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| 9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8914, 152, 1910Grants and similar amounts paid (list in Schedule O)101, 600, 0011Benefits paid to or for members11900, 3312Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1316, 593, 0614Occupancy, rent, utilities, and maintenance15342, 2316Other expenses (describe in Schedule O)16280, 5417Total expenses. Add lines 10 through 161726, 358, 6218Excess or (deficit) for the year (Subtract line 17 from line 9)18(12, 206, 43)19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19103,068, 1620Other changes in net assets or fund balances (explain in Schedule O)2016,624, 1221Net assets or fund balances at end of year. Combine lines 18 through 2021107,485,85 | | | | | 0 |
| 10Grants and similar amounts paid (list in Schedule O)101,600,0011Benefits paid to or for members11900,3312Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1316,593,0614Occupancy, rent, utilities, and maintenance146,42,4615Printing, publications, postage, and shipping15342,2316Other expenses (describe in Schedule O)16280,5417Total expenses. Add lines 10 through 161726,358, 6218Excess or (deficit) for the year (Subtract line 17 from line 9)18(12,206,43)19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19103,068,1620Other changes in net assets or fund balances (explain in Schedule O)2016,624,1221Net assets or fund balances at end of year. Combine lines 18 through 2021107,485,85 | | | | | 14,152,19 |
| 11Benefits paid to or for members11900.3312Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors1316,593.0614Occupancy, rent, utilities, and maintenance1415,593.0615Printing, publications, postage, and shipping15342.2316Other expenses (describe in Schedule O)16280.5417Total expenses. Add lines 10 through 161726,358.6218Excess or (deficit) for the year (Subtract line 17 from line 9)18(12,206.43)19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19103,068.1620Other changes in net assets or fund balances (explain in Schedule O)2016,624.1221Net assets or fund balances at end of year. Combine lines 18 through 2021107,485.85 | | 10 | | | 1,600,00 |
| Salaries, other compensation, and employee benefits | | 11 | Benefits paid to or for members | . 11 | 900.33 |
| 16 Other expenses (describe in Schedule O) 16 280.54 17 Total expenses. Add lines 10 through 16 17 26.358.62 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (12, 206.43) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 (12, 206.43) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 16.624.12 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 107,485.85 | es | 12 | | | |
| 16 Other expenses (describe in Schedule O) 16 280.54 17 Total expenses. Add lines 10 through 16 17 26.358, 62 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (12, 206.43) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 103,068.16 20 Other changes in net assets or fund balances (explain in Schedule O) 20 16,624.12 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 107,485.85 | sus | 13 | Professional fees and other payments to independent contractors | / 13 | 16,593.06 |
| 16 Other expenses (describe in Schedule O) 16 280.54 17 Total expenses. Add lines 10 through 16 17 26.358.62 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (12, 206.43) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 (12, 206.43) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 16.624.12 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 107,485.85 | the | 14 | Occupancy, rent, utilities, and maintenance | 6 14 | Real Production |
| 17 Total expenses. Add lines 10 through 16 17 26.358.62 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (12, 206.43) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 (12, 206.43) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 16.624.12 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 107,485.85 | Ê | 15 | | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (12, 2.06, 43) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 18 (12, 2.06, 43) 12 20 Other changes in net assets or fund balances (explain in Schedule O) 20 16,624,12 21 Net assets or fund balances at end of year. Combine lines 18 through 20 1 107,485,85 | | | | | |
| 19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19103,068.1620Other changes in net assets or fund balances (explain in Schedule O)2016,624.1221Net assets or fund balances at end of year. Combine lines 18 through 2020107,485.85 | | | Total expenses. Add lines 10 through 16 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | ts | in the second se | | | L12, 200, 43) |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | sse | 19 | | ring-Gebelait-Anthri | 103068 16 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | t A: | 00 | | | 16 (24 12 |
| | Ne | | | | 107 105 85 |
| For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2015) | For | | | 21 | Form 990-EZ (2015) |

| Form | 990-EZ (2015) | | | | | Page 2 |
|---------|--|---|-------------------------|---------------------|-----------|--------------------|
| Pa | rt II Balance Sheets (see the instructions f | for Part II) | | | | |
| | | , | ny question in this | Part II | | |
| | | | | | (B) F | nd of year |
| 22 | Coop aquinga and investments | | | | | |
| | | | · · · · · · P | | | 1-20000 |
| 23 | 0 | | <u> </u> | | | 0 |
| 24 | Other assets (describe in Schedule O) | | | | | , |
| 25 | Total assets | | | 103,068-16 | 25 10 | 1,485.85 |
| 26 | Total liabilities (describe in Schedule O) | | | 0 | 26 | 0 |
| 27 | | (B) must agree with | n line 21) | | A (62 mm | 1485.25 |
| Par | | | | | | 1 |
| I UI | | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. (a) Beginning of year (b) End of year (c) End of year | | | | |
| 14/1 | | | | | | |
| vvna | t is the organization's primary exempt purpose? E | "vente publicab | out human extin | notion dangers | | |
| Desc | ribe the organization's program service accomplis | shments for each o | f its three largest pi | rogram services, | - | ions; optional for |
| | | | e services provided | , the number of | others.) | |
| pers | ons benefited, and other relevant information for ea | ach program title. | | | | |
| 28 | Maintain and warado mechante | I colated soc | is media to a | cavide | | |
| | I a him has the total to be a sold to be a s | | | las de char T | | |
| | | | | All Incorregiment | 3 | 347.16 |
| | | | | Tooglea | / | |
| | | | | · · · ► 🗆 | 28a | |
| 29 | | | | | | |
| | conference. Members were encou | raged to distus | 5 important is | sves at | | |
| | this dinner. | | / | | 1, | 600,00 |
| | | includes foreign gra | ants, check here | | 29a | |
| 30 | D. I.I ZEMATTING ANDRESS | 1 -11 0-2 1 | | | | |
| | | | | 1 E MARIA | | |
| | | | | a controly | | 102 21 |
| | | | | | | 18 20 -1 |
| | | includes foreign gra | ints, check here . | 🕨 🗋 | 30a | |
| 31 | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ants, check here . | 🕨 🗌 | 31a _ | |
| 32 | Total program service expenses (add lines 28a t | hrough 31a) . | | 🕨 | 32 6 | 129.37 |
| Par | t IV List of Officers, Directors, Trustees, and Key | Employees (list each | n one even if not comp | pensated-see the in | struction | s for Part IV) |
| | | | | | | <u> </u> |
| | 5 | | | 1 | T | |
| | (a) Name and title | | | | | |
| | | | | | | compensation |
| | VI- 10071 | Paral | (in not para, ontor o) | | | |
| Er | C Filen, 1853 Braemore Dr. | President | 15513.64 | 0 | | A |
| | no, NV 89521 | | 12,010601 | · · · | | 0 |
| Ch | cis Haley, 662 Riverside Dr. | | 0 | 0 | | A |
| La | wreneville, GA 30045 | 5 hours / week | 0 | 0 | | 0 |
| Co | 1 Macillan 2124 Petershamlt, Unit | Tressurer | - | | | |
| La | 5 Vegas, NV 89108 | Thorchweek | 0 | 0 | | 0 |
| | | Director | | | 7 | 2 |
| | 1910 MILL JARRENO, OFO LOMAS | | 0 | O | 1915 | 0 |
| 10 | eblo Marbella, Malega 29602 Spain | I hour Intek | | | 1 | 0 |
| <u></u> | rem bodegem, Belgium B-9320 | Director | 0 | 0 | m | 0 |
| E | rembodegen, Belgium B-9320 | 1 hour/week | | · · | 1000 | U |
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| | | | | | Form 9 | 90-EZ (2015) |

| Form 99 | 0-EZ (2015) | | P | Page 3 |
|---------|--|-------|----------------------|---------------|
| Part | V Other Information (Note the Schedule A and personal benefit contract statement requirements | in th | e | |
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | V | |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | 02) | 2.20 | × |
| | detailed description of each activity in Schedule O | 33 | | ~ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | 25 | 00 | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | -25 | 25 | X |
| | change on Schedule O (see instructions) | 34 | - | 1 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 12 | 1.2.2 | X |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| 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 | | |
| С | 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 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | × |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 010 | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | × |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 000 | | - |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| iou | section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| D | 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 |
| с | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 100 | | - |
| | on organization managers or disgualified 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 | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes." complete Form 8886-T | 40e | paroneon prosent | × |
| 41 | List the states with which a copy of this return is filed None - Nevada doesn't require this ret | urn | | |
| 42a | The organization's books are in care of ► Enc Klim Telephone no. ► 715 | 853 | 521 | 2 |
| | Located at > 1853 Bracmure Dr. Reav, NV ZIP + 4 > 895 | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | 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). | | | |
| с | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | nusinesisteningi (33 | X |
| | If "Yes," enter the name of the foreign country: | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here | | . 1 | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | × |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | - ACHIER COLORING | × |
| с | Did the organization receive any payments for indoor tanning services during the year? | 44c | | × |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | |
| | explanation in Schedule O | 44d | | CONCONTRACTOR |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ (see instructions) | 45b | | X |
| | | | | |

Form 990-EZ (2015)

| orm 99 | 0-EZ (2015) | | | | | | Page |
|--------|--|-------------------------------|---|---------------------------|---------|-------------|---------|
| | | | | | | Ye | es N |
| 16 | Did the organization engage, directly or in | | | | | | |
| | to candidates for public office? If "Yes," of | complete Schedule C | , Part I | | | 46 | > |
| art | VI Section 501(c)(3) organizations | only | | | | | |
| | All section 501(c)(3) organization | s must answer que | stions 47–49b and stions 47–49b and stions 47–49b and strains and | 52, and complete | the tak | oles for | lines |
| | 50 and 51. | | | | | | |
| | Check if the organization used Scl | hedule O to respond | to any question in th | nis Part VI | | | . |
| | | · · · · · | | | 1 | Ye | es N |
| 7 | Did the organization engage in lobbying | activities or have a s | section 501(h) electio | n in effect during th | ne tax | | |
| | year? If "Yes," complete Schedule C, Par | | | | | 47 | > |
| 8 | Is the organization a school as described in | a section 170(b)(1)(A)(i | i)? If "Yes." complete § | Schedule E | | 48 | X |
| 19a | Did the organization make any transfers to | | | | | 49a | X |
| b | If "Yes," was the related organization a se | | | | | 49b | |
| 50 | Complete this table for the organization's | | | | | trustees | and k |
| | employees) who each received more than | | | | | | |
| | | | (c) Reportable | (d) Health benefits, | | | |
| | (a) Name and title of each employee | (b) Average hours per week | compensation | contributions to employed | | stimated an | |
| | | devoted to position | (Forms W-2/1099-MISC) | compensation | | ier comper | Isation |
| | Nova | | | | | | |
| | None | | | | | | |
| | | | | | | | |
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| | | | | | - | | |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| 4 | Total number of other employees paid ov | ar \$100.000 | • 0 | | | | |
| | | | | | ab raa | aired ma | are th |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization | | | contractors who ea | ich rec | elved mo | ore in |
| | \$100,000 of compensation norm the orga | | | | | | |
| | (a) Name and business address of each independ | lent contractor | (b) Type of serv | ice | (c) Com | pensation | |
| | N. | | | | | | |
| | °OD C | | - | | | | |
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| | | | - v | | | | |
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| | | | 1 | | | | |

d Total number of other independent contractors each receiving over \$100,000 . . . ► 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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 | Signature of officer Ecic Klien, President | | | Date Oc+ 30, 2016 | | |
|------------------|--|-------------------------------|--------------|--------------------------------|--|--|
| Paid Preparer | Type or print name and title Print/Type preparer's name | Preparer's signature | Date | Check if PTIN self-employed | | |
| Use Only | | | Firm's EIN ► | | | |
| May the IRS | Firm's address ► discuss this return with the preparer | shown above? See instructions | | Phone no. ▶ □ Yes □ No | | |

Form 990-EZ (2015)

| | EDULE A | Pu | blic Charit | y Status and | Public | Supp | ort - | OMB No. 1545-0047 | |
|----------|---|---|--|--|---------------|---------------------------------------|---|---|--|
| (Form | 990 or 990-EZ) | Comple | olete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | | | | | 2015 | |
| | | | | ch to Form 990 or Form | | | | Open to Public | |
| Internal | nent of the Treasury Revenue Service | ► Information about | It Schedule A (For | m 990 or 990-EZ) and its | instructio | ns is at ww | ww.irs.gov/form990. | Inspection | |
| Name | of the organization | Lifeboat F. | oundation | | | | Employer identificatio 80 00 348 | | |
| Par | Reason | | | organizations must | comple | te this p | | | |
| | | | | s: (For lines 1 through | | | | | |
| | | | | on of churches descr | | | | | |
| | | | | (Attach Schedule E (F | | | | | |
| | Contract of the second s | | | ganization described i | | | | (iii). Enter the | |
| | and the second se | me, city, and state | | | | | | (, | |
| 5 | | ion operated for (b)(1)(A)(iv). (Com | | college or university | owned c | r operate | d by a governmen | tal unit described in | |
| | | | | mental unit described | | | | | |
| | described in | section 170(b)(1) | (A)(vi). (Complet | and an even and a second | | n a goveri | nmental unit or fror | n the general public | |
| | | | |)(1)(A)(vi). (Complete ore than 331/3% of its | | from oon | tributiona mombor | this face and gross | |
| 9 | | | | functions-subject to | | | | | |
| | support from | n gross investme | nt income and | unrelated business | taxable i | ncome (le | ess section 511 ta | | |
| 10 | | - | | 75. See section 509(a | | | | | |
| | | | 3 | sively to test for public ively for the benefit of, | - | | | out the purposes of | |
| | | | | | | | | | |
| | | r more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check ox in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. | | | | | | | |
| а | | | | supervised, or control | | | | | |
| | | | | egularly appoint or ele Sections A and B. | ct a majo | ority of the | e directors or truste | es of the supporting | |
| b | | | 25 | d or controlled in con | nection w | ith its su | oported organizatio | n(s), by having | |
| | control or r | nanagement of th | e supporting org | ganization vested in th , Sections A and C. | | | | | |
| с | | | | ng organization opera s). You must comple | | | | ly integrated with, | |
| d | that is not | functionally integr | ated. The organi | porting organization o zation generally must | satisfy a | distributi | on requirement and | | |
| | | | | mplete Part IV, Secti written determination | | | | | |
| e | | | | onally integrated supp | | | | n, rype n | |
| f | | per of supported of | | | | | | | |
| g | | | | oorted organization(s). | T | | | | |
| | (i) Name of supporte | ed organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | | Yes | No | | 1111121120 | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | 2.2 | |
| (E) | | | | | | | | | |
| Total | | 24 | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees 1 174,349.00 13 460.39 027,47 13 received. (Do not include any "unusual grants.") 603.22 907, 52 350.41 2 Gross receipts from admissions, merchandise sold or services performed, or facilities 6,553.37 691,80 furnished in any activity that is related to the 2,480,86 610.89 580,17 2,189.65 organization's tax-exempt purpose . . . 3 Gross receipts from activities that are not an 0 0 0 Ô Ó 0 unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid Ó Û 0 0 0 0 to or expended on its behalf . . . 5 The value of services or facilities 0 0 Ô furnished by a governmental unit to the 0 0 0 organization without charge 14.152.19 214. 11 49, 930, 57 51, 097, 17 15 508, 33 180,902, Total. Add lines 1 through 5. . . . 6 7a Amounts included on lines 1, 2, and 3 2 040.00 received from disqualified persons 7,500.00 25,180,90 31.706.57 2.040.00 68 b Amounts included on lines 2 and 3 received from other than disgualified 0 Ô 0 Ô 0 0 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 7,500,00 25,180,90 31,706,57 2,040,00 2,040,00 68,467,47 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from 112,434 line 6.) Section B. Total Support (c) 2013 (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) 50,214.11 49,930,57 51,097,1 15,508,33 14 152,19 180,902.37 9 Amounts from line 6 10a Gross income from interest, dividends, 329.43 payments received on securities loans, rents, 0 10.54 268,22 50.67 0 royalties and income from similar sources . **b** Unrelated business taxable income (less section 511 taxes) from businesses 0 0 Ô 0 0 0 acquired after June 30, 1975 10.54 268. 50 0 329.43 c Add lines 10a and 10b 22 6 11 Net income from unrelated business activities not included in line 10b, whether 0 0 Ô Ú 0 0 or not the business is regularly carried on 12 Other income. Do not include gain or 0 0 0 loss from the sale of capital assets 0 0 0 (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 50,224.65 50,198.79 51,147,84 15,508.33 14,152.19 181,231.80 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 62.04 % 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 63.44 Public support percentage from 2014 Schedule A, Part III, line 15 % 16 16 Section D. Computation of Investment Income Percentage 17 002 % 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)002 18 18 %

19a 33¹/₃% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization .
b 33¹/₃% support tests – 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and

Ine 18 is not more than 33¹/₃%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| 20 | Private foundation. If the org | anization did not check a box on line | e 14, 19a, or 19b, check this box and see instructions |
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Schedule A (Form 990 or 990-EZ) 2015

| SCHEDULE O | Supplemental Inform | ation to Form 990 or 990- | EZ | OMB No. 1545-0047 |
|---|--|--|---------------------------------|------------------------------|
| (Form 990 or 990-EZ) | PO or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | | | |
| Department of the Treasury | Attach to Information about Schedule O (Form 990 of the second seco | o Form 990 or 990-EZ. or 990-EZ) and its instructions is at www | v.irs.gov/form990. | Open to Public Inspection |
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| | on Act Notice, see the Instructions for For | rm 990 or 990-EZ. Cat. No. 51056K | Schedule O (F | orm 990 or 990-EZ) (2015) |