Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-1150

▶ 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.

Open to Public Inspection

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)	A	or the	2015 calenda	ar year, or tax year beginning	September	, 2015,	and ending	Αι	igust 31	, 20 16
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Room/suite Pol Box 3571 City or from, saliet or province, country, and ZiP or foreign postal code Street address) Pol Box 3571 City or from, saliet or province, country, and ZiP or foreign postal code Street address) Pol Box 3571 City or from, saliet or province, country, and ZiP or foreign postal code Street address) Pol Box 3571 City or from, saliet or province, country, and ZiP or foreign postal code Street address) Pol Box 3571 Street address Pol Box 3571 Pol Box	В	Check if ap	plicable:	C Name of organization				D Emple	oyer iden	tification number
Indian statum Do Box 3571 S47-224-2341 Price reservation Chyp or bown, state or province, country, and ZIP or foreign postal code F Group Exempt Chyp or bown, state or province, country, and ZIP or foreign postal code S1 Chartes, It, 80174 Chyp or bown, state or province, country, and ZIP or foreign postal code S1 Chartes, It, 80174 Chartes,		Address change		Friends of the Viking Ship						0508264
Flor extrustreaminated Chyer town, state or province, country, and ZIP or foreign postal code F Group Exemption Number Angeledision pending St Charles, IL 69174 St Charles, IL 69174 Tare-exempt status (check only one) ✓ 501(c)(S) 501(c)(T) ✓ (meet no.) ✓ 49447(e)(T) or ✓ 527 (from 990, 990-EZ, or 990-IP).	Name change			Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele						ber
Annoted return City or town, state or province, coulary, and zir or tronging postale cose F Group Exemption				PO Box 3571					847	-224-2341
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				City or town, state or province, country, a	and ZIP or foreign postal code)		F Grou	p Exem	otion
Accounting Method:	=			St Charles, IL 60174				Num	ber >	
Website:				Annual Control of the	ecify) >		Н	Check •	► ☐ if t	he organization is not
Rom of organization: Corporation Trust Association Ed Other Public Charty										(E)
K Form of organization:	JI	ax-exem	npt status (che	eck only one) - 501(c)(3) 501(c)	c) () ◀ (insert no.) □	4947(a)(1) o	r 🔲 527	(Form 99	90, 990-1	EZ, or 990-PF).
Part Centum (B) below) are \$500,000 or more, life Form 990 instead of Form 990-EZ. \$	_	200 100 100 100 100 100 100 100 100 100						tv		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receip	ots. If gross receipts are \$	200,000 or i	more, or if tot	al assets		
Check if the organization used Schedule O to respond to any question in this Part I	(Pa	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990	0 instead of Form 990-EZ				▶ \$	
Check if the organization used Schedule O to respond to any question in this Part I	E	art I	Revenu	e, Expenses, and Changes in	n Net Assets or Fur	d Balanc	es (see the	e instruc	tions f	or Part I)
1 Contributions, gifts, grants, and similar amounts received . 1 44107.93 2 Program service revenue including government fees and contracts . 3 2660.00 3 Membership dues and assessments . 3 2660.00 4 Investment income										
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5b C Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from gaming (attach Schedule G if greater than \$15,000). c Less: direct expenses from gaming and fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances 7a 6767.00 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7b 3245.51 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 27000.00 15 9938.89 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 17 Total expenses. Add lines 10 through 16. 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20.		1								The contract of the contract o
3 Membership dues and assessments 3 2660.00									2	
A Investment income A		1							3	
Sa Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Sb Sb Sb Sc Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Sc Gaming and fundraising events Gaming and fundraising events Gaming and fundraising events (not including \$ of contributions Gaming and fundraising events (not including \$ of contributions Gaming and such gross income and contributions exceeds \$15,000) Sc Contributions Gaming and fundraising events Gam									4	
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Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		1					line 5a)		5c	
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$\frac{1}{2}\text{ of contributions} from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances		1								
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sum of such gross income and contributions exceeds \$15,000) . 6b c Less: direct expenses from gaming and fundraising events . 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	9									
sum of such gross income and contributions exceeds \$15,000) . 6b c Less: direct expenses from gaming and fundraising events . 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	en	b	Gross inco	ns						
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 3545.51 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Extending Total (Subtract line 10 through 10 lines 18 through 20 20 Description (Subtract lines 18 through 20 20 Description		7a	Gross sale	es of inventory, less returns and a	llowances	. 7a		6767.00		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								THE WAR STATE OF	CHE SER	
8 Other revenue (describe in Schedule O)		4			(Subtract line 7b from	line 7a)			7c	3545.51
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 55976.44 10 Grants and similar amounts paid (list in Schedule O)									8	
10 Grants and similar amounts paid (list in Schedule O)									9	55976.44
Benefits paid to or for members		34							10	
Salaries, other compensation, and employee benefits		No.							11	Here the second
Professional fees and other payments to independent contractors	S								12	
Total expenses. Add lines 10 through 16	Se	13							13	27000.00
Total expenses. Add lines 10 through 16	e	14		A 150					14	3326.92
Other expenses (describe in Schedule O)	ă	C. Carriero							15	
Total expenses. Add lines 10 through 16			Other exp	enses (describe in Schedule O)					16	
Excess or (deficit) for the year (Subtract line 17 from line 9)		1000000							17	40265.80
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)	-	40	Excess or	(deficit) for the year (Subtract line	e 17 from line 9)					17050.64
21 Net assets or fund balances at end of year. Combine lines 16 tirrough 20	pto	19	Net assets	s or fund balances at beginning	of year (from line 27.	column (A)) (must agr	ee with		
21 Net assets or fund balances at end of year. Combine lines 16 tirrough 20	U.		end-of-ye	ar figure reported on prior year's	return)				19	
21 Net assets or fund balances at end of year. Combine lines 16 tirrough 20	A to	20								
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	F									Form 990-EZ (2015)

Page	2

Pai	t II Balance Sheets (see the instr			10 8 8 8 8 10 0 0			
	Check if the organization used	Schedule	O to respond to ar				The state of the s
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				129258.60		145368.30
23	Land and buildings				0.00		0.00
24	Other assets (describe in Schedule O)				2208.00		3465.60
25	Total assets				131466.66		148833.90
26	Total liabilities (describe in Schedule				446.30		687.62
27	Net assets or fund balances (line 27				131020.35	27	148146.08
Par							Expenses
	Check if the organization used		O to respond to ar	ny question in this i	² arτ III □	(Rec	quired for section
	is the organization's primary exempt pu	20-23	THE STATE OF THE S				(c)(3) and 501(c)(4)
as m	ribe the organization's program service easured by expenses. In a clear and o ons benefited, and other relevant informa	concise ma	anner, describe the	fits three largest provided	ogram services, the number of	orga	anizations; optional for ers.)
28							1
							1
	(Grants \$) If thi	is amount	includes foreign gra	nts, check here .	▶ 🗆	28a	<u> </u>
29							
	(Grants \$) If thi	is amount	includes foreign gra	nts, check here .	🕨 🗌	29 a	1
30							
				ints, check here .		30a	l
31	Other program services (describe in Sch						
	(Grants \$) If the	is amount	includes foreign gra	ints, check here .	▶ 📙	31a	
WOMEN	Total program service expenses (add					32	
Par	List of Officers, Directors, Trustee						
	Check if the organization used	Schedule	O to respond to a	(c) Reportable	Part IV (d) Health benefits,	Ή.	· · · · L
	(a) Name and title		(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe		Estimated amount of other compensation
Bria	ı İbsen		725 T P T T T T T T T T T T T T T T T T T				
Prsid	lent		15	0		0	0
Jam	e Larson						
Vice	President		5	0		0	0
Willi	am Schedierich		1/2				
Trea	sury		5	0		0	0
Fran	ces Berg						
Secr	atery		5	0		0	0
Bruc	e Andresen		10				
Boa	d Member		10	0		0	0
Rora	r Broch		5	100			
	d Member		3	0		0	0
	Nordan		5	Series Control			7-2
Boa	d Member		3	0		0	0
And	ew Woods		5				
Boa	d Member		3	0		0	0
Crai	Hanson		5	100			1950
Boa	d Member		5	0		0	0
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Pi-con-		v				+	
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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	(C.)
	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			4
	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			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	04		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		~
004	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		4
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			<u> </u>
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			4
	during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	071		
b	Did the organization file Form 1120-POL for this year?	37b	22 24 50	~
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	ooa		
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: section 4911 ▶ ; section 4912 ▶ ; 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		1
С	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			
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		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
h	Located at ► ZIP + 4 ► 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	100	1
	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		1
	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	v 2		
	and enter the amount of tax-exempt interest received or accrued during the tax year		120	
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
7228	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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	I I SEALUR	1
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Form 99	90-EZ (2015)	a Constitution (Constitution Constitution Co	44.00			F	Page 4
	Did the consideration of the first	P. M. J. Pris. I.	V W 171			Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	nairectiy, in political c complete Schedule C	campaign activities on	behalf of or in op	position		
Part			, , , , , , , , , , , , , , , , , , , ,		· · 46	1-100	V
i di c	All section 501(c)(3) organization		estions 47-49b and	52. and comple	te the tables	for lin	es
	50 and 51.	100		,			
	Check if the organization used Sc	hedule O to respond	d to any question in the	nis Part VI			. 🗆
		and the same of th				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during	the tax		1
48	Is the organization a school as described i				48		1
49a	Did the organization make any transfers t					1	4
b	If "Yes," was the related organization a se					100 Carrier 100 C	<u> </u>
50	Complete this table for the organization's employees) who each received more than	s five highest comper	nsated employees (oth	er than officers, o	directors, trust	ees ar	id key
	employees) who each received more than		T	(d) Health benefit		None.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to emp benefit plans, and de compensation	loyee (e) Estimat		
			L.,			22 E	
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independent	contractors who	each received	d more	thar
	(a) Name and business address of each independent		(b) Type of serv	ice	(c) Compensa	tion	

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		ACCURATE THE PARTY OF THE PARTY					
d 52	Total number of other independent contribution the organization complete Scheduler	Water the same of		► nizations must a			
Under p	completed Schedule A	return, including accompar n officer) is based on all info	nying schedules and stateme ormation of which preparer h	ents, and to the best of	▶⊠ Ye f my knowledge an		No , it is
	T					The state of the s	
Sign	Signature of officer			Date			
Here							

Preparer's signature

Date

Check if self-employed

► Yes No
Form 990-EZ (2015)

Firm's EIN ▶

Phone no.

Type or print name and title

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Preparer
Use Only

Paid

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Friends of the Viking Ship

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.

OMB No. 1545-0047

2015

Open to Public Inspection
Employer identification number

30-0508264 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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) d 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. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Par	Support Schedule for Organize	ations Doso	ribad in Caal	hiono 470/h)//	4)/4)/5.)	(mag)(a)(a)	Page 2
	(Complete only if you checked to	ne hox on lin	e 5 7 or 8 of	f Part Lor if th	1)(A)(IV) and	170(b)(1)(A)(v	i)
	Part III. If the organization fails to	o qualify und	er the tests li	sted below r	ile organizatio	n ialieu to qu	alify under
Sect	ion A. Public Support	, , , , , , , ,	<u> </u>	otou bolow, p	nease comple	te Fait III.)	
Cale	ndar 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.")			(6) 2010	(d) 2014	(e) 2013	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	*****		8			
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	70000					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
11 12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	n's first, secon		or fifth tax ye		
Secti	on C. Computation of Public Suppor		е		•••••		
14	Public support percentage for 2015 (line 6	6, column (f) di	vided by line 1	1, column (fl)		14	%
15	Public support percentage from 2014 Sch	edule A, Part	II, line 14 .			15	%
16a	331/3% support test—2015. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 331	3% or more, cl	neck this
b	331/3% support test—2014. If the organicheck this box and stop here. The organi	ization did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ / ₃ %	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiza	eck this box an	d stop here. E as a publicly st	line 14 is Explain in Exported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization mosupported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	is box and sto n qualifies as a	p here.
18	Private foundation. If the organization did instructions	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and	see

Part III

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) Amounts from line 6		ion A. Public Support						
1 Gifts, grants, contributions, and membership fees received. One include any rususal grants. \ 2 Gross receipts from admissions, membership fees received from admissions, membership sold or sold any setting that is related to the sold or s	Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(a) 2015	(f) Total
2 Gross receipts from admissions, mechandises soid or services performed, or facilities furnished in any activity that is related to the originalization's size-everal purpose. 3 Gross receipts from activities that are not an unrelated rate or business under section 513. 4 Tax revenues levided for the organization is benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1, 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or 2 Add lines 7a and 7b. 8 Public support. (Subtract line 76 from line 6). 9 Amounts from line 6 18326 23570 66276 35471 55977 199620 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 18326 23570 66276 35471 55977 199620 Section B. Total Support Calendar year for fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 18326 23570 66276 35471 55977 199620 Section B. Total Support Calendar year for fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 18326 23570 66276 35471 55977 199620 10 Total support. (Add lines 10 and 10b business activities not included in line 10b, whether or not the business is regularly carried on 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (c)	1	Gifts, grants, contributions, and membership fees			(0, 20.0	(6) 2017	(6) 2010	(i) Total
and or services performed, or facilities or services performed to research or the organization's benefit and enter paid to or expended on its behalf Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Tax revenues levied for the organization without charge. The value of services or facilities furnished by a governmental unit to the organization without charge. To Total. Add lines 1 through 5	_	received. (Do not include any "unusual grants.")	14747	17939	58473	27963	46768	165800
gross receipts from activities that are not an unrelated trade of business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. 7. Advantation included on lines 1, 2, and 3 received from disqualified persons 8. Amounts included on lines 2 and 3 received from disqualified persons 9. Amounts included on lines 2 and 3 received from disqualified persons 10. Add lines 7 and 7 b 11. Apublic support, (Subtract line 7 from line 6 12. Section B. Total Support 12. Calendar year (or fiscal year beginning in) ▶ 13. Amounts from line 6 14. And 12. Section B. Total Support 15. Unrelated business taxable income (ses saccion 511 taxes) from businesses acquired after June 93, 1945. 16. Add lines 10a and 10b 17. In the income from unrelated business activities not included fine 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). 18. Total support, (Add lines 9, 10c, 11, and 12.) 19. 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) organization, check this box and stop here 19. Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 10. Total support percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 11. Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 10. Total support percentage from 2014 Schedule A, Part III, line 17 11. Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 12. Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 13. Total support percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 15. Investment income percentage for 2015 (line 10c, col	2	sold or services performed, or facilities furnished in any activity that is related to the	3570	5621				
organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an	3075	3031	7003	7508	9209	33730
furnished by a governmental unit to the organization without charge . 8 Total. Add lines 1 through 5	4	organization's benefit and either paid to or expended on its behalf						
Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6. 199620 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total support line 6.) 9 Amounts from line 6. 18326 23570 66276 35471 55977 199620 199620 b Unrelated business taxable income (less section 511 taxes) from businesses accurred differ June 30, 1975. c Add lines 10a and 10b 10 Net income from unrelated business activities not included gain or loss from the sale of capital assets (Explain in Part Vt.). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2014 Schedule A, Part III, line 15. 16 100 % 17 Investment income percentage from 2014 Schedule A, Part III, line 17. 18 Investment income percentage from 2014 Schedule A, Part III, line 17. 19 3 331/9% support tests—2016. If the organization of lot of check he box on line 14, and line 15 is more than 331/9%, and line 17 is not more than 331/9%, check this box and stop here. The organization qualifies as a publicly supported organization. Part line line 16 is more than 331/9%, and line 16 is not more than 331/9%, check this box and stop here. The organization qualifies as a publicly supported organization.	5	furnished by a governmental unit to the organization without charge						P
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 c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.)		Amounts included on lines 1, 2, and 3	18326	23570	66276	35471	55977	199620
8 Public support. (Subtract line 7c from line 6)	b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6		Public support. (Subtract line 7c from						
Calendar year (or fiscal year beginning in) Amounts from line 6	<u> </u>	line 6.)						199620
9 Amounts from line 6					100			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)		L			(c) 2013	(d) 2014	(e) 2015	(f) Total
section 511 taxes) from businesses acquired after June 30, 1975	1700	Gross income from interest, dividends, payments received on securities loans, rents,	18326	23570	66276	35471	55977	199620
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	b	section 511 taxes) from businesses						
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		The state of the s						to the state of th
loss from the sale of capital assets (Explain in Part VI.)		activities not included in line 10b, whether		-				
Total support. (Add lines 9, 10c, 11, and 12.)	12	loss from the sale of capital assets						=13
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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	13	Total support. (Add lines 9, 10c, 11,	18326	23570	66276	35471	55977	100620
Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990 is for the	e organization'	s first, second	, third, fourth,	or fifth tax year	ar as a section	
Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	Section					• • • • •		• • •
Public support percentage from 2014 Schedule A, Part III, line 15	22.20				column (fl)	The second second	15	100 0/
Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17		Public support percentage from 2014 Sch	edule A. Part II	l line 15	, coluitiii (i))			
Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))		on D. Computation of Investment Inc	ome Percen	tage	· · · · · · · · · · · · · · · · · · ·		1101	100 %
Investment income percentage from 2014 Schedule A, Part III, line 17					line 13. colum	n (f))	17	0.00 %
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 line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ✓		Investment income percentage from 2014	Schedule A. P.	art III. line 17.				
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . b 33½% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization b	19a	331/3% support tests-2015. If the organize	zation did not d	check the box	on line 14, and	d line 15 is mo	ore than 331/3%	, and line
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 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		17 is not more than 331/3%, check this box a	and stop here.	The organizatio	n qualifies as a	publicly suppo	rted organizatio	AND AND SOME STREET, STREET,
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	331/3% support tests-2014. If the organization	ation did not ch	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	1/3%, and
	20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	and see instruc	tions >

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2015

Open to Public Inspection Employer identification number

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