Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

B Chock if applicable Contributions as a mount provided to street address)	<u> </u>	For the	2015 calendar year, or tax year beginning		2015, and endi	ing Febr i	iary 29	, 20 16		
Number and street for PC, Doot I mail is not delivered to street address) Roam/saulte \$212.461.3245	В	Check if a	pplicable: C Name of organization Software Fi	reedom Conservancy, Inc.			D Employ	er identification num	nber	
Initial return Ini		Address	change Doing business as					41-2203632		
Final return/semicitation Americal return American return		Name cha	ange Number and street (or P.O. box if ma	il is not delivered to street addres	ss) Room/s	suite	E Telephone number			
Amended return Application pending Firms and address of principal officer High peta guo, return for autorisates? Ves No No. ** attach a list, (see instructions) Milk peta guo, return for autorisates? Ves No No. ** attach a list, (see instructions) Milk peta guo, return for autorisates? Ves No No. ** attach a list, (see instructions) Milk peta guo, return for autorisates? Ves No No. ** attach a list, (see instructions) Milk peta guo, return for autorisates? Ves No No. ** attach a list, (see instructions) Milk peta guo, return for autorisates? Milk peta guo, return for autorisates. Milk peta gu		Initial retu	rn 137 MONTAGUE ST		9	STE 380		212-461-3245		
Application perding Application perding RAREN M. SANDLER, Postal address is as in C above. Halp is this span, pritter for subordinates included Yes. No No Tax-exempt status: Strick] St		Final return	l/terminated City or town, state or province, count	ry, and ZIP or foreign postal code	Э					
Mebate: Meb		Amended	return BROOKLYN, NY 11201-3548				G Gross re	eceipts \$ 1,9	26,082	
Mebate: Meb		Application	on pending F Name and address of principal office			H(a) Is this a q	oup return for	subordinates? Yes	✓ No	
Take-everant status:			KAREN M. SANDLER, Postal add	dress is as in C above.						
Website: ► https://sfconservancy.org	$\overline{}$	Tax-exen			(1) or 527					
Part Summary Summar	J			, (, , , , , , , , , , , , , , , , , ,		H(c) Group	exemption	number ▶		
Briefly describe the organization's mission or most significant activities: Conservancy promotes, improves, develops & defends Free, Libre and Open Source Software projects & provides a non-profit home & infrastructure for them. We directly handle many key tasks for our projects, which are mostly created by volunteer developes, improving FLOSS for the public good.	_			ion Other ▶	L Year of form				NY	
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defends Free, Lihre and Open Source Software projects & provides a non-profit home & infrastructure for them. We directly handle many key tasks for our projects, which are mostly created by volunteer developers, improving FLOSS for the public good. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 3 s e 4 Number of independent voting members of the governing body (Part VI, line 1a) . 5 5 Total number of individuals employed in calendar year 2015 (Part VI, line 1a) . 5 4 Number of independent voting members of the governing body (Part VI, line 1a) . 5 5 Total number of volunteers (estimate if necessary) . 6 6 Total unrelated business stewner from Part VIII, column (C), line 12 . 7a 0 0 b Net unrelated business stewner from Part VIII, column (C), line 12 . 7a 0 0 b Net unrelated business stewner from Part VIII, column (C), line 12 . 7b 0 0 7 Togram service revenue (Part VIII, line 1h) . 574,199 1,780,633 1,		_	•	on or most significant acti	vities: Cons	servancy prom	notes imm	myes develops	<u>. </u>	
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Ф	'	-	~						
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ũ									
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B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	S S		•))				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	iţi			•	·					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	냚		•	- · · · · · · · · · · · · · · · · · · ·					3,711	
8 Contributions and grants (Part VIII, line 1h)	ď			· ·	2				0	
8 Contributions and grants (Part VIII, line 1h)		b	Net unrelated business taxable income t	from Form 990-T, line 34						
9 Program service revenue (Part VIII, line 2g)	enue					Prior Ye	ear	Current Year	r	
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8	Contributions and grants (Part VIII, line 1	lh)			574,189	1,7	′80,653	
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9	Program service revenue (Part VIII, line 2	2g)			105,155	1	40,435	
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10	nvestment income (Part VIII, column (A)	, lines 3, 4, and 7d)			678		1,555	
13 Grants and 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) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 398,892 393,040 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 398,892 393,040 16 Professional fundraising fees (Part IX, column (D), line 25) 51,921 17 Other expenses (Part IX, column (A), lines 11e 1.5	Œ	11	Other revenue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 1	1e)		793		3,439	
13 Grants and 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) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 398,892 393,040 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 398,892 393,040 16 Professional fundraising fees (Part IX, column (D), line 25) 51,921 17 Other expenses (Part IX, column (A), lines 11e 1.5		12	Total revenue—add lines 8 through 11 (m	e-add lines 8 through 11 (must equal Part VIII, column (A), line 12)						
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 398,892 393,040 16a Professional fundraising fees (Part IX, column (A), line 11e)				·			10,189			
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1 Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,921 17 Other expenses (Part IX, column (D), line 25) ▶ 51,921 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							,			
16a Professional fundraising fees (Part IX, column (A), line 11e)	S	4-	•				398.892	3	393.040	
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II 25 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name Firm's saddress Phone no.	Se	16a		· · ·	•					
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II 25 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name Firm's saddress Phone no.	ber	h								
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3895,777 3995,797 4095,797 4095,797 4095,7995,797 4095,797 4095,7995,7995,7995,7995,7995,7995,7995,7	$\overline{\mathbf{x}}$	17	•				259 158	7	/53 977	
19 Revenue less expenses. Subtract line 18 from line 12 12,576 764,834		1	•	•					<u> </u>	
20 Total assets (Part X, line 16)					•					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign			neveriue less experises. Subtract line 10) O		Reginning of Cu				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	ts o	20	Total assets (Part V. line 16)							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	Asse Bals	21	•			-				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	let /	21	· · · · · · · · · · · · · · · · · · ·							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bradley M. Kuhn, President Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's address Phone no.				ie 21 from line 20			695,777	1,0	ю0,611	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 13 January 2017	_									
Sign Here Bradley M. Kuhn, President Type or print name and title Paid Preparer Use Only Firm's name Firm's address 13 January 2017 Date Date Check if self-employed Firm's signature Print/Type preparer's signature Firm's address Phone no.								ny knowledge and b	elief, it is	
Sign Here Signature of officer Bradley M. Kuhn, President Type or print name and title Paid Preparer Use Only Firm's name ► Firm's address ► Date Check ☐ if self-employed Firm's EIN ► Phone no.		10, 00, 00,	2 01.0 M H.d		r or willow propar			n. 0017		
Here Bradley M. Kuhn, President Type or print name and title Paid Preparer Use Only Firm's name Firm's address ► Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ► Phone no.	C:		and the					y 2017		
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Use Only Firm's name ► Firm's EIN ► Phone no.							self-emp	oloyed		
Firm's address ► Phone no.						Firn	n's EIN ▶			
May the IRS discuss this return with the preparer shown above? (see instructions)			Firm's address ▶			Pho	ne no.			
	Ма	ıy the IR	S discuss this return with the preparer s	hown above? (see instruc	tions)			🗌 Yes [☐ No	

Form 990 (2015) Page **2**

Part			D4 III	
1	Briefly describe the organization's miss	response or note to any line in this ion:		·
2	Did the organization undertake any sign prior Form 990 or 990-EZ?			☐ Yes ☐ No
3	If "Yes," describe these new services of Did the organization cease conducting services?	ng, or make significant changes in		☐ Yes ☐ No
	If "Yes," describe these changes on Sc	hedule O.		
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	(4) organizations are required to rep		
4a	(Code:) (Expenses \$	including grants of \$		
4b	(Code:) (Expenses \$			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			·	
4d	Other program services (Describe in Sc	chedule O.)		
4	(Expenses \$ including of	grants of \$) (Revenue	ue \$)	
<u>4e</u>	Total program service expenses ▶			

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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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</i> "Yes," complete Schedule D, Part III	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</i> "Yes," <i>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, VIII, VIII, IX, or X as applicable.			
	complete Schedule D, Part VI	11a		
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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> .	11e		
12 a	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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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? If "Yes," complete Schedule G, Part III	19		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
		22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
00	•	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete	200		
D	Schedule L, Part IV	001-		
	,	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? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
0.4	•	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI			
00		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.			
	19: 110te: All 1 Ultil 330 lilei3 ale requireu lu cultiplete schedule U.	38	1	ı

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
rare	Check if Schedule O contains a response or note to any line in this Part V			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
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			
	account)?	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		
C	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 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 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.			
а	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? .

the organization is licensed to issue qualified health plans

14a

14b

13b

13c

Form 990 (2015) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 18

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website ☐ Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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: ▶

Form 990 (2015)	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

— Check this box if heither the organization no	r any relate	a orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0						
(A)	(B)	(do n	Position (do not check more than one			ono	(D)	(E)	(F)	
Name and Title	Average		box, unless person is both an				Reportable	Reportable	Estimated	
	hours per week (list any		er and		_	or/trust		compensation from	compensation from related	amount of other
	hours for	Indi or d	Insti	Officer	Key employee	High	Former	the	organizations	compensation
	related organizations	/idu	tutic	ě	em	nest loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or tra	nal		oloy	com		,		and related
	line)	Individual trustee or director	Institutional trustee		W	pens				organizations
			ee			Highest compensated employee				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(7)	 									
(8)										
(0)										
(9)	 									
(10)										
(40)										
(11)										
(12)										
(10)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per	box, ι	unles	Pos neck ss pe	rson	than of the thick the thic	an	(D) Reportable compensation	(E) Reportable compensation fr		(F) stimated mount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	or ar	other npensatio from the ganization nd related ganizations	1
(15)													
(16)													
(17)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Sub-total							<u> </u>					
С	Total from continuation sheets to Part	VII, Sectio						•					
d	Total (add lines 1b and 1c)						above	e) w	ho received m	ore than \$100),000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							-	oloyee, or high	-		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization								,	zation or indiv	idual		
Section	on B. Independent Contractors										•		
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	ress							(B) Description of s	ervices		C) ensation	
2	Total number of independent contractor	rs (includir	na bu	ıt n	ot l	imit	ed to	th	ose listed abo	ove) who			

received more than \$100,000 of compensation from the organization ▶

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII							
		Check if Schedule O Contains a respo	orise or note to	(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 1a Membership dues 1b			Tovolido		012 011		
, G	C	Fundraising events 1c							
ar /	d	Related organizations 1d							
s, G	е	Government grants (contributions) 1e							
ion Si	f	All other contributions, gifts, grants,							
but the		and similar amounts not included above 1f							
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$							
a C	h	Total. Add lines 1a–1f	▶						
ine			Business Code						
Ken	2a								
æ	b								
<u>×i</u>	С								
Ser	d								
аш	е								
Program Service Revenue	f	All other program service revenue.							
	g	Total. Add lines 2a–2f				1	T		
	3	Investment income (including dividen							
	_	and other similar amounts)							
	4	Income from investment of tax-exempt bone	-						
	5	Royalties	► (ii) Personal						
	0-		(II) Fersonal						
	6a	Gross rents							
	b	Less: rental expenses							
	C d	Rental income or (loss) Net rental income or (loss)	•						
	7a	Gross amount from sales of (i) Securities	(ii) Other						
	/ a	assets other than inventory	(, 5						
	b	Less: cost or other basis							
	_	and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)	▶						
ine		Gross income from fundraising							
Other Revenue		events (not including \$ of contributions reported on line 1c).							
e		See Part IV, line 18 a							
둦	b	Less: direct expenses b							
Ū	С	Net income or (loss) from fundraising ev	vents . ►						
	9a	Gross income from gaming activities.							
		See Part IV, line 19 a							
	b	Less: direct expenses b							
	С	Net income or (loss) from gaming activit	ties ►						
	10a	Gross sales of inventory, less							
		returns and allowances a							
	b	Less: cost of goods sold b							
	С	Net income or (loss) from sales of inven	-						
	4.4	Miscellaneous Revenue	Business Code						
	11a								
	b					1			
	C	All other revenue				1			
	d	All other revenue							
	e	Total revenue See instructions	💆						

Form 990 (2015) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX D 8

	Official if Schedule O contains a respon				<u> </u>
	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		·		·
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	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	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.)				
	(n) amount, not time 24e expenses on somedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the				
20	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)				
	3 (I			Form QQ (2015)

Part X	Balance	Sheet
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		Check if Schedule O contains a response or note to any line in this Par	rt X		🔲
			(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	
	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			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
¥	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			
	00			25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
nd	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	
ţΑ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne Ne	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	

Form 990 (2015) Page **12**

Part	XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
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	Investment expenses	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			<u></u>	<u>, </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<u>. </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain	in		
0-			0-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-				
	reviewed on a separate basis, consolidated basis, or both:	piieu	OI		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audit	 ed on			
	separate basis, consolidated basis, or both:	ou 011	"		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent according				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in		
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Fc	rm 990	(2015)

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Pa	rt I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
he	organization is not a private founda	ation because it i	s: (For lines 1 through	11, chec	k only or	ne box.)		
1	☐ A church, convention of church	hes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	 □ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 							
4			onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
_	hospital's name, city, and state							
5	section 170(b)(1)(A)(iv). (Com		•					
6 7	☐ An organization that normally	local government or governmental unit described in section 170(b)(1)(A)(v). at normally receives a substantial part of its support from a governmental unit or from the general public on 170(b)(1)(A)(vi). (Complete Part II.)						
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
10	☐ An organization organized and	l operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check	
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	•			. , , , ,	
b	Type II. A supporting organize control or management of the organization(s). You must control	e supporting org	anization vested in th			• •	` ' '	
C	 Type III functionally integral its supported organization(s) 						y integrated with,	
C	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
e	Check this box if the organiz functionally integrated, or Ty						I, Type III	
f	Enter the number of supported of	organizations .						
Q	D 11 11 (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	orted organization(s).					
	(i) Name of supported 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)								
В)								
C)								
D)								
E)								
- - -								

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support			/ 1		,	
	dar 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	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.						
	on B. Total Support	() 0044	#1.0040	() 0040	() 0044	() 0045	(A T
_	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the				or fifth tax w	12	n 501(c)(3)
10	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentag	<u> </u>		·	<u> </u>	
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15	Public support percentage from 2014 Sch					15	%
16a	33 ¹ / ₃ % support test—2015. If the organization gual						heck this
b	5						or more,
17a	check this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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.)

<u> </u>	if the organization falls to quality	under the te	ists listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support		T				
	dar 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						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar 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,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch					16	%
	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2015 (-		17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	33 ¹ / ₃ % support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this I	_	_		· · · · · · ·		_
20	Private foundation. If the organization di	d not check a	hox on line 14	19a or 19h (check this hox	and see instru	ctions

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

,,,,	on 7 in Cupporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).			
		5a		
D	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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	0		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
-	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 .	9a		
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.	9b		
С	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.	9c		
0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ıva		
	determine whether the experience had expended a heldings.	406		

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			
	A family member of a person described in (a) above?	11b		<u> </u>	
	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			
Section	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? If "Yes," explain in Part				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2			
Section	on C. Type II Supporting Organizations				
	<i>y</i> 11 0 0		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Section	on D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (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).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2			
3	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.	3			
Section	on 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 i	netru	ction	e).	
		iisti u	CHOIR	3).	
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
b c	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see the organization is the parent of each of its supported organizations.</i>	oo ins	tructi	one)	
U		1118			
2	Activities Test. Answer (a) and (b) below.		Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.				
L	·	2a			
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.	2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
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-functional	ly-in	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
	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. Total annual distributions. Add lines 1 through 6.						
		h tha avancination is was					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	porisive				
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	and a different different specific and a specific a	<i>(</i> 2)	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	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)						
	Excess distributions carryover, if any, to 2015:						
a							
<u>b</u>							
d	From 2013						
e	From 2013						
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: \$						
a	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						
	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 3						
•	and 4c.						
8	Breakdown of line 7:						
a							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Part VI	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.)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Par			ds or A	ccounts.
	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	1	4) 5
_		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	advisors in writing that the assets b	ماط نصط	anor advised
5	Did the organization inform all donors and donor funds are the organization's property, subject to the			
6		•		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Par				i i i i i i i i i i i i i i i i i i i
· ai	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the			
-	☐ Preservation of land for public use (e.g., recrea		a histor	ically important land area
	☐ Protection of natural habitat			ed historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the	form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		[2a
b	Total acreage restricted by conservation easement	ts	2	2b
С	Number of conservation easements on a certified I	` ,		2c
d	Number of conservation easements included in			
	-		1	2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated k	by the organization during the
	tax year	mustian assement is leasted		
4 5	Number of states where property subject to conse Does the organization have a written policy re		nection	handling of
3	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec			
Ū	Land volunteer hours devoted to morntoning, inspec	ting, nariding of violations, and emorning t	JOH JOH VAL	ion casements daming the year
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conserva	tion easements during the year
-	▶ \$.,,		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			· · · · □ Yes □ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and exp	ense statement, and
	balance sheet, and include, if applicable, the text of	<u> </u>	ancial st	atements that describes the
	organization's accounting for conservation easeme			
Part			Other \$	Similar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar	•		
	public service, provide, in Part XIII, the text of the f			
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar		lucation,	or research in furtherance of
	public service, provide the following amounts relat			. Φ
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			. • •
0	(II) Assets included in Form 990, Part X	historical traceures or other similar		for financial sain provide the
2	following amounts required to be reported under S			ioi ililanciai gairi, provide the
_				• •
a h	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X			. Ψ

Schedule D (Form 990) 2015 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): ☐ Public exhibition **d** \square Loan or exchange programs а Other ☐ Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes." explain the arrangement in Part XIII and complete the following table: Amount 1c Additions during the year 1d 1e 1f Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance . . . Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ _____% Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (b) Cost or other basis (d) Book value (a) Cost or other basis (c) Accumulated depreciation (investment) Buildings Leasehold improvements

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

Equipment

	Complete if the organization answered "Yes" on For (a) Description of security or category	(b) Book value		thod of valuation:
	(including name of security)	(b) BOOK Value		d-of-year market value
I) Financia	derivatives			
) Closely-l	neld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII	Investments—Program Related.			
are viii	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11c. See Forn	n 990 Part X line 1
	(a) Description of investment	(b) Book value	1	ethod of valuation:
	(a) Description of investment	(b) Book value		d-of-year market value
I)				
2)				
3)				
4)				
5)				
3)				
7)				
٥١				
8)				
9)				
9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
9) otal. (Column (n 990, Part IV, lin	e 11d. See Forn	n 990, Part X, line 1
9) tal. (Column (Other Assets.	n 990, Part IV, lin	e 11d. See Form	n 990, Part X, line 1
9) Ital. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Forn	
9) Ital. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	
9) ptal. (Column (Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	
9) tal. (Column (Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Forn	
9) tal. (Column (Part IX 1) 2) 3)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Forn	
9) tal. (Column (Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Forn	
2) tal. (Column (Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Forn	
2) tal. (Column (Part IX 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Forn	
2) tal. (Column (Part IX 1) 2) 3) 4) 5) 7)	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Forn	
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 77) 8)	Other Assets. Complete if the organization answered "Yes" on Formula (a) Description	n 990, Part IV, lin		
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)			
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 77) 8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
9) tal. (Column (Part IX 1) 2) 3) 44) 55) 66) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book value
9) tal. (Column (Part IX 1) 2) 33) 44) 55) 66) 77) 88) 99) otal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 3) 9) otal. (Column (Colum	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
2) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 3) 9) otal. (Colu Part X 1) Federal in 2) 3)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
1) 2) 33 4) 55 63 7) 31 Part X 1) Federal in (2) 33 44	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
2) tal. (Column (Part IX 1) 2) 33 44 55 60 77 38 Part X 1) Federal in 22 33 44 55 65 67 77 78 78 78 78 78 78 78 78 78 78 78 78	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
1) 11) 12) 13) 14) 15) 16) 17) 18) 19) 19 19 19 19 19 19 19 19 19 19 19 19 19	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
9) tal. (Column (Part IX 1) 2) 3) 4) 5) 6) Part X 1) Federal in 2) 3) 4) 7) 8) 7) 8) 7) 8) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value
1) Federal in (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book value			(b) Book value

Schedule D (Form 990) 2015 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a Donated services and use of facilities h 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990. Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a Add lines **4a** and **4b** 4c 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 Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2b 2c 2d Add lines **2a** through **2d** 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (For	m 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Open to Public Inspection **Employer identification number**

Part	General Information Form 990, Part IV, line		es Outside t	the United States. Comp	plete if the organization ans	wered "Yes" on		
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection				
	grants or assistance?					☐ Yes ☐ 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 fo		l, line 3 table c	an be duplicated if addition	nal 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)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
3a	Sub-total							
b	Total from continuation sheets to Part I							
С	Totals (add lines 3a and 3b)							

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (a) Name of (f) Manner of (g) Amount of (d) Purpose of (b) IRS code (e) Amount of (c) Region (h) Description valuation (book, FMV, appraisal, other) organization cash non-cash section and EIN grant cash grant of non-cash assistance disbursement assistance (if applicable) (1) (2) (3) (4) (5) (6) **(7)** (8) (9) (10) (11) (12)(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

Schedule F (Form 990) 2015

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.

(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)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2015 Page **4**

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? 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)	□ No
2	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)	□ No
3	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)	☐ 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? 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)	□ 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)	☐ 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)	□ No

Schedule F (Form 990) 2015 Page 5 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).

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Inspection

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number**

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization	Employer identification number	
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