAUL LANCASTER<br>CHAIRMAN          | 1.00   | 0  | 0   | 0  |
| ARTHUR DONADIO<br>DIRECTOR          | 1.00   | 0  | 0   | 0  |
| RICHARD SHERMAN<br>DIRECTOR         | 1.00   | 0  | 0   | 0  |
| ANDREW COLEMAN<br>DIRECTOR          | 1.00   | 0  | 0   | 0  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

|            |  | Yes | No       |
|------------|--|-----|----------|
| <b>33</b>  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  |     | <b>X</b> |
| <b>34</b>  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | <b>X</b> |
| <b>35a</b> | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   |     | <b>X</b> |
| <b>b</b>   | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |     |          |
| <b>c</b>   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |     | <b>X</b> |
| <b>36</b>  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | <b>X</b> |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>  |     |          |
| <b>b</b>   | Did the organization file <b>Form 1120-POL</b> for this year?  |     | <b>X</b> |
| <b>38a</b> | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |     | <b>X</b> |
| <b>b</b>   | If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>  |     |          |
| <b>39</b>  | Section 501(c)(7) organizations. Enter:  |     |          |
| <b>a</b>   | Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>  |     |          |
| <b>b</b>   | Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>   |     |          |
| <b>40a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>  |     |          |
| <b>b</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     | <b>X</b> |
| <b>c</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>  |     |          |
| <b>d</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>  |     |          |
| <b>e</b>   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |     | <b>X</b> |
| <b>41</b>  | List the states with which a copy of this return is filed <input type="text" value="MI"/>  |     |          |
| <b>42a</b> | The organization's books are in care of <input type="text" value="RENEE SIGNOROTTI"/> Telephone no. <input type="text" value="408-263-9305"/><br><input type="text" value="PO BOX 360789"/> Located at <input type="text" value="MILPITAS"/> CA ZIP + 4 <input type="text" value="95036"/>   |     |          |
| <b>b</b>   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/><br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |     | <b>X</b> |
| <b>c</b>   | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>  |     | <b>X</b> |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>  |     |          |
| <b>44a</b> | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | <b>X</b> |
| <b>b</b>   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | <b>X</b> |
| <b>c</b>   | Did the organization receive any payments for indoor tanning services during the year?   |     | <b>X</b> |
| <b>d</b>   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |          |
| <b>45a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | <b>X</b> |
| <b>b</b>   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |     | <b>X</b> |

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? .....  | <input type="checkbox"/> | <input type="checkbox"/>            |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  **Yes**  **No**

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

|                  |   |                             |
|------------------|---|-----------------------------|
| <b>Sign Here</b> | Signature of officer<br><b>RENEE SIGNOROTTI</b> | Date<br><b>VP CORPORATE</b> |
|                  | Type or print name and title                    |                             |

|                               |  |                                |                         |   |                          |
|-------------------------------|--|--------------------------------|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>KIM L. FREY, CPA</b>                | Preparer's signature           | Date<br><b>07/29/16</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00044632</b> |
|                               | Firm's name ▶ <b>FREY &amp; ASSOCIATES</b>                           | Firm's EIN ▶ <b>47-0909513</b> |                         |   |                          |
|                               | Firm's address ▶ <b>30 UNION AVE STE 220 CAMPBELL, CA 95008-3162</b> | Phone no. <b>408-379-2010</b>  |                         |   |                          |

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.**

Employer identification number  
**27-3625694**

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

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

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....   | <b>14</b> | % |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....   | <b>15</b> | % |
| <b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>   |           |   |
| <b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>  |           |   |
| <b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>    |           |   |
| <b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>   |           |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 17,334   | 7,670    | 17,708   | 11,307   | 9,919    | 63,938    |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 31,384   | 56,413   | 55,843   | 50,521   | 60,886   | 255,047   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   | 48,718   | 64,083   | 73,551   | 61,828   | 70,805   | 318,985   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 318,985   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 48,718   | 64,083   | 73,551   | 61,828   | 70,805   | 318,985   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14       | 16       | 34       | 13       | 11       | 88        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  | 14       | 16       | 34       | 13       | 11       | 88        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 48,732   | 64,099   | 73,585   | 61,841   | 70,816   | 319,073   |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |           |        |
|--|-----------|--------|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 99.97% |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> | 99.93% |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |

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

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

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





**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

**SOCIETY FOR CREATIVE ANACHRONISM -  
MICHIGAN, INC.**

Employer identification number

**27-3625694****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

|                                     |    |        |
|-------------------------------------|----|--------|
| <b>ADVERTISING</b>                  | \$ | 25     |
| <b>BANK SERVICE CHARGES</b>         | \$ | 108    |
| <b>EQUIPMENT RENTAL &amp; MAINT</b> | \$ | 3,681  |
| <b>FOOD</b>                         | \$ | 11,552 |
| <b>SUPPLIES</b>                     | \$ | 7,987  |
| <b>DONATIONS OTHER NONPROFIT</b>    | \$ | 7,869  |
| <b>FEES &amp; HONORARIA</b>         | \$ | 275    |
| <b>TRANSFERS OUT</b>                | \$ | 1,197  |
| <b>NON-INVESTMENT DEPRECIATION</b>  | \$ | 288    |
| <b>TOTAL</b>                        | \$ | 32,982 |

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS****DESCRIPTION****BEG. OF YEAR    END OF YEAR**

|  |    |        |    |        |
|--|----|--------|----|--------|
| <b>ACCOUNTS RECEIVABLE</b>                   | \$ | 2,146  | \$ | 3,810  |
| <b>PREPAID EXPENSES AND DEFERRED CHARGES</b> | \$ | 0      | \$ | 160    |
| <b>EQUIPMENT</b>                             | \$ | 13,097 | \$ | 13,097 |
| <b>LESS ACCUMULATED DEPRECIATION</b>         | \$ | 12,327 | \$ | 12,615 |
| <b>OTHER ASSETS</b>                          | \$ | 800    | \$ | 0      |
| <b>TOTAL</b>                                 | \$ | 3,716  | \$ | 4,452  |

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES****DESCRIPTION****BEG. OF YEAR    END OF YEAR**



Name of the organization

Employer identification number

**SOCIETY FOR CREATIVE ANACHRONISM -**

**27-3625694**

**ACCOUNTS PAYABLE AND ACCRUED EXPENSES** \$ 234 \$ 124

**DEFERRED REVENUE** \$ 0 \$ 263

**FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT**

**EVENTS - LOCAL & REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

### Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

Name(s) shown on return **SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.**

Identifying number  
**27-3625694**

Business or activity to which this form relates

#### INDIRECT DEPRECIATION

#### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000          |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,000,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2014 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12   | ▶ 13                         |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

#### Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

##### Section A

|    |   |                            |     |
|----|---|----------------------------|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2015  | 17                         | 288 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |     |

##### Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a                            | 3-year property                      |  |                     |                |            |                            |
| b                              | 5-year property                      |  |                     |                |            |                            |
| c                              | 7-year property                      |  |                     |                |            |                            |
| d                              | 10-year property                     |  |                     |                |            |                            |
| e                              | 15-year property                     |  |                     |                |            |                            |
| f                              | 20-year property                     |  |                     |                |            |                            |
| g                              | 25-year property                     |  | 25 yrs.             |                | S/L        |                            |
| h                              | Residential rental property          |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i                              | Nonresidential real property         |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

##### Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

|     |            |  |         |    |     |  |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life |  |         |    | S/L |  |
| b   | 12-year    |  | 12 yrs. |    | S/L |  |
| c   | 40-year    |  | 40 yrs. | MM | S/L |  |

#### Part IV Summary (See instructions.)

|    |   |    |     |
|----|---|----|-----|
| 21 | Listed property. Enter amount from line 28  | 21 |     |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 288 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |     |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

27-3625694

**Federal Asset Report**

FYE: 12/31/2015

**Form 990, Page 1**

| Asset               | Description                             | Date<br>In Service | Cost          | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior         | Current    |
|---------------------|---|--------------------|---------------|----------|------------------|-------------------|--------------|---------------|------------|
| <b>Prior MACRS:</b> |   |                    |               |          |                  |                   |              |               |            |
| 2                   | Backdrop                                | 6/15/87            | 200           |          |                  | 200               | 7 HY 200DB   | 200           | 0          |
| 3                   | Pavillion                               | 6/15/89            | 993           |          |                  | 993               | 7 HY 200DB   | 993           | 0          |
| 4                   | Sun Shade                               | 6/15/10            | 500           |          | X                | 250               | 7 HY 200DB   | 388           | 45         |
| 5                   | Pennsic Gate                            | 6/15/02            | 1,484         |          | X                | 1,039             | 7 HY 200DB   | 1,484         | 0          |
| 6                   | Trailer                                 | 6/15/99            | 1,535         |          |                  | 1,535             | 7 HY 200DB   | 1,535         | 0          |
| 7                   | Pavillion                               | 6/15/98            | 2,420         |          |                  | 2,420             | 7 HY 200DB   | 2,420         | 0          |
| 8                   | Trailer                                 | 6/15/09            | 2,499         |          | X                | 1,249             | 5 HY 200DB   | 2,499         | 0          |
| 9                   | Pavillion                               | 6/15/04            | 1,201         |          | X                | 600               | 7 HY 200DB   | 1,201         | 0          |
| 10                  | Trailer                                 | 6/15/10            | 1,315         |          | X                | 657               | 5 HY 200DB   | 1,239         | 76         |
| 11                  | Tent                                    | 6/15/13            | 950           |          | X                | 582               | 7 HY 200DB   | 368           | 167        |
|                     |   |                    | <u>13,097</u> |          |                  | <u>9,525</u>      |              | <u>12,327</u> | <u>288</u> |
|                     | <b>Grand Totals</b>                     |                    | 13,097        |          |                  | 9,525             |              | 12,327        | 288        |
|                     | <b>Less: Dispositions and Transfers</b> |                    | 0             |          |                  | 0                 |              | 0             | 0          |
|                     | <b>Less: Start-up/Org Expense</b>       |                    | 0             |          |                  | 0                 |              | 0             | 0          |
|                     | <b>Net Grand Totals</b>                 |                    | <u>13,097</u> |          |                  | <u>9,525</u>      |              | <u>12,327</u> | <u>288</u> |

27-3625694

**MI Asset Report**

FYE: 12/31/2015

**Form 990, Page 1**

| Asset               | Description                       | Date<br>In Service | Cost          | Basis<br>for Depr | MI<br>Prior   | MI<br>Current | Federal<br>Current | Difference<br>Fed - MI |
|---------------------|-----------------------------------|--------------------|---------------|-------------------|---------------|---------------|--------------------|------------------------|
| <b>Prior MACRS:</b> |                                   |                    |               |                   |               |               |                    |                        |
| 2                   | Backdrop                          | 6/15/87            | 200           | 200               | 200           | 0             | 0                  | 0                      |
| 3                   | Pavillion                         | 6/15/89            | 993           | 993               | 993           | 0             | 0                  | 0                      |
| 4                   | Sun Shade                         | 6/15/10            | 500           | 500               | 388           | 45            | 45                 | 0                      |
| 5                   | Pennsic Gate                      | 6/15/02            | 1,484         | 1,039             | 1,484         | 0             | 0                  | 0                      |
| 6                   | Trailer                           | 6/15/99            | 1,535         | 1,535             | 1,535         | 0             | 0                  | 0                      |
| 7                   | Pavillion                         | 6/15/98            | 2,420         | 2,420             | 2,420         | 0             | 0                  | 0                      |
| 8                   | Trailer                           | 6/15/09            | 2,499         | 2,499             | 2,499         | 0             | 0                  | 0                      |
| 9                   | Pavillion                         | 6/15/04            | 1,201         | 600               | 1,201         | 0             | 0                  | 0                      |
| 10                  | Trailer                           | 6/15/10            | 1,315         | 1,315             | 1,239         | 76            | 76                 | 0                      |
| 11                  | Tent                              | 6/15/13            | 950           | 950               | 368           | 167           | 167                | 0                      |
|                     |                                   |                    | <u>13,097</u> | <u>12,051</u>     | <u>12,327</u> | <u>288</u>    | <u>288</u>         | <u>0</u>               |
|                     | <b>Grand Totals</b>               |                    | 13,097        | 12,051            | 12,327        | 288           | 288                | 0                      |
|                     | <b>Less: Dispositions</b>         |                    | 0             | 0                 | 0             | 0             | 0                  | 0                      |
|                     | <b>Less: Start-up/Org Expense</b> |                    | 0             | 0                 | 0             | 0             | 0                  | 0                      |
|                     | <b>Net Grand Totals</b>           |                    | <u>13,097</u> | <u>12,051</u>     | <u>12,327</u> | <u>288</u>    | <u>288</u>         | <u>0</u>               |

27-3625694

**AMT Asset Report**

FYE: 12/31/2015

**Form 990, Page 1**

| Asset               | Description                             | Date<br>In Service | Cost          | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior         | Current    |
|---------------------|---|--------------------|---------------|----------|------------------|-------------------|--------------|---------------|------------|
| <b>Prior MACRS:</b> |   |                    |               |          |                  |                   |              |               |            |
| 2                   | Backdrop                                | 6/15/87            | 200           |          |                  | 200               | 10 HY 150DB  | 200           | 0          |
| 3                   | Pavillion                               | 6/15/89            | 993           |          |                  | 993               | 10 HY 150DB  | 993           | 0          |
| 4                   | Sun Shade                               | 6/15/10            | 500           |          | X                | 250               | 7 HY 200DB   | 444           | 23         |
| 5                   | Pennsic Gate                            | 6/15/02            | 1,484         |          | X                | 1,039             | 7 HY 200DB   | 1,484         | 0          |
| 6                   | Trailer                                 | 6/15/99            | 1,535         |          |                  | 1,535             | 7 HY 150DB   | 1,535         | 0          |
| 7                   | Pavillion                               | 6/15/98            | 2,420         |          |                  | 2,420             | 10 HY 150DB  | 2,420         | 0          |
| 8                   | Trailer                                 | 6/15/09            | 2,499         |          | X                | 1,249             | 5 HY 200DB   | 2,499         | 0          |
| 9                   | Pavillion                               | 6/15/04            | 1,201         |          | X                | 600               | 7 HY 200DB   | 1,201         | 0          |
| 10                  | Trailer                                 | 6/15/10            | 1,315         |          | X                | 657               | 5 HY 200DB   | 1,277         | 38         |
| 11                  | Tent                                    | 6/15/13            | 950           |          | X                | 475               | 7 HY 200DB   | 659           | 83         |
|                     |   |                    | <u>13,097</u> |          |                  | <u>9,418</u>      |              | <u>12,712</u> | <u>144</u> |
|                     | <b>Grand Totals</b>                     |                    | 13,097        |          |                  | 9,418             |              | 12,712        | 144        |
|                     | <b>Less: Dispositions and Transfers</b> |                    | <u>0</u>      |          |                  | <u>0</u>          |              | <u>0</u>      | <u>0</u>   |
|                     | <b>Net Grand Totals</b>                 |                    | <u>13,097</u> |          |                  | <u>9,418</u>      |              | <u>12,712</u> | <u>144</u> |

27-3625694

**Bonus Depreciation Report**

FYE: 12/31/2015

| Asset                             | Property Description    | Date In Service | Tax Cost     | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus  | Tax - Basis for Depr |
|-----------------------------------|-------------------------|-----------------|--------------|---------|-----------------|---------------|--------------|----------------------|
| <b>Activity: Form 990, Page 1</b> |                         |                 |              |         |                 |               |              |                      |
| 4                                 | Sun Shade               | 6/15/10         | 500          |         | 0               | 0             | 250          | 250                  |
| 5                                 | Pennsic Gate            | 6/15/02         | 1,484        |         | 0               | 0             | 445          | 1,039                |
| 8                                 | Trailer                 | 6/15/09         | 2,499        |         | 0               | 0             | 1,250        | 1,249                |
| 9                                 | Pavillion               | 6/15/04         | 1,201        |         | 0               | 0             | 601          | 600                  |
| 10                                | Trailer                 | 6/15/10         | 1,315        |         | 0               | 0             | 658          | 657                  |
| 11                                | Tent                    | 6/15/13         | 950          |         | 0               | 0             | 368          | 582                  |
|                                   | <b>Form 990, Page 1</b> |                 | <u>7,949</u> |         | <u>0</u>        | <u>0</u>      | <u>3,572</u> | <u>4,377</u>         |
|                                   | <b>Grand Total</b>      |                 | <u>7,949</u> |         | <u>0</u>        | <u>0</u>      | <u>3,572</u> | <u>4,377</u>         |

Frey & Associates  
30 Union Ave Ste 220  
Campbell, CA 95008-3162

SOCIETY FOR CREATIVE ANACHRONISM -  
MICHIGAN, INC.  
PO BOX 360789  
MILPITAS, CA 95036



## Michigan Return Summary

For calendar year 2015, or tax year beginning , and ending

**SOCIETY FOR CREATIVE ANACHRONISM - 27-3625694  
MICHIGAN, INC.**

**Forms being filed:**

Initial solicitation registration  
Renewal solicitation registration **X**  
Request for exemption  
Charitable trust registration  
Charitable trust inventory  
Submitting financial accounting only  
Dissolution questionnaire

**Attorney General file number (if applicable)45006**



### RENEWAL SOLICITATION FORM

|   |   |                      |
|---|---|----------------------|
| Full legal name of organization<br><b>SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.</b> |   |                      |
| All other names under which you intend to solicit   |   |                      |
| Attorney General File Number<br><b>45006</b>  | Telephone number<br><b>408-263-9305</b> | Fax number           |
| Employer Identification No. (EIN)<br><b>27-3625694</b>                                      | Organization email address              | Organization website |

All items must be answered. Provide additional sheets if necessary. If you have questions, see the instructions.

1. Organization addresses –

A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records.

PO BOX 360789 MILPITAS CA 95036

B. Organization mailing address, if different.

C. Provide the address of all other offices in Michigan.

2. Has there been any change in the organization's purposes? .....  Yes  No  
If yes, summarize organization's current purposes below in 50 words or less. This summary appears on our website.

3. You **must** designate a resident agent located in Michigan authorized to receive official mail sent to your organization.

Name NATIONAL REGISTERED AGENTS, INC.  
712 ABBOT ROAD  
Address (Michigan street address, not PO box) EAST LANSING MI 48823

4. Methods of solicitation. Check all that apply.

- Mail       Personal contact       Special events       Other (specify) SPECIAL EVENTS
- Telephone       Radio / television       Newspaper/magazines       None (explain) \_\_\_\_\_
- Internet       Email

5. Has there been a change in the organization's tax status with the IRS since your last filing? .....  Yes  No  
If yes, explain and document.

**SOCIETY FOR CREATIVE ANACHRONISM - 27-3625694**

6. List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the person is an officer, director, or both. Provide an additional sheet if necessary.

| Name | Officer | Director | Name | Officer | Director |
|------|---------|----------|------|---------|----------|
|      |         |          |      |         |          |
|      |         |          |      |         |          |
|      |         |          |      |         |          |
|      |         |          |      |         |          |
|      |         |          |      |         |          |

7. Is there any officer or director who cannot be reached at the organization's mailing address? .....  Yes  No  
 If "yes," provide the names and addresses on an additional sheet.

8. Since your last registration form, has the organization or any of its officers, directors, employees or fundraisers:
- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? .....  Yes  No
  - B. Had its solicitation registration or license denied or revoked by any jurisdiction? .....  Yes  No
  - C. Been the subject of a proceeding regarding any license, registration, or solicitation? .....  Yes  No
  - D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? .....  Yes  No

If any "yes" box is checked, provide a complete explanation on a separate sheet.

9. Has the organization engaged a professional fundraiser or fundraising consultant for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? .....  Yes  No  
 If no, go to question 10.

Under Michigan law, fundraising consultants are considered professional fundraisers (PFRs). See instructions for definition.

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.

**Contract types:** A – Consulting – See instructions for definition  
 B – Solicitation / Event

Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.

| Name | Mailing address | Sum of all payments to / retained by PFR during year reported | Is contract in effect now (as you complete the form)?    | If no, enter date contract ended | Contract Type  |
|------|-----------------|---|--|----------------------------------|--|
|      |                 |   | y <input type="checkbox"/><br>n <input type="checkbox"/> | End date:                        | A <input type="checkbox"/><br>B <input type="checkbox"/> |
|      |                 |   | y <input type="checkbox"/><br>n <input type="checkbox"/> | End date:                        | A <input type="checkbox"/><br>B <input type="checkbox"/> |
|      |                 |   | y <input type="checkbox"/><br>n <input type="checkbox"/> | End date:                        | A <input type="checkbox"/><br>B <input type="checkbox"/> |

**SOCIETY FOR CREATIVE ANACHRONISM - 27-3625694**

10. All organizations must report on their most recently completed financial accounting period.

Check the box to indicate the type of return filed with the IRS and follow the instructions:

- Form 990 or 990-EZ** - Provide a copy of the return. Do not include Schedule B. Go to item 13 below.
- Form 990-PF** - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program in the space below. Complete item 11 and go to 13.

Total program services expense: \$ \_\_\_\_\_

If your organization does not file the above returns with the IRS, check the appropriate box below to explain the reason, and follow the instructions:

- Files Form 990-N.** Complete 11 and 12 below, then go to 14.
- Included in IRS group return.** Provide a copy of the group return. Complete 11 and 12 below.
- Other reason.** Explain: \_\_\_\_\_  
Complete 11 and 12 below.

11. Briefly describe your charitable accomplishments during the period. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Complete this section only if directed to in item 10 because your organization does not complete a Form 990, 990-EZ, or 990-PF. Complete all lines of the following schedules. You must enter the end date of the accounting period being reported. Enter "0" or "none" where appropriate or if you had no financial activity in the period.

Enter the end date of the financial accounting period reported below: \_\_\_\_\_

| Revenue |  |  |
|---------|--|--|
| A       | Contributions and fundraising received |  |
| B       | All other revenue                      |  |
| C       | Total revenue (add lines A and B)      |  |

| Expenses |  |  |
|----------|--|--|
| D        | Charitable program services expense          |  |
| E        | All remaining expenses (supporting services) |  |
| F        | Total expense (Sum of lines D and E)         |  |

|   |   |  |
|---|---|--|
| G | Revenue less expenses (subtract line F from line C) |  |
|---|---|--|

| Balance Sheet |  |  |
|---------------|--|--|
| H             | Total assets at end of fiscal period     |  |
| I             | Liabilities at end of fiscal period      |  |
| J             | Net assets (subtract line I from line H) |  |

**SOCIETY FOR CREATIVE ANACHRONISM - 27-3625694****13. Audited or reviewed financial statements requirement**

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

|    | <b>Item</b>                                | <b>Where to Find it:</b>  | <b>Amount</b> |
|----|--|---|---------------|
| A. | Contributions from IRS return              | Form 990: Part VIII, line 1h;<br>Form 990-EZ: line 1;<br>Form 990-PF: line 1                      | <b>9,919</b>  |
| B. | Net income from special fundraising events | Form 990: Part VIII, line 8c;<br>Form 990-EZ: line 6d   |               |
| C. | Net income from gaming activities          | Form 990: Part VIII, line 9c  |               |
| D. | Total contributions and fundraising        | Add lines A, B, and C   | <b>9,919</b>  |
| E. | Governmental grants                        | Form 990: Part VIII, line 1e;<br>Form 990-EZ: enter governmental grants included above on line A. |               |
| F. |  | Subtract line E from line D   | <b>9,919</b>  |

After completing the schedule:

- If line F is \$525,000 or more, audited financial statements are required. They must be audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles.
- If line F is greater than \$275,000, but not greater than \$525,000, financial statements either reviewed or audited by a certified public accountant are required.

14. Do you have chapters in Michigan that are to be included in the solicitation registration?

Yes

No

Tip: If you have offices in Michigan with no separate reporting or filing requirements, answer "no."

If yes, provide the following:

- a listing of the names and addresses of all Michigan chapters to be included
- a financial report for each chapter (see instructions)
- a copy of your organization's IRS group return (if applicable)

Note – if you have chapters but have not previously informed us of your intent to include them, see the instructions.

15. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Type or print name (must be legible): **RENEE SIGNOROTTI**

Title: **VP CORPORATE**

Date: \_\_\_\_\_

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

**SOCIETY FOR CREATIVE ANACHRONISM - 27-3625694**  
**CHECKLIST:**

- Have all parts of the form been fully completed unless instructed otherwise?
- Have you provided the name and Michigan street address of a resident agent in item 3?
- Is a list of the officers and directors provided or included with the IRS return?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
- If you file Form 990-PF, did you complete item 11?
- If you file Form 990-N, did you complete items 11 and 12?
- If audited or reviewed financial statements are required, are they provided? If not, have you requested a conditional registration or one-time waiver? (See instructions.)
- Are the Form 990 and financial statements prepared for the same reporting period?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- Have you typed or printed your name, date, and title in Item 15 to certify the form?

| <b>Return the completed registration form by:</b> |  |
|---|--|
| Email (preferred method)                          | ct_email@michigan.gov  |
| Mail  | Attorney General<br>Charitable Trust Section<br>PO Box 30214<br>Lansing, MI 48909                    |
| Overnight mail                                    | Attorney General-CT Section<br>525 West Ottawa<br>Williams Building - 1st Floor<br>Lansing, MI 48933 |
| Fax   | (517)241-7074  |

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  
**2015**  
Open to Public 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](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

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

**C** Name of organization  
**SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.**

**D** Employer identification number  
**27-3625694**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 360789**

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

City or town, state or province, country, and ZIP or foreign postal code  
**MILPITAS CA 95036**

**F** Group Exemption Number ▶ **5802**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ **N/A**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c)( ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **70,816**

| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)   |  | Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> |               |
|---|--|---|---------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  | <b>9,919</b>  |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  | <b>60,886</b> |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>  |               |
|   | <b>4</b> Investment income   | <b>4</b>  | <b>11</b>     |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b>   |               |
|   | <b>b</b> Less: cost or other basis and sales expenses  | <b>5b</b>   |               |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b>   |               |
|   | <b>6</b> Gaming and fundraising events   |   |               |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b>   |               |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>  |   |               |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | <b>6c</b>  |   |               |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b>  |   |               |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>  |   |               |
| <b>b</b> Less: cost of goods sold   | <b>7b</b>  |   |               |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b>  |   |               |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>   |   |               |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>   | <b>70,816</b>   |               |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b>   |               |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b>   |               |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b>   |               |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b>   |               |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b>   | <b>33,853</b> |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b>   | <b>959</b>    |
|   | <b>16</b> Other expenses (describe in Schedule O)  | <b>16</b>   | <b>32,982</b> |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>  | <b>67,794</b>   |               |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b>   | <b>3,022</b>  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b>   | <b>95,289</b> |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b>   |               |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b>   | <b>98,311</b> |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 91,807                | 22 | 94,246          |
| 23 Land and buildings  | 0                     | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 3,716                 | 24 | 4,452           |
| 25 Total assets  | 95,523                | 25 | 98,698          |
| 26 Total liabilities (describe in Schedule O)                                  | 234                   | 26 | 387             |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 95,289                | 27 | 98,311          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
**RECREATION & STUDY OF MEDIEVAL & RENAISSANCE HISTORY**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|   |     |  |        |
|---|-----|--|--------|
| 28 <b>EVENTS - LOCAL &amp; REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC PRACTICING &amp; DEMONSTRATING ARTS &amp; CRAFTS OF THE PERIOD.</b> |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 28a |  | 62,722 |
| 29  |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 29a |  |        |
| 30  |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 30a |  |        |
| 31 Other program services (describe in Schedule O)  |     |  |        |
| (Grants\$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a |  |        |
| 32 Total program service expenses (add lines 28a through 31a)   | 32  |  | 62,722 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

| (a) Name and title                  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| JOHN FULTON<br>PRESIDENT            | 1.00   | 0  | 0   | 0  |
| RENEE SIGNOROTTI<br>VP CORPORATE    | 1.00   | 0  | 0   | 0  |
| THERESE HOFHEINS<br>TREASURER       | 1.00   | 0  | 0   | 0  |
| ANTHONY J PONGRATZ<br>VP OPERATIONS | 1.00   | 0  | 0   | 0  |
| MICHELE MARTINES<br>DIRECTOR        | 1.00   | 0  | 0   | 0  |
| DR SCOTT BERK<br>DIRECTOR           | 1.00   | 0  | 0   | 0  |
| DAVID KEEN<br>DIRECTOR              | 1.00   | 0  | 0   | 0  |
| PAUL LANCASTER<br>CHAIRMAN          | 1.00   | 0  | 0   | 0  |
| ARTHUR DONADIO<br>DIRECTOR          | 1.00   | 0  | 0   | 0  |
| RICHARD SHERMAN<br>DIRECTOR         | 1.00   | 0  | 0   | 0  |
| ANDREW COLEMAN<br>DIRECTOR          | 1.00   | 0  | 0   | 0  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

|            |  | Yes | No        |
|------------|--|-----|-----------|
| <b>33</b>  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  |     | <b>X</b>  |
| <b>34</b>  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   |     | <b>X</b>  |
| <b>35a</b> | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   |     | <b>X</b>  |
| <b>b</b>   | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |     |           |
| <b>c</b>   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |     | <b>X</b>  |
| <b>36</b>  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  |     | <b>X</b>  |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions   |     |           |
| <b>b</b>   | Did the organization file <b>Form 1120-POL</b> for this year?  |     | <b>X</b>  |
| <b>38a</b> | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |     | <b>X</b>  |
| <b>b</b>   | If "Yes," complete Schedule L, Part II and enter the total amount involved   |     |           |
| <b>39</b>  | Section 501(c)(7) organizations. Enter:  |     |           |
| <b>a</b>   | Initiation fees and capital contributions included on line 9   |     |           |
| <b>b</b>   | Gross receipts, included on line 9, for public use of club facilities  |     |           |
| <b>40a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955   |     |           |
| <b>b</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     | <b>X</b>  |
| <b>c</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     |           |
| <b>d</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |     |           |
| <b>e</b>   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |     | <b>X</b>  |
| <b>41</b>  | List the states with which a copy of this return is filed  |     | <b>MI</b> |
| <b>42a</b> | The organization's books are in care of <b>RENEE SIGNOROTTI</b> Telephone no. <b>408-263-9305</b><br>PO BOX 360789<br>Located at <b>MILPITAS</b> CA ZIP + 4 <b>95036</b>   |     |           |
| <b>b</b>   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country:<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |     | <b>X</b>  |
| <b>c</b>   | At any time during the calendar year, did the organization maintain an office outside the U.S.?<br>If "Yes," enter the name of the foreign country:  |     | <b>X</b>  |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year   |     | <b>43</b> |
| <b>44a</b> | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | <b>X</b>  |
| <b>b</b>   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | <b>X</b>  |
| <b>c</b>   | Did the organization receive any payments for indoor tanning services during the year?   |     | <b>X</b>  |
| <b>d</b>   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |           |
| <b>45a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | <b>X</b>  |
| <b>b</b>   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |     | <b>X</b>  |



|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>Yes</b>               | <b>No</b>                           |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? .....  | <input type="checkbox"/> | <input type="checkbox"/>            |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  **Yes**  **No**

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

|                  |   |                             |
|------------------|---|-----------------------------|
| <b>Sign Here</b> | Signature of officer<br><b>RENEE SIGNOROTTI</b> | Date<br><b>VP CORPORATE</b> |
|                  | Type or print name and title                    |                             |

|                               |  |                                |                         |   |                          |
|-------------------------------|--|--------------------------------|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>KIM L. FREY, CPA</b>                    | Preparer's signature           | Date<br><b>07/29/16</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00044632</b> |
|                               | Firm's name ▶ <b>FREY &amp; ASSOCIATES</b>                               | Firm's EIN ▶ <b>47-0909513</b> |                         |   |                          |
|                               | Firm's address ▶ <b>30 UNION AVE STE 220<br/>CAMPBELL, CA 95008-3162</b> | Phone no. <b>408-379-2010</b>  |                         |   |                          |

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

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **SOCIETY FOR CREATIVE ANACHRONISM - MICHIGAN, INC.**

Employer identification number  
**27-3625694**

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |

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

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ..... | <b>14</b> | % |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....                       | <b>15</b> | % |

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 17,334   | 7,670    | 17,708   | 11,307   | 9,919    | 63,938    |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 31,384   | 56,413   | 55,843   | 50,521   | 60,886   | 255,047   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   | 48,718   | 64,083   | 73,551   | 61,828   | 70,805   | 318,985   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 318,985   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 48,718   | 64,083   | 73,551   | 61,828   | 70,805   | 318,985   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 14       | 16       | 34       | 13       | 11       | 88        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  | 14       | 16       | 34       | 13       | 11       | 88        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 48,732   | 64,099   | 73,585   | 61,841   | 70,816   | 319,073   |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |           |        |
|--|-----------|--------|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 99.97% |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> | 99.93% |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |

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

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

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

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015:  |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013 .....   |                                     |   |  |
| <b>e</b> From 2014 .....   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013 .....  |                                     |   |  |
| <b>d</b> Excess from 2014 .....  |                                     |   |  |
| <b>e</b> Excess from 2015 .....  |                                     |   |  |





**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

**SOCIETY FOR CREATIVE ANACHRONISM -  
MICHIGAN, INC.**

Employer identification number

**27-3625694****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

|                                     |           |               |
|-------------------------------------|-----------|---------------|
| <b>ADVERTISING</b>                  | \$        | <b>25</b>     |
| <b>BANK SERVICE CHARGES</b>         | \$        | <b>108</b>    |
| <b>EQUIPMENT RENTAL &amp; MAINT</b> | \$        | <b>3,681</b>  |
| <b>FOOD</b>                         | \$        | <b>11,552</b> |
| <b>SUPPLIES</b>                     | \$        | <b>7,987</b>  |
| <b>DONATIONS OTHER NONPROFIT</b>    | \$        | <b>7,869</b>  |
| <b>FEES &amp; HONORARIA</b>         | \$        | <b>275</b>    |
| <b>TRANSFERS OUT</b>                | \$        | <b>1,197</b>  |
| <b>NON-INVESTMENT DEPRECIATION</b>  | \$        | <b>288</b>    |
| <b>TOTAL</b>                        | <b>\$</b> | <b>32,982</b> |

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS****DESCRIPTION****BEG. OF YEAR    END OF YEAR**

|  |           |               |           |               |
|--|-----------|---------------|-----------|---------------|
| <b>ACCOUNTS RECEIVABLE</b>                   | \$        | <b>2,146</b>  | \$        | <b>3,810</b>  |
| <b>PREPAID EXPENSES AND DEFERRED CHARGES</b> | \$        | <b>0</b>      | \$        | <b>160</b>    |
| <b>EQUIPMENT</b>                             | \$        | <b>13,097</b> | \$        | <b>13,097</b> |
| <b>LESS ACCUMULATED DEPRECIATION</b>         | \$        | <b>12,327</b> | \$        | <b>12,615</b> |
| <b>OTHER ASSETS</b>                          | \$        | <b>800</b>    | \$        | <b>0</b>      |
| <b>TOTAL</b>                                 | <b>\$</b> | <b>3,716</b>  | <b>\$</b> | <b>4,452</b>  |

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES****DESCRIPTION****BEG. OF YEAR    END OF YEAR**

Name of the organization

Employer identification number

**SOCIETY FOR CREATIVE ANACHRONISM -**

**27-3625694**

**ACCOUNTS PAYABLE AND ACCRUED EXPENSES** \$ 234 \$ 124

**DEFERRED REVENUE** \$ 0 \$ 263

**FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT**

**EVENTS - LOCAL & REGIONAL MEETINGS HELD BY MEMBERS OPEN TO THE PUBLIC**