Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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.

For the 2015 calendar year, or tax year beginning 2015, and ending 20 C Name of organization D Employer identification number В Check if applicable: Address change Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes No **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) ___ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ **H(c)** Group exemption number ▶ Form of organization: | Corporation | Trust Association L Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h). Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 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 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

Form 990 (2015) Page **2**

Part				is Part III	
1	Briefly describe the organization		Thole to any line in the	113 T GIT III	<u> </u>
2				ne year which were not listed on the	☐ Yes ☐ No
3		conducting, or make	e significant changes	in how it conducts, any program	
	If "Yes," describe these char				∐ Yes ∐ No
4	Describe the organization's	program service accor and 501(c)(4) organiza	tions are required to re	of its three largest program services, eport the amount of grants and alloc d.	
4a	(Code:) (Expense	es\$in	cluding grants of \$) (Revenue \$)
4b) (Revenue \$	
4-	(Code) \(\(\(\(\(\(\) \\ \) \\ \)	on the single	aluding grants of f) (Payanya t	
4c	(Code:) (Expense	:S ФIII	Sidding grants of \$) (Revenue \$)
<i>A</i> ~1	Other program considers (De-	oribo in Cobodula (C.)			
4d	Other program services (Des (Expenses \$	including grants of \$) (Reve	nue \$	
4e	Total program service expen		, (500	,	

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
3	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>	3		
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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 "Yes," complete Schedule D, Part IV </i>	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11f		
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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV.	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</i> "Yes," <i>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	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			
20	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		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	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,	20		
21	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		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_		00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
	,	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,"			
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		
35a	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	1		
-	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			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
30	192 Note All Form 990 filers are required to complete Schedule O	00		

Form 99	00 (2015)		F	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		
C	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
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		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

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

14b

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: ▶

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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 neither the organization nor	r any relate	a orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
	-	(C)						-		
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box, unless person is both an					n an	Reportable	Reportable	Estimated
	hours per week (list any				_	or/trust		compensation from	compensation from related	amount of other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	idua recto	utio	er	emp	est c oyee	er	(W-2/1099-MISC)	(00-2/1099-101130)	organization
	below dotted line)	or true	าลl tı		loye	omp				and related organizations
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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						C)								
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)			F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation			nated unt of	
		week (list any			_			-	from	related		ot	her	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M			ensatior n the	1
		organizations	dual	tion	4	mple	st co	ª	(W-2/1099-MISC)	,	,	_	ization	
		below dotted line)	trus	al tri		руее	ompe						elated zations	
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(18)														
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(22)														
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(23)														
(24)														
(25)			-											
	Sub-total													
C	Sub-total		 n Δ	•	•		•							
d								•						
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organi							,						
_													Yes	No
3	Did the organization list any former of							-		=				
4	employee on line 1a? If "Yes," complete											3		
4	For any individual listed on line 1a, is the organization and related organizations													
	individual							., 				4		
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	m any	/ un	related organiz	ation or ind	lividual			
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person			5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Repyear.	ort compe	nsatio	on to	or tr	те с	alend	ıar y	ear ending wit	n or within i	ine orga	anizatio	n's ta	Х
	•								(B)			(C)		
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compensa	ation	
	Total number of independent and	wo (ha ali i ali	n a !-	.4	۰ ۱	line !!	مما د	11	ا- ا-علمال ممم	ava)l				
2	Total number of independent contractor received more than \$100,000 of compens							וו ע	iose listed add	Jve) WIIO				

12

Total revenue. See instructions.

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Part	: VIII	Statement of Reve	nue						
		Check if Schedule O	contains a	response or r	note to ar	ny line in this	Part VIII		
					7	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[1b					
	С	Fundraising events .	[1c					
	d	Related organizations		1d					
اSد imi	е	Government grants (cont		1e					
rtion er S	f	All other contributions, gif							
년 동		and similar amounts not incli	L	1f					
ont nd (g	Noncash contributions include							
	h	Total. Add lines 1a-1f		Business	Pada .				
enne	00			Business	Jode				
eve?	2a								
Se F	b								
ervi	c d								
m S	e								
Program Service Revenue	f	All other program serv							
Pro	g	Total. Add lines 2a–2f			•				
	3	Investment income (rest,				
		and other similar amou	unts)		▶				
	4	Income from investment	of tax-exem	pt bond proceed	ds▶				
	5	Royalties			>				
			(i) Real	(ii) Perso	nal				
	6a	Gross rents			_				
	b	Less: rental expenses			_				
	C	Rental income or (loss)	``		_				
	d 70	Net rental income or (I Gross amount from sales of	OSS) (i) Securitie	es (ii) Othe	ar e				
	7a	assets other than inventory	(i) Occurring	(11) Ou 10					
	b	Less: cost or other basis			_				
	_	and sales expenses .							
	С	Gain or (loss)							
					•				
-		3 ()							
Other Revenue	8a	Gross income from fur events (not including \$	ndraising						
۶r Re		of contributions reported See Part IV, line 18.							
the	b	Less: direct expenses							
0	c	Net income or (loss) fr			•				
		Gross income from gar See Part IV, line 19 .	ming activit	ies.					
	b	Less: direct expenses							
	С	Net income or (loss) fr	om gaming	activities	•				
	10a	Gross sales of inv							
		returns and allowance	s	а					
	b	Less: cost of goods so							
	С	Net income or (loss) fr							
		Miscellaneous Re	evenue	Business (Code				
	11a								
	b								
	G C	All other revenue .							
	d	Total. Add lines 11a–1			•				
		· Juli / Wu III Go I la-l			_	I I			

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 Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 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 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management Legal Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f 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 Occupancy 16 17

Part X	Balance	Sheet

		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			
		organizations (see instructions). Complete Part II of Schedule L			
ets	_			6 7	
Assets	7	Notes and loans receivable, net			
4	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			
	_				
	b	Less: accumulated depreciation		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	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		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	
S		complete lines 27 through 29, and lines 33 and 34.			
ű	07			07	
ala	27	Unrestricted net assets		27	
Ä	28	Temporarily restricted net assets		28 29	
Ĕ	29	Permanently restricted net assets		29	
Ĭ.		complete lines 30 through 34.			
0.5	20			30	
ět	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		32	
et/	32 33	Total net assets or fund balances		33	
Ź	34	Total liabilities and net assets/fund balances		34	
	U4	ו סנמו וומטווונוסט מווע ווסג מטטסנט/ועווע טמומוועסט		34	000

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
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>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex 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	٠		
	☐ 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?		. 3a		
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		
			F	rm 990	(2015)

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