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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

A	For th	e 2015 ca	lendar year, or tax year beginning	and ending					
В	Check if applicable: C Name of organization D E					D Employer identification number			
Γ		ress change							
F		ress change	CORE FOUNDATION INC	20-5997764					
F			E Telephone number						
F	Final	al return I return/ inated	703-437-5851						
Г	\neg	ended return	P.O. BOX 3631 City or town, state or province, country, and ZIP or foreign postal code			ıp Exem			
	\neg	cation pending	RESTON, VA 20195		50000	nber >			
G Accounting Method: X Cash Accrual Other (specify) ► H Check ► X if the									
1	Websi	ite: N	WW.COREFOUNDATION.ORG		not required to attach Schedule B				
J	Tax-ex	xempt stat	us (check only one) $ X$ 501(c)(3) $-$ 501(c) () \blacktriangleleft (insert no.) $-$ 49	47(a)(1) or 527	(For	m 990, 9	990-EZ, or 990-PF).		
K	Form o	of organiza	tion: X Corporation Trust Association Other						
L	Add lin	nes 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total assets (Part	Ι,				
	colum	n (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ)	▶ \$	142,591.		
P	art I	Reve	enue, Expenses, and Changes in Net Assets or Fund Bala	nces (see the instru	ictions 1	for Part I)		
		Check	if the organization used Schedule O to respond to any question in this Part I				X		
	1		tions, gifts, grants, and similar amounts received			1	10.		
	2		service revenue including government fees and contracts			2			
	3	Members	ship dues and assessments			3			
	4		nt income SEE SC	CHEDULE O	[4	1,872.		
	5a		nount from sale of assets other than inventory 5a						
	b		st or other basis and sales expenses 5b						
	C		loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		[5c			
	6		and fundraising events						
e le	a	Gross inc	come from gaming (attach Schedule G if greater than						
Revenue		\$15,000)							
ž	b		come from fundraising events (not including \$ of con-						
-			draising events reported on line 1) (attach Schedule G if the sum of such	_					
			ome and contributions exceeds \$15,000) 6b	140,7	09.				
	C		ect expenses from gaming and fundraising events 6c	95,3			45 200		
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract lin		6d	45,323.			
	7a		les of inventory, less returns and allowances 7a	myhodythamithi term Cilmates Arveri (1664) hymria arvet ay olwytyn yyd e amyno dodou at tybiolog					
	b	Less: cos	st of goods sold 7b			7c			
	C	7 (
	8	Other revenue (describe in Schedule O)					47 205		
	9	lotal rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	NITEDITE A		9	47,205.		
	10	Grants an	nd similar amounts paid (list in Schedule 0) SEE SC	TURDOTE O	-	10	48,800.		
ဟ	11		oaid to or for members		·····	11			
ses	13		onal fees and other payments to independent contractors		·····	13			
Expense	14	Occupant	cy, rent, utilities, and maintenance SEE SC	THEDIILE O	·····	14	669.		
ŭ	15	Printing.	publications, postage, and shipping		·····	15	003.		
	16		enses (describe in Schedule O) SEE SC	C STITUSH	·····	16	1,447.		
	17		venses. Add lines 10 through 16			17	50,916.		
	18		(1.6.3) (-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		-	18	-3,711.		
ets	19		s or fund balances at beginning of year (from line 9) sor fund balances at beginning of year (from line 27, column (A))				37.22.		
Ass	1	(must agree with end-of-year figure reported on prior year's return)					28,569.		
Net Assets	20	Other cha	inges in net assets or fund balances (explain in Schedule 0)			19	0.		
_	21		and the land of th		I	21	24,858.		
LH	A For	Paperwor	k Reduction Act Notice, see the separate instructions.			manufacture de la companya de la co	Form 990-EZ (2015)		

Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any quest				X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments	57	27,174	• 22		27,356.
23	Land and buildings			23		
24			1,395			903.
25	Total assets		28,569	• 25		28,259.
26	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O		0	• 26		3,401.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		28,569	. 27		24,858.
Pa	art III Statement of Program Service Accomplishmer	nts (see the instru	ctions for Part III)		E	xpenses
-	Check if the organization used Schedule O to resp	ond to any quest	ion in this Part III	X		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program s	services, as measured by expe	enses. In a clear and concise		others.)	ono, optional ioi
	ner, describe the services provided, the number of persons benefited, and other relevant information					
28	RESTON SPRINT TRIATHLON				П	
	(Grants \$) If this amount includes foreign g	rants, check here	>		28a	70,633.
29	RESTON YOUTH TRIATHLON					
	(Grants \$) If this amount includes foreign g	rants check here			29a	13,666.
30	RU BROTHERS BY THE WAYSIDE	rants, oncor nore				
	(Grants \$) If this amount includes foreign g	ranta abaak bara			30a	7,630.
21					30a	7,030
91	Other program services (describe in Schedule O)				31a	
32	Total program service expenses (add lines 28a through 31a)				32	91,929.
D	Total program service expenses (add lines 20a tillough 5 fa)					
	art IV LLIST OF UTTICERS DIFFECTORS TRUSTEES and KeV F	mniovees (list cook or	no oven if not componented	one the	instructions (for Part IVA
	Charle if the experientian used Schoolule O to your			see the	instructions 1	for Part IV)
	Check if the organization used Schedule O to respond	ond to any quest	ion in this Part IV			
	Check if the organization used Schedule O to resp	oond to any quest (b) Average hours		(d) He	alth benefits,	(e) Estimated
		oond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
	Check if the organization used Schedule O to resp	oond to any quest (b) Average hours	(c) Reportable compensation (Forms	(d) He contremple	alth benefits, ibutions to byee benefit	(e) Estimated
DC	Check if the organization used Schedule O to respond to the control of the characteristics	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
DC EX	Check if the organization used Schedule O to respond to the control of the contro	oond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
DC EX LE	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to yoge benefit and deferred pensation	(e) Estimated amount of other compensation
DC EX LE	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
DC EX LE DI AN	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
DC EX LE DI AN	Check if the organization used Schedule O to respond to the second secon	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to yoge benefit and deferred pensation	(e) Estimated amount of other compensation
DC EX LE DI AN DI	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to byse benefit and deferred pensation 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 .
DO EX DI DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
DC EX LE DI AN DI CH	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to byse benefit and deferred pensation 0 • 0 •	(e) Estimated amount of other compensation 0 • 0 •
DC EX DI AN DI CH	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to byse benefit and deferred pensation 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 .
DC EX LE DI AN DI CH DI BR	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to to be she fit in the she fit is and deferred pensation 0 • 0	(e) Estimated amount of other compensation 0 . 0 . 0 .
DC EX LE DI AN DI CH DI BR	Check if the organization used Schedule O to respond to the second secon	(b) Average hours per week devoted to position 10.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to byse benefit and deferred pensation 0 • 0 •	(e) Estimated amount of other compensation 0 . 0 .
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DC EX DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	(b) Average hours per week devoted to position 10.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contremple	alth benefits, ibutions to to be she fit in the she fit is and deferred pensation 0 • 0	(e) Estimated amount of other compensation 0 . 0 . 0 .
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DC EX DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	to any quest (b) Average hours per week devoted to position 10.00 1.00 1.00 1.00 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) He contremple	alth benefits, ibutions to to be benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 .
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DC EX DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	to any quest (b) Average hours per week devoted to position 10.00 1.00 1.00 1.00 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) He contremple	alth benefits, ibutions to to be benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
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DC EX DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	to any quest (b) Average hours per week devoted to position 10.00 1.00 1.00 1.00 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) He contremple	alth benefits, ibutions to to be benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
DC EX DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	to any quest (b) Average hours per week devoted to position 10.00 1.00 1.00 1.00 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) He contremple	alth benefits, ibutions to to be benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
DC EX DI DA DI	Check if the organization used Schedule O to respond to the control of the contro	to any quest (b) Average hours per week devoted to position 10.00 1.00 1.00 1.00 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) He contremple	alth benefits, ibutions to to be benefit and deferred pensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .

Pa	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	· · ·		
	- 1000 KB/- I - wide a detailed description of each		1 62	140
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	33		Х
0.4	activity in Schedule 0	- 00	\Box	
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35.4	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
υσα	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A.
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	ACCORDING STREET		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-		X
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yee" complete Schedule 1. Part II and enter the total amount involved. 186 N/A	38a		A
	11 165, complete contents E, tarriand onto the total and contents and total	-		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
70 a	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
	by the organization U •			
е	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
	The organization's books are in care of ▶ DOUGLAS BUSHEE Telephone no. ▶ 703-4.	37-5	851	
	Located at ▶ 11717 GREAT OWL CIRCLE, RESTON, VA ZIP+4 ▶	2019	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	5 - SC - S	X
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c		x
G	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	420		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/I	4	
		F	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	446		v
	of Form 990-EZ	44b	-	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		A
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44d		
45.0	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
~	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form	990-F7	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

2015

Open to Public Inspection

Name of the organization 20-5997764 CORE FOUNDATION INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (iii) Type of organization (ii) EIN (i) Name of supported listed in your other support (see (described on lines 1-9 support (see organization cument? above (see instructions)) instructions) instructions) Yes No Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support					T	
Caler	idar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					 	
	The value of services or facilities						
	furnished by a governmental unit to					2	
	the organization without charge						
	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.						
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	. ,				12	
12	Gross receipts from related activities, First five years. If the Form 990 is for	etc. (see instruc	tions)	ird fourth or fifth			
13	organization, check this box and stop	the organization	is ilist, second, tri	ila, ioaitii, oi iiitii	tax year as a seed		▶ □
	ction C. Computation of Publ	ic Support P	ercentage				
14	Public support percentage for 2015 (line 6, column (f)	divided by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2014	Schedule A, Pa	rt II, line 14			15	
168	33 1/3% support test - 2015. If the	organization did r	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly sup	ported organization	n	d line 45 in 00 1/0	W or more shock t	hie boy
t	33 1/3% support test - 2014. If the	organization did r	not check a box or	iline 13 or 16a, an	id line 15 is 33 1/3	of more, check t	IIIS DOX
	and stop here. The organization qua	lifies as a publicly	supported organi	zation	no 12 162 or 16h	and line 14 is 10%	or more
178	a 10% -facts-and-circumstances tes	t - 2015. If the o	rganization did noi	this box and eton	here Evolain in P	art VI how the organ	nization
	and if the organization meets the "fac	cts-and-circumsta	ances lest, check	a nublish support	ad organization	art virion the organ	
	meets the "facts-and-circumstances"	test. The organiz	zation qualmes as	a publicly support	ed organization	r 17a and line 15 is	10% or
ŧ	o 10% -facts-and-circumstances tes more, and if the organization meets t	t - 2014. If the o	rganization did noi	chack this hav an	deton here Fynis	in in Part VI how th	9
	more, and if the organization meets to organization meets the "facts-and-cir	ne "tacts-and-ciro	t The organization	onalifies as a nub	alicly supported or	ganization	
	Private foundation. If the organization	ournstances tes	a hov on line 12 1	62 16h 172 or 1	7b check this how	and see instruction	ns
18	Private toundation. If the organization	он ака пот спеск	a DOX OITHINE 13, I	oa, 100, 17a, OF I	Sc.	hedule A (Form 990	or 990-EZ) 2015
							90 PC

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u> </u>	qualify under the tests listed be	elow, please comp	lete Part II.)					
	tion A. Public Support	(1) 0044	(h) 0010	(a) 2012	(d) 2014	(e) 2015	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(u) 2014	(6) 2010	(1) 10101	
	Gifts, grants, contributions, and							
	membership fees received. (Do not	24,528.	13,567.	17,200.	6,864.	22,970.	85,129.	
	include any "unusual grants.")	24,5200	13,3071	17,72001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	100,729.	123,831.	136,991.	114,812.	117,749.	594,112.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization'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	125,257.	137 398.	154 191	121,676.	140.719.	679,241.	
	Total. Add lines 1 through 5	143,431.	101,000				-	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
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						0.	
	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						679,241.	
	ction B. Total Support					·		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012 137, 398.	(c) 2013	(d) 2014	(e) 2015 140,719.	(f) Total 679,241.	
9	Amounts from line 6	125,257.	137,398.	154,191.	121,676.	140,/19.	0/9,241.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150.	96.	73.	66.	1,872.	2,257.	
	Unrelated business taxable income							
•	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	150.	96.	73.	66.	1,872.	2,257.	
	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							
13	assets (Explain in Part VI.)	125,407.	137,494.	154,264.	121,742.	142,591.	681,498.	
	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,	
	check this box and stop here						<u>▶</u>	
Se	ction C. Computation of Pub	lic Support Pe	ercentage				00 67	
15	Public support percentage for 2015	(line 8, column (f) o	divided by line 13,	column (f))		15	99.67 %	
16	Public support percentage from 2014	4 Schedule A, Par	t III, line 15			16	99.90 %	
Se	ction D. Computation of Inve	stment Incom	ne Percentage				22	
17	Investment income percentage for 2							
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	.10 %	
19	a 33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not ► X	
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation		
-	b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	on did not check a	box on line 14, 19	ea, or 19b, check t	mis box and see in	STUCTIONS	0 or 000 E7) 2015	

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Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	
2	
2 3a	
- Ca	
3b	
3c	
4a	
4b	
4c	
5a	
5b	
5c	
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8	
9a	
9b	
9c	
10a	
10b	