CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

| 1. General Information | n | | | |
|---|---|--|--|---|
| For Fiscal Year Beginning (| | // 2015 and | d Ending (mm/dd/yyyy) | 0 2 / 2 9 / 2 0 1 6 |
| Check if Applicable: | Name of Organization Software Freedom | | | Employer Identification Number (EIN): 4 1 2 2 0 3 6 3 2 |
| Name Change | Mailing Address: | | | NY Registration Number: |
| Initial Filing | 137 MONTAGUE S | T STE 380 | | 4 0 - 3 9 - 0 9 |
| Final Filing | City / State / Zip: | | | Telephone: |
| Amended Filing | BROOKLYN, NY 1 | 1201-3548 | | +1-212-461-3245 |
| Reg ID Pending | Website: https://sfconserva | ncy.org | | Email: info@sfconservancy.org |
| Check your organization's registration category: | 7A only EP | TL only 🗙 DUAL (7A & | | Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com.</u> |
| 2. Certification | | | | |
| See instructions for certification r | requirements. Imprope | er certification is a violatior | n of law that may be subject | to penalties. |
| | | | ng all attachments, and to th vs of the State of New York aj | e best of our knowledge and belief, pplicable to this report. |
| President or Authorized Officer | BRN | Bradl | ey M. Kuhn, President | 13 Jan 2017 |
| | Signature | | Print Name a | nd Title Date |
| Chief Financial Officer or Treasu | | Marti | n Michlmayr, Treasurer | 13 Jan 2017 |
| 3. Annual Reporting E | Signature | | Print Name a | nd Title Date |
| Check the exemption(s) that app categories (DUAL filers) that appl attachments are required. If you attachments and pay applicable <u>3a. 7A filing exemption</u> <u>and</u> the organization di Or the organization qua- <u>3b. EPTL filing exemption</u> fiscal year. | ly to your filing. If your ly to your registration, of cannot claim an exemp fees. It Total contributions fro id not engage a profest alifies for another 7A ex on: Gross receipts did r | complete only parts 1, 2, ar ption or are a DUAL filer th om NY State including resi sional fund raiser (PFR) or f comption (see instructions) | nd 3, and submit the certific at claims only one exempti dents, foundations, governi und raising counsel (FRC) to). | tegory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or additional on, you must file applicable schedules and ment agencies, etc. did not exceed \$25,000 o solicit contributions during the fiscal year. not exceed \$25,000 at any time during the |
| 4. Schedules and Atta | ichments | | | |
| See the following page for a checklist of schedules and attachments to complete your filing. | fund raising | activity in NY State? If yes | | ng counsel or commercial co-venturer for olete Schedule 4b. |
| 5. Fee | | | | |
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | A filing fee: | EPTL filing fee: | Total fee: \$ _275 | Make a single check or money order payable to: "Department of Law" |

CHAR500 Annual Filing for Charitable Organizations (Updated December 2015)

CHAR500

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on: - IRS From 990 Part I, line 22

- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

| | 000 |
|------|------------|
| Form | JJU |

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

20**15** Open to Public

OMB No. 1545-0047

| Inter | nal Rever | nue Service | Information about Form 990 and its instructions is at www.irs | s.gov/form99 | 0. | Inspection |
|--------------------------------|------------|----------------|--|------------------|-------------------|-----------------------------|
| Α | For the | e 2015 cale | ndar year, or tax year beginning March 1 , 2015, and endi | ng Febr | uary 29 | , 20 16 |
| в | Check if | f applicable: | C Name of organization Software Freedom Conservancy, Inc. | | D Employ | er identification number |
| | Address | s change | Doing business as | | | 41-2203632 |
| | Name c | hange | Number and street (or P.O. box if mail is not delivered to street address) Room/su | uite | E Telepho | ne number |
| | Initial re | turn | 137 MONTAGUE ST S | TE 380 | | 212-461-3245 |
| | Final retu | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | Amende | ed return | BROOKLYN, NY 11201-3548 | | G Gross re | eceipts \$ 1,926,082 |
| | Applicat | tion pending | F Name and address of principal officer: | H(a) Is this a g | roup return for | subordinates? 🗌 Yes 🗹 No |
| | | | KAREN M. SANDLER, Postal address is as in C above. | H(b) Are all | subordinate | s included? 🗌 Yes 🗌 No |
| <u> </u> | Tax-exe | empt status: | ✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 | lf "N | lo," attach a | a list. (see instructions) |
| J | Website | | ps://sfconservancy.org | H(c) Group | exemption | number 🕨 |
| - | | organization: | ✓ Corporation Trust Association Other ► L Year of forma | tion: 2006 | M State | of legal domicile: NY |
| P | art I | Summ | ary | | | |
| | 1 | Briefly de | escribe the organization's mission or most significant activities: Cons | ervancy pron | notes, imp | proves, develops & |
| Se | | defends | Free, Libre and Open Source Software projects & provides a non-profit hor | ne & infrastr | ucture for | them. We directly |
| nan | | handle m | nany key tasks for our projects, which are mostly created by volunteer deve | elopers, impr | oving FLC | OSS for the public good. |
| Governance | 2 | Check th | is box \blacktriangleright if the organization discontinued its operations or disposed | of more tha | n 25% of | its net assets. |
| ĝ | 3 | Number | of voting members of the governing body (Part VI, line 1a) | | 3 | 6 |
| <u>مە</u> | 4 | Number | of independent voting members of the governing body (Part VI, line 1b) | | 4 | 5 |
| Activities & | 5 | Total nur | nber of individuals employed in calendar year 2015 (Part V, line 2a) | | 5 | 4 |
| tivi | 6 | Total nur | nber of volunteers (estimate if necessary) | | 6 | 3,711 |
| Ac | 7a | Total unr | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | b | Net unre | lated business taxable income from Form 990-T, line 34 | | 7b | 0 |
| | | | | Prior Y | ear | Current Year |
| Ð | 8 | Contribu | tions and grants (Part VIII, line 1h) | | 574,189 | 1,780,653 |
| Revenue | 9 | Program | service revenue (Part VIII, line 2g) | | 105,155 | 140,435 |
| eve | 10 | Investme | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | 678 | 1,555 |
| œ | 11 | Other rev | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 793 | 3,439 |
| | 12 | Total reve | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 680,815 | 1,926,082 |
| | 13 | Grants a | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 10,189 | 14,231 |
| | 14 | Benefits | paid to or for members (Part IX, column (A), line 4) | | | |
| ŝ | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 398,892 | 393,040 |
| Expenses | 16a | Professio | onal fundraising fees (Part IX, column (A), line 11e) | | | |
| ĝ | b | Total fun | draising expenses (Part IX, column (D), line 25) ► 51,921 | | | |
| ш | 17 | Other ex | penses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 259,158 | 753,977 |
| | 18 | Total exp | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 668,239 | 1,161,248 |
| | 19 | | less expenses. Subtract line 18 from line 12 | | 12,576 | 764,834 |
| ses er | | | | Beginning of C | urrent Year | End of Year |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | | 1,017,232 | 1,924,887 |
| t As: d Bs | 21 | | ilities (Part X, line 26) | | 121,455 | 264,276 |
| P ^u | 22 | | ts or fund balances. Subtract line 21 from line 20 | | 895,777 | 1,660,611 |
| D | art II | | ture Block | | | |

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

| | Buskley / Mul- | | 13 | 13 January 2017 | | | | |
|--------------------------------------|---------------------------------------|---------------------------------|------|------------------------|------|------------|--|--|
| Sign | Signature of officer | | Date | | | | | |
| Here | Bradley M. Kuhn, President | | | | | | | |
| | Type or print name and title | | | | | | | |
| Paid Preparer | Print/Type preparer's name | Date | | Check if self-employed | PTIN | | | |
| Here Paid Preparer Use Only | Firm's name | Firm's name | | | | | | |
| | Firm's address ► | Phone no. | | | | | | |
| May the IRS | discuss this return with the preparer | shown above? (see instructions) | | | | 🗌 Yes 🗌 No | | |
| | | | | | | - 000 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2015) | Page 2 |
|------|--|---|
| Part | | |
| 1 | Check if Schedule O contains a response or note to any line in this F Briefly describe the organization's mission: | Part III |
| I | | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the y prior Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in | how it conducts, any program |
| | services? | · · · · · · · · · · 🗌 Yes 🗌 No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repo | |
| | the total expenses, and revenue, if any, for each program service reported. | it the amount of grants and anocations to others, |
| | | |
| 4a | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |
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| 4c | (Code:) (Expenses \$including grants of \$ |) (Revenue \$ |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue | \$) |
| 4e | Total program service expenses 🕨 | |

| | 0 (2015) | | F | Page 3 |
|------------|---|------------|-----|--------|
| Part | V Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | |
| 2 3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 2 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> | | | |
| a b | <i>complete Schedule D, Part VI</i> | 11a | | |
| c | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | | |
| d | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | | |
| | reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . | 11f | | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 14 a | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | | |
| | | | | |

Form **990** (2015)

| Form 99 | 0 (2015) | | F | Page 4 |
|----------|--|------------|--------------|---------------|
| Part | V Checklist of Required Schedules (continued) | | | |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | Yes | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . | 23 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 24d 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 29 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | | |
| | | For | n aan | (2015) |

Form **990** (2015)

| Form 99 | 0 (2015) | | 1 | Page 5 |
|----------|---|----------|-----|--------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | | 4a | | |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| _ | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7. | | |
| h | If "Yes," indicate the number of Forms 8282 filed during the year | 7c | | |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 70 | | |
| f | Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | / 11 | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1.5 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| - | | | | |
| C 140 | Enter the amount of reserves on hand | 14- | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | L | |

| Form 99 | 90 (2015) | | I | Page 6 |
|-------------------|--|-------------------|--------------|--------|
| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | See ins | struct | ions. |
| 0 | Check if Schedule O contains a response or note to any line in this Part VI | | | . 🗌 |
| Secti | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | 163 | |
| Ĩŭ | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b 2 | Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? | 4 5 6 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | 9 | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reve | nue C | 000.) Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 103 | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | |
| b | Other officers or key employees of the organization | 15b | | |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| Secti | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectionavailable for public inspection. Indicate how you made these available. Check all that apply. | on 501(| c)(3)s | only) |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |

| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and |
|----|---|
| | financial statements available to the public during the tax year. |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| | | (C) | | | | | | | | |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an ee) | | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) | | , , , | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trus | tees, Key E | mploy | yees | s, ar | nd H | lighes | st C | ompensated E | mployees (contir | nued) | | 9 |
|---------|--|-----------------------------|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|---------------------------|------------|------------------|----|
| | | | | | • | C) | | | | | | | |
| | (A) | (B) | 3) Position (D) (E) | | | | | | | | (1 | F) | |
| | Name and title | Average | box, | unles | s pe | erson | is both | n an | Reportable | Reportable | | nated | |
| | | hours per week (list any | | er and | | lirect | or/trust | · · · | compensation from | compensation from related | | unt of ner | |
| | | hours for | Individual trustee or director | Insti | Officer | Key | High | Former | the | organizations | compe | nsatior | n |
| | | related organizations | irec | Institutional trustee | Cer | Key employee | loye | ner | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | n the ization | |
| | | below dotted | tor al tr | onal | | ploy | e on | | (11 2) 1000 11100) | | | elated | |
| | | line) | uste | trus | | ee | Ipen | | | | organi | zations | 6 |
| | | | ð | stee | | | Highest compensated employee | | | | | | |
| (15) | | | | | | | ã | - | | | | | |
| (13) | | + | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| <u></u> | | | 1 | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (18) | | | - | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (19) | | + | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| <u></u> | | | 1 | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (23) | | | + | | | | | | | | | | |
| (0.4) | | | | | | | | | | | | | |
| (24) | | + | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| () | | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | ► | | | | | |
| С | Total from continuation sheets to Part | VII, Sectio | n A | | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | | | | | |
| 2 | Total number of individuals (including bu | | d to th | iose | e list | ted | above | e) w | ho received m | ore than \$100,00 | 00 of | | |
| | reportable compensation from the organ | ization 🕨 | | | | | | | | | | | |
| • | | (() | | | | | 1 | | | | | Yes | No |
| 3 | Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> | | | | | | | | | | | | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | 3 | _ | |
| 4 | organization and related organizations | | | | | | | | | | | | |
| | individual | | | | | | | | | | 4 | | |
| 5 | Did any person listed on line 1a receive of | | | | | | | | | | | | |
| - | for services rendered to the organization | | | | | | | | | | 5 | | |
| Sectio | on B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | | | | | | | | | | | | |
| | compensation from the organization. Rep | port compe | nsatio | on fo | or th | ne c | alend | lar y | /ear ending wit | h or within the o | rganizatio | n's ta | ax |
| | vear | | | | | | | | | | | | |

| | year. | | |
|---|--|---------------------------------------|----------------------------|
| | (A) Name and business address | (B) Description of services | (C) Compensation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ► | those listed above) who | |
| | received more than \$100,000 of compensation from the organization F | | |

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| Part | t VIII | Statement of Revenue | a ta any lina in thia | | | |
|---|---------|---|-----------------------|--|---|--|
| | | Check if Schedule O contains a response or not | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b | Federated campaigns.1aMembership dues | _ | | | |
| ts, (| С | Fundraising events 1c | | | | |
| ilar İlar | d | Related organizations 1d | | | | |
| ns, Sim | e | Government grants (contributions) 1e | _ | | | |
| utio Ter : | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| <u>đ</u> | | | | | | |
| ind. | g h | Noncash contributions included in lines 1a-1f: \$ | | | | |
| | | | le | | | |
| Program Service Revenue | 2a | | | | | |
| Rev | b | | | | | |
| e | c | | | | | |
| ervi | d | | | | | |
| ۲ ۳ | e | | | | | |
| gra | f | All other program service revenue . | | | | |
| Pro | g | Total. Add lines 2a–2f | • | | 1 | |
| | 3 | Investment income (including dividends, interes | it, | | | |
| | | and other similar amounts) | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | • | | | |
| | 5 | Royalties | • | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6a | Gross rents | | | | |
| | b | Less: rental expenses | | | | |
| | С | Rental income or (loss) | | | | |
| | _d | Net rental income or (loss) | • | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | _ | | | |
| | | assets other than inventory | _ | | | |
| | b | Less: cost or other basis and sales expenses . | | | | |
| | | - | _ | | | |
| | c d | Gain or (loss) | | | | |
| e | | Gross income from fundraising | | | | |
| evenu | oa | events (not including \$ | | | | |
| Other Revenue | | of contributions reported on line 1c). See Part IV, line 18 a | | | | |
| đ | | Less: direct expenses b | | | | |
| | | Net income or (loss) from fundraising events | • | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | | | |
| | | | _ | | | |
| | | Less: direct expenses b Net income or (loss) from gaming activities | | | | |
| | | Gross sales of inventory, less | | | | |
| | IVa | returns and allowances a | | | | |
| | b | Less: cost of goods sold b | - | | | |
| | | Net income or (loss) from sales of inventory | • | | | |
| | | Miscellaneous Revenue Business Cod | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| | | Total. Add lines 11a–11d | • | | | |
| | | Total revenue. See instructions. | • | | | |

| | | | | | Page |
|--|---|-----------------------|------------------------------------|---|--------------------------------|
| | IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con | nolete all columns | All other organization | ns must complete col | ump (A) |
| | Check if Schedule O contains a respon | | | | |
| | t include amounts reported on lines 6b, 7b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | general expenses | expenses |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 11 | Other employee benefits | | | | |
| a b d e f g | Management | | | | |
| 12 13 14 15 16 17 18 | Advertising and promotion | | | | |
| 19 20 21 22 23 | for any federal, state, or local public officials Conferences, conventions, and meetings Interest | | | | |
| 24 a | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| b c d e | All other expenses | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2015)

| Ρ | art X | Balance Sheet | | | |
|-----------------------------|-------|---|--------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Pa | rtX | | 🔲 |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| ţ | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments-publicly traded securities | | 11 | |
| | 12 | Investments-other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16 | |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | | | |
| iab | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 25 26 | |
| | 20 | Organizations that follow SFAS 117 (ASC 958), check here ► □ and | | 20 | |
| ces | | complete lines 27 through 29, and lines 33 and 34. | | | |
| lan | 27 | Unrestricted net assets | | 27 | |
| Ba | 28 | Temporarily restricted net assets | | 28 | |
| pu | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34. | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ţĂ | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Nei | 33 | Total net assets or fund balances | | 33 | |
| _ | 34 | Total liabilities and net assets/fund balances | | 34 | |

Form **990** (2015)

| Dar | XI Reconciliation of Net Assets | | | | age |
|--------|---|-----------|--------------|----------|-------|
| r al l | Check if Schedule O contains a response or note to any line in this Part XI | | | | Г |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u>· · ·</u> | <u> </u> | · _ L |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | | |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | piled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | untant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | kplain in | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | |
| | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | | |

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.

Department of the Treasury Internal Revenue Service

| Interna | I Revenue Service | Information about | t Schedule A (For | m 990 or 990-EZ) and its | instructio | ns is at wv | vw.irs.gov/form990. | Inspection |
|----------|---|--|--|--|------------------------------------|---------------------------------------|---|---|
| Name | of the organization | | | | | | Employer identification | number |
| Pa | rt I Reason | for Public Cha | rity Status (All | organizations must | comple | te this p | art.) See instructic | ins. |
| The o | | | | s: (For lines 1 through | | | | |
| 1 | - | | | on of churches descri | | - | | |
| 2 | A school des | scribed in section | 170(b)(1)(A)(ii). | (Attach Schedule E (F | orm 990 | or 990-E | Z).) | |
| 3 | | | | anization described i | | | | |
| 4 | A medical re | | on operated in co | onjunction with a hosp | | | | (iii). Enter the |
| 5 | | tion operated for t (b)(1)(A)(iv). (Com | | college or university | owned o | r operate | ed by a government | al unit described in |
| 6 7 | 🗌 An organizat | | receives a subs | mental unit described tantial part of its sup te Part II.) | | | | n the general public |
| 8 | 🗌 A community | y trust described i | n section 170(b) |)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | An organizat receipts fror support fror | tion that normally n activities related n gross investme | receives: (1) mo d to its exempt nt income and | re than 331/3% of its functions—subject to unrelated business 75. See section 509(a | support f certain taxable ii | exception ncome (l | ns, and (2) no more ess section 511 ta | than 331/3% of its |
| 10 | 🗌 An organizat | ion organized and | operated exclusion | sively to test for public | c safety. S | See sect i | ion 509(a)(4). | |
| 11 | An organizat one or more | ion organized and publicly supported | operated exclusi I organizations d | vely for the benefit of, lescribed in section 5 the type of supporting | to perfor 09(a)(1) o | m the fun r section | ctions of, or to carry 509(a)(2). See sect | on 509(a)(3). Check |
| а | the suppor | |) the power to re | supervised, or control egularly appoint or ele ections A and B. | • | | • • • • | |
| b | control or i | management of th | e supporting org | d or controlled in coni ganization vested in th , Sections A and C . | | | | |
| С | | | | ng organization operat s). You must comple | | | | y integrated with, |
| d | that is not | functionally integra | ated. The organi | porting organization o zation generally must mplete Part IV, Secti | satisfy a | distributi | on requirement and | |
| е | | | | written determination onally integrated supp | | | | I, Type III |
| f g | | ber of supported of supported of supported of the support of the s | - | oorted organization(s). | | | | |
| | (i) Name of support | ed organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| <u> </u> | | | | | | | | |

(B)

(C)

(D)

(E)

Total

OMB No. 1545-0047

2015

Open to Public

| Schedu | ıle A (Form 990 or 990-EZ) 2015 | | | | | | | Page 2 |
|--------|--|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|------------------------------|------------------------------|-----------------------------|
| Part | Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to | he box on lin | e 5, 7, or 8 of | Part I or if th | e organizatio | n failed | to qua | |
| Sect | ion A. Public Support | | | , p | | | , | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 20 |)15 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | | |
| | ion B. Total Support | | | 1 | 1 | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 20 |)15 | (f) Total |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | | |
| 13 | First five years. If the Form 990 is for the | • | | | · · · | | | |
| Soot | organization, check this box and stop he ion C. Computation of Public Suppor | | | | | | • • | 🕨 🗋 |
| 14 | Public support percentage for 2015 (line | | | 11 column (fl) | | 14 | | % |
| 15 | Public support percentage from 2014 Scl | | - | | | 15 | | <u>%</u> |
| 16a | 33 ¹ / ₃ % support test – 2015. If the organi box and stop here. The organization qua | zation did not | check the box | on line 13, an | d line 14 is 33 | ¹ /3% or m | | eck this |
| b | 33 ¹ / ₃ % support test—2014. If the organ check this box and stop here. The organ | | | | | e 15 is 3 | | |
| 17a | 10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the "f organization | ets the "facts facts-and-circ | -and-circumsta umstances" te | ances" test, ch st. The organiz | eck this box a ation qualifies | nd stop h as a pub | here. Ex blicly su | plain in |
| b | 10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organization metabolic supported organization | tion meets th neets the "fact | e "facts-and-c ts-and-circums | ircumstances" tances" test. T | test, check t he organizatio | his box a on qualifie | and sto es as a | p here . publicly |
| 18 | Private foundation. If the organization di | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

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.)

| Secti | ion A. Public Support | | | | | , | |
|---------|---|----------------|-----------------|-------------------|----------|------------------|-------------------|
| Calen | idar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| _ | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 6 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| 74 | received from disqualified persons . | | | | | | |
| b | | | | | | | |
| , D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | | | | | |
| | Idar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 4.4 | and 12.) | | n'a first asses | d third formation | | | $\sim 501(a)(0)$ |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | • | | | | | |
| Secti | on C. Computation of Public Suppo | | | | | | ••• |
| 15 | Public support percentage for 2015 (line | - | | 3. column (fl) | | 15 | % |
| 16 | Public support percentage from 2014 Sc | | | | | | <u> </u> |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2015 | | - | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 201 | • | () | • | ()) | | % |
| 19a | 331/3% support tests-2015. If the organ | | | | | | |
| | 17 is not more than $33^{1/3}$ %, check this box | - | - | - | | - | |
| b | 331/3% support tests-2014. If the organized | | | | | | |
| | line 18 is not more than 33 ¹ / ₃ %, check this | - | - | | | • • • | |
| 20 | Private foundation. If the organization d | id not check a | box on line 14 | , 19a, or 19b, o | | | |
| | | | | | Sak | odulo A (Earm 00 | 0 or 990-EZ) 2015 |

Schedule A (Form 990 or 990-EZ) 2015

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 **Part VI**.
- 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 Part VI.*
- **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* **Part VI.**
- **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 Part VI.*
- **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

| Schedu | le A (Form 990 or 990-EZ) 2015 | | F | Page 5 |
|--------|--|-----|-----|--------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |

Section D. All Type III Supporting Organizations

the supported organization(s).

| | | | Yes | NO |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's | | | |

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

or management of the supporting organization was vested in the same persons that controlled or managed

Section E. Type III Functionally-Integrated Supporting Organizations

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

2a

2b

3a

1

3

Vee Ne

Yes No

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.

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

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

| Part | V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|----------|--|--|--|---|
| Secti | ion D - Distributions | <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u> | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of suppo | rted | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic | h the organization is res | ponsive | |
| | (provide details in Part VI). See instructions. | 5 | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2015 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2015, if | | | |
| J | any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 | Excess distributions carryover to 2016 . Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| <u>с</u> | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| u | Excess from 2015 | | | |

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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|---|
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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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Employer identification number

| Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Punds and other accounts 1 Total number at and of year . (b) Door advised funds (b) Punds and other accounts 2 Aggregate value of organization from (dring year) (c) Participation (c) Participatin Partitipatin (c) Participation (c) Participation (c) | Par | | | ds or Accounts. |
|---|----------|---|--|---|
| 1 Total number at end of year. 2 Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? O Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used contering impermissible private benefit? Part II Conservation Easements. Complete if the organization inform assements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 a b 1 Total number of conservation easements are certified historic structure included in (a) and a during the tax year. 3 Number of conservation easements and certified historic structure included in (a) and a during the tax year is a sequence of the organization induced in (a) and a during the tax year is a sequence of a during the part of a during the project or conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is a sequence or and and incore and the conservation easements in constraing, inspecting, handling of violations, and enforcing conservation easements. 2 a low of conservation easements modified, transferred, released, extinguished, or terminated by the organization finanting the y | | Complete if the organization answered ' | | |
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| g Did the organization inform all donors and donor advisors in writing that the assets heid in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | 3 | | | |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets or received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | Part | - | | Other Similar Assets. |
| works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |
| public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | 1a | | | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iv) For exercise of an exercise of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |
| works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | b | | | |
| public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 | D | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 | | | • | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | (ii) Assets included in Form 990. Part X | | ► \$ |
| following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 | 2 | If the organization received or held works of art. | historical treasures, or other similar | assets for financial gain, provide the |
| | | | | |
| | а | Revenue included on Form 990, Part VIII, line 1 . | | ► \$ |
| | b | | | |

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

| Schedu | le D (Form 990) 2015 | | | | | | | Page 2 |
|--------|--|---------------------------|---------------------|-----------|-------------------------|----------|-------------------------|-----------------------|
| Par | v | | | | | | | |
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and of | ther record | ls, chec | k any of th | e follov | wing that are a s | ignificant use of its |
| а | Public exhibition | | d | Loan | or exchang | je prog | rams | |
| b | Scholarly research | | | | - | | | |
| с | Preservation for future generations | i | | | | | | |
| 4 | Provide a description of the organizat XIII. | | and explai | n how tł | hey further | the org | ganization's exen | npt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | ar |
| Par | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | ot |
| b | If "Yes," explain the arrangement in Pa | art XIII and compl | ete the foll | owing ta | able: | | | |
| | | | | | | | Ai | mount |
| С | Beginning balance | | | | | 10 | ; | |
| d | Additions during the year | | | | | 10 | 1 | |
| е | Distributions during the year | | | | | 16 | • | |
| f | Ending balance | | | | | 11 | | |
| 2a | Did the organization include an amour | nt on Form 990, P | art X, line 2 | 21, for e | scrow or cu | ustodia | l account liability | ? 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in Pa | art XIII. Check her | re if the exp | blanatior | n has been | provid | ed on Part XIII . | <u></u> |
| Par | | | | | | | | |
| | Complete if the organization | | 1 | | | | | |
| | _ | (a) Current year | (b) Prior | year | (c) Two year | s back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the | he current year er | nd balance | (line 1g | , column (a |)) held | as: | |
| а | Board designated or quasi-endowmer | nt 🕨 | % | | | | | |
| b | Permanent endowment 🕨 | % | | | | | | |
| С | Temporarily restricted endowment ► | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | | | | | | | |
| 3a | Are there endowment funds not in the | e possession of th | he organiza | ation the | at are held | and ad | ministered for th | e |
| | organization by: | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related or | 0 | | | | | | 3b |
| 4 | Describe in Part XIII the intended uses | - | on's endov | vment fu | unds. | | | |
| Par | t VI Land, Buildings, and Equip | | | | | | | |
| | Complete if the organization | answered "Yes | <u>s" on Form</u> | n 990, F | Part IV, line | e 11a. | See Form 990, | Part X, line 10. |
| | Description of property | (a) Cost or o (investm | | | or other basis ther) | • • • | Accumulated epreciation | (d) Book value |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| с | Leasehold improvements | | | | | | | |
| d | Equipment | | | | | | | |
| e | Other | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) m | nust equal Form 9 | 90, <u>Pa</u> rt X, | column | n (B), line 10 |)c.) . | 🕨 | |

| Schedule D | (Form 990) |) 2015 |
|------------|---------------|--------|
| Concurre B | (1 01111 000) | , _0.0 |

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 🕨 . . . **Other Liabilities.** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(7) (8)

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

| Schedu | e D (Form 990) 2015 | | | | Page 4 |
|--------|---|---------|------------------|--------|---------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | | | Retu | rn. |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial Staten | nents | With Expenses pe | er Ret | turn. |
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 18.) | | 5 | |
| Part | XIII Supplemental Information. | | | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | | |
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| Schedule D (Fo | rm 990) 2015 | Page 5 |
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| Part XIII | Supplemental Information (continued) | |
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| SCHEDULE F (Form 990) | Statement of Activities Outside the United States | OMB No. 1545-0047 |
|--|---|--------------------------------|
| | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16 | |
| | ► Attach to Form 990. | Open to Public |
| Department of the Treasury Internal Revenue Service | ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form99 | |
| Name of the organization | E | Employer identification number |
| | | |
| Part I Genera | I Information on Activities Outside the United States. Complete if the organization | ation answered "Yes" on |
| Form 99 | 0, Part IV, line 14b. | |

| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other | |
|---|--|----|
| | assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the | |
| | grants or assistance? | No |

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| | | | · | • | , | |
|------|--|---|---|--|---|---|
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) | | | | | | |
| (2) | | | | | | |
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| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a | Sub-total | | | | | |
| b | Total from continuation sheets to Part I | | | | | |
| с | Totals (add lines 3a and 3b) | | | | | |

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

Part II

| Part II | Grants | and Other As | ssistance to Orga | anizations or Entiti | ies Outside the | United States. Cor | nplete if the orgar | nization answered "Ye | es" on Form 990, |
|------------|-----------------------------|---|---------------------|--------------------------------|------------------------------------|--|--|---|---|
| | | line 15, for ar | ny recipient who re | eceived more than \$ | \$5,000. Part II ca | n be duplicated if a | | needed. | |
| 1 (| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
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| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 2 by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities 3

Schedule F (Form 990) 2015

Page 2

| Part III can be duplica | ated if additional spa | ce is needed. | | | | | |
|---------------------------------|------------------------|--------------------------|---------------------------------|---------------------------------------|---|---|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | | | | | | | |
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| (18) | | | | | | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2015

Schedule F (Form 990) 201

Part IV

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| e F (Form 990) 2015 | | Page 4 |
|--|-----|--------|
| V Foreign Forms | | |
| Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> . | Yes | 🗌 No |
| Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) . | Yes | 🗌 No |
| Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to | | |

| | Certain Foreign Corporations (see Instructions for Form 5471) | Yes | 🗌 No |
|---|---|-----|------|
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).</i> | _ | □ No |
| | | | |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | 🗌 No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | 🗌 No |

Schedule F (Form 990) 2015

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Ogo-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Freasury Attach to Form 990 or 990-EZ. | | | | | | |
|--|---|--------------------|----------------------------|--|--|--|--|
| Name of the organization | | Employer identific | Inspection ation number | | | | |
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Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

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| Independent Auditor's Report | 1 |
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| Financial Statements | |
| Statement of Financial Position | 2 |
| Statement of Activities | 3 |
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| Statement of Cash Flows | 5 |
| Notes to Financial Statements | 6 - 9 |

Gary S. Eisenkraft Certified Public Accountant

271 Madison Avenue, Suite 1105, New York, N.Y. 10016 Telephone (212) 689-2655 Fax (646) 619-4723 gary@eisenkraftcpa.com

Independent Auditor's Report

To the Board of Directors of Software Freedom Conservancy, Inc.

I have audited the accompanying financial statements of Software Freedom Conservancy, Inc., which comprise the Statement of Financial Position as of February 29, 2016, and the related Statements of Activities, Functional Expenses and Cash Flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Software Freedom Conservancy, Inc., as of February 29, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

I have previously audited Software Freedom Conservancy, Inc.'s, February 28, 2015 financial statements, and I expressed an unmodified audit opinion on those audited financial statements in my audit report dated January 13, 2016. In my opinion, the summarized comparative information presented herein, as of, and for the year ended February 28, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

January 12, 2017

Hail

Software Freedom Conservancy, Inc. Statement of Financial Position February 29, 2016 (With Summarized Financial Information for 2015)

| | э | | | | |
|---|-----------------------------|---|----|--|--|
| | February 29, <u>2016</u> | | F | ⁻ ebruary 28, <u>2015</u> | |
| Assets | | | | | |
| Current Assets Cash Security deposit Prepaid expenses Contributions receivable Total Current Assets | \$ | 1,351,786 600 4,895 567,606 1,924,887 | \$ | 941,817 600 1,554 73,261 1,017,232 | |
| | | | | | |
| Total Assets | \$ | 1,924,887 | \$ | 1,017,232 | |
| Liabilities and Net Assets Liabilities | | | | | |
| Current Liabilities Accounts payable and accrued expenses Unearned income - advance program registration fees Total Current Liabilities | \$ | 50,664 213,612 264,276 | \$ | 58,861 62,594 121,455 | |
| Net Assets | | | | | |
| Net Assets Unrestricted Temporarily restricted Total Net Assets | 3 | 310,860 1,349,751 1,660,611 | | (37,732) 933,509 895,777 | |
| Total Liabilities and Net Assets | \$ | 1,924,887 | \$ | 1,017,232 | |
| | | | | | |

Software Freedom Conservancy, Inc. Statement of Activities For the Year Ended February 29, 2016 (With Summarized Financial Information for 2015)

| | Temporarily <u>Unrestricted</u> <u>Restricted</u> | | | | Total Year Ended ^F ebruary 29, <u>2016</u> | ear Ended bruary 28, <u>2015</u> |
|--|--|----------------|--|----|---|--|
| Support and Revenue | | | | | | |
| Contributions Conference registration fees Honoraria Book royalties Trademark licensing income Interest and currency conversion gains Conference sponsorship income Promotional items sales | - | 50 15 53 | 1,059,037 108,110 - 3,124 - 1,402 17,675 - 1,189,348 | \$ | 1,780,653 108,110 14,650 3,439 - 1,555 17,675 - 1,926,082 | \$ 575,670 95,955 8,050 4,573 2,000 678 675 475 688,076 |
| Net Assets released from restrictions: Satisfaction of program restrictions | 773,1 | 06 | (773,106) | | - | 194 1 |
| Total Support and Revenue | 1,509,8 | 40 | 416,242 | | 1,926,082 | 688,076 |
| Expenses | | | | | | |
| Program services | 968,3 | 63 | - | | 968,363 | 508,919 |
| Supporting services: General and administrative Fund-raising Total Supporting services | 140,9 51,9 192,8 | 21 | - | | 140,964 51,921 192,885 | 148,123 18,458 166,581 |
| Total Expenses | 1,161,2 | 48 | - | | 1,161,248 | 675,500 |
| Change in Net Assets | 348,5 | 92 | 416,242 | | 764,834 | 12,576 |
| Beginning Net Assets | (37,7 | 32) | 933,509 | | 895,777 | 883,201 |
| Ending Net Assets | \$ 310,8 | 60 \$ | 1,349,751 | \$ | 1,660,611 | \$ 895,777 |

See independent auditor's report and accompanying notes to the financial statements.

Software Freedom Conservancy, Inc. Statement of Functional Expenses Year Ended February 29, 2016 (With Summarized Financial Information for 2015)

| | Program Services | Supporting | g Se | rvices | | |
|---|--|--|------|--|---|---|
| | | General and ministrative | Ē | Fund-raising | Total Year Ended February 29, <u>2016</u> | Year Ended ebruary 28, <u>2015</u> |
| Salaries and wages Employee benefits Payroll taxes Internships Bank charges and other fees Copyright license enforcement Technology expenses Office supplies and other Mentoring student software developers Travel, meals and lodging Trademark registration & enforcement Insurance Payroll processing fees Taxes and government assessments Occupancy Membership Grants Bad debt expenses Professional services: Software development and design Accounting and audit Promotional Non-license enforcement legal fees Graphic design | \$ 172,467 55,264 14,264 261,250 14,363 4,847 2,355 5,000 2,229 674 734 233 99 200 45,865 1,212 603 | \$ 77,380 23,279 6,382 10,545 - 6,582 1,824 - 214 - 1,687 292 17 351 350 - - 11,800 261 | \$ | 31,188 10,260 2,556 - - - 3,704 - - 2,991 - - - - - - - - - - - - - - - - - - | \$ 281,035 88,803 23,202 261,250 10,545 14,363 11,429 7,883 5,000 3,205 2,229 1,687 1,073 751 584 449 200 - 45,865 11,800 2,211 960 20 | \$ 287,360 87,658 23,874 4,315 11,042 16,593 1,059 15,250 9,003 3,382 1,687 1,020 234 252 475 200 373 39,994 10,500 1,591 919 3,505 |
| Graphic design | 581,659 | 140,964 | | 51,921 | 774,544 | 520,286 |
| Direct conference expenses: Travel, meals and lodging Venue rental Audio / video Bank charges and other fees Services Materials Registration service fees Badges Honoraria T-shirts Other conference expenses | 253,757 62,060 37,312 7,762 10,340 9,188 66 1,449 1,500 3,270 | | | | 253,757 62,060 37,312 7,762 10,340 9,188 66 1,449 1,500 3,270 | 92,042 34,124 19,579 3,106 2,917 2,741 625 80 |
| Total Expenses | \$ 968,363 | \$ 140,964 | \$ | 51,921 | \$ 1,161,248 | \$ 675,500 |

See independent auditor's report and accompanying notes to the financial statements.

Software Freedom Conservancy, Inc. Statement of Cash Flows For the Year Ended February 29, 2016 (With Summarized Financial Information for 2015)

| | Year Ended February 29, <u>2016</u> | Year Ende February 2 <u>2015</u> | | |
|---|---|--|----------|--|
| Cash Flows from Operating Activities | | | | |
| Change in Net Assets Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities: (Increase) decrease in operating assets: | \$ 764,834 | \$ | 12,576 | |
| Prepaid expenses | (3,341) | | 823 | |
| Contributions receivable | (494,345) | | (2,101) | |
| Security deposit | 0 4 0 | | (600) | |
| Increase (decrease) in operating liabilities: Accounts payable and accrued expenses Unearned income - advance program | (8,197) | | (4,925) | |
| registration fees | 151,018 | | (18,755) | |
| Net cash provided by (used in) operating activities | 409,969 | | (12,982) | |
| | | | | |
| Net Increase (Decrease) in Cash | 409,969 | | (12,982) | |
| Beginning Cash | 941,817 | | 954,799 | |
| Ending Cash | \$ 1,351,786 | \$ | 941,817 | |

Note 1 - Nature of Activities and Summary of Significant Accounting Policies

Nature of Activities

Software Freedom Conservancy, Inc. (the Organization) is a not - for - profit organization that helps promote, improve, develop, and defend Free, Libre, and Open Source Software (FLOSS) projects. Conservancy provides a nonprofit home and infrastructure for FLOSS projects. This allows FLOSS developers to focus on what they do best — writing and improving FLOSS for the general public.

FLOSS projects whose applications are accepted become part of the Organization (akin to a separate department of a large agency). Once joined, the "member project" receives most of the benefits of existing as a non-profit corporate entity without engaging in the arduous work of forming a separate, new organization. The Organization aggregates the work of running a FLOSS non - profit for its many members.

The Organization provides many important services for its member projects. Member projects can take directed donations, which allows donors to earmark their donations for the benefit of a specific FLOSS project. The Organization provides fiscal oversight to ensure that these funds are spent in a manner that advances the project and fits with the Organization's 501(c)(3) mission to promote, advance, and defend software freedom.

If the member project's leaders want, the Organization can also hold other assets and titles on behalf of the projects, such as copyrights, trademarks, domain names, online hosting accounts, and title and ownership of physical hardware. Also at discretion of the project's leaders, the Organization can assist in defending the rights represented in these assets. For example, the Organization is available to assist member projects in enforcing the terms of the projects' FLOSS license.

Finally, developers of the Organization's member projects, when operating in their capacity as project leaders, could receive some protection from personal liability for their work on the project.

Software Freedom Conservancy, Inc., was incorporated in the State of New York in 2006.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Financial Statement Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets represent revenues and expenses related to the operations and management of the Organization's primary programs and supporting services. If funds are raised and set aside by the Board for future use, these are considered unrestricted. Temporarily restricted contributions that are expended for their restricted purpose in the same reporting period as received may be recorded as unrestricted.

Note 1 - (Continued)

Financial Statement Presentation (Continued)

Temporarily restricted net assets represent resources available for use, but expendable only for the purpose specifically stated by the donor. As of February 29, 2016, there were \$1,349,751 of temporarily restricted net assets.

Permanently restricted net assets are assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on only related investments for general or specific purpose. As of February 29, 2016, there were no permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated between the program and supporting services benefited.

Cash

Cash consists of demand deposit accounts held at major financial institutions and may at times exceed the insurable amount. Management believes it mitigates its risk by investing in a major financial institution and in funds that are currently U.S. federal government insured. Recoverability of investments is dependent upon the performance of the issuer.

Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments purchased with original maturities of three months or less when purchased to be cash equivalents.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted depending on the existence and / or nature of any donor restrictions. The Organization has not received any contributions with donor-imposed restrictions that would result in permanently restricted net assets.

Income is recognized on an accrual basis when earned.

Contributions Receivable

Contributions receivable are stated at the amount management expects to collect. Management provides for probable uncollectible amounts through adjustments to valuation allowances based on its assessment of the current status of individual receivables. Balances still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance. For the year ended February 29, 2016, the allowance for doubtful accounts was \$0.

All contributions receivable are expected to be collected within the current operating cycle of one year.

See independent auditor's report.

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Note 1 - (Continued)

Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the current year presentations.

Income Taxes

The Organization is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been provided for in the accompanying financial statements.

Concentrations

The Organization maintains cash balances in two financial institutions. Balances in one of those institutions at times exceed federally insured limits. The Organization has not experienced any losses related to these accounts and believes it is not exposed to any significant credit risk.

Donated Services

Donated services are recognized as contributions if the services (1) create or enhance nonfinancial assets or (2) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. Volunteers provide various services that are not recognized as contributions in the financial statements since the recognition criteria were not met.

Subsequent Events

In preparing these financial statements, the Organization, has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements January 12, 2017, the date the financial statements were available to be issued.

Note 2 - Unearned Income

Unearned income represents income for the year ending February 28, 2017, that was received during the year ended February 29, 2016.

Note 3 - Temporarily Restricted Net Assets

Temporarily restricted net assets by revenue source and changes therein for the year ended February 29, 2016, were as follows:

| | of | alance as February 28, 2015 | ary From | | | February | | | Balance as of February 29, 2016 |
|--|----|-----------------------------------|----------|--------------|----|-----------|-----------------|--|---------------------------------------|
| Restricted as to purpose for the following projects: | | | | | | | | | |
| ArgoUML | \$ | 12,670 | \$ | 29 | \$ | (2) | \$ 12,697 | | |
| Boost | | 142,199 | | 68,288 | | (66,744) | 143,743 | | |
| Bro | | - | | 200,250 | | (262) | 199,988 | | |
| Buildbot | | 3,014 | | 17,112 | | (226) | 19,900 | | |
| BusyBox | | 116,775 | | 93 | | (50,408) | 66,460 | | |
| Coreboot | | 1,800 | | ÷ | | <u> </u> | 1,800 | | |
| Darcs | | 1,786 | | 318 | | (462) | 1,642 | | |
| Diversity Grant | | | | 15,000 | | - | 15,000 | | |
| Evergreen | | 29,490 | | 67,108 | | (53,523) | 43,075 | | |
| Foresight | | 393 | | <u>644</u> | | <u> </u> | 393 | | |
| Gevent | | 4,987 | | 1,960 | | (66) | 6,881 | | |
| Git | | 16,257 | | 3,286 | | (803) | 18,740 | | |
| Godot | | | | 5,244 | | (147) | 5,097 | | |
| Inkscape | | 34,905 | | 12,830 | | (10,970) | 36,765 | | |
| K3D | | 2,858 | | 18 | | ä | 2,858 | | |
| Kallithea | | 60 | | 32 | | (1) | 91 | | |
| Kohana | | 2,788 | | 15 | | (61) | 2,742 | | |
| Libbraille | | 459 | | 5 2 0 | | <u> </u> | 459 | | |
| Linux Compliance | | 49,979 | | | | (14,462) | 35,517 | | |
| Linux XIA | | . | | 1,500 | | | 1,500 | | |
| LuxRender | | 374 | | 2,914 | | (137) | 3,151 | | |
| Mercurial | | 9,855 | | 7,167 | | (177) | 16,845 | | |
| Metalink | | 911 | | 18 | | (1) | 928 | | |
| OpenChange | | 2,540 | | 5 | | = | 2,545 | | |
| Outreachy | | | | 523,310 | | (268,170) | 255,140 | | |
| PyGMO | | 540 | | 1,019 | | (19) | 1,000 | | |
| PyPy | | 51,215 | | 14,480 | | (16,162) | 49,533 | | |
| QEMU | | | | 4,825 | | (29) | 4,796 | | |
| SWIG | | 2,924 | | × 961 | | (23) | 3,862 | | |
| Samba | | 160,508 | | 2,873 | | (29,157) | 134,224 | | |
| Selenium | | 145,622 | | 154,446 | | (207,899) | 92,169 | | |
| Squeak | | 249 | | 19 | | (1) | 267 | | |
| Sugar | | 79,732 | | 14,457 | | (9,534) | 84,655 | | |
| Twisted | | 17,520 | | 4,022 | | (9,126) | 12,416 | | |
| Wine | | 18,028 | | 4,394 | | (10,863) | 11,559 | | |
| Xapian | | 3,000 | | 370 | | Ē | 3,000 | | |
| phpMyAdmin | | 20,611 | | 61,373 | | (23,671) | 58,313 | | |
| | \$ | 933,509 | \$ | 1,189,348 | \$ | (773,106) | \$ 1,349,751 | | |

See independent auditor's report.