


GROSSMAN YANAK & FORD LLP
Certified Public Accountants and Consultants

NAVIGATING THE FORM 990 AND NON-PROFIT TAX ISSUES

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Not-for-Profit CPE Seminar Series January 10, 2018




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Navigating the Form 990 & Other Non-Profit Tax Issues

Introduction

- **Form 990 is lengthy and complex**
- **Time consuming to gather financial and nonfinancial data from multiple parties**
- **Long process from end of fiscal year to actual filing of the return**
- **Challenging to understand IRS terminology in the forms and instructions**

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Introduction

- **Complexity of the Form increases likelihood of errors**
- **Risk of penalties or loss of tax exemption**
- **Form 990-T for certain taxable activities**
- **Forms are publicly available information**

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Today's Agenda

- **Provide an overview of the Form 990 layout**
- **Address common errors in reporting**
- **Identify red flags**
- **Discuss differences between the Form 990 and GAAP**
- **Examine tax considerations for NFPs (UBIT)**
- **Review the state registration requirements**

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Requirements for Filing

- **Form 990N = Less than \$50,000 in Gross Receipts**
- **Form 990EZ = Gross Receipts < \$200k and Total Assets < \$500k**
- **Form 990 = Gross Receipts > \$200k or Total Assets > \$500k**
- **Extension: Must File Form 8868 by due date; Automatic 6-month extension granted upon request**
- **Penalty for filing late: \$20 or \$100 per day**
- **Reasonable Cause abatement**

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Outline of Form 990

- **Part I Summary**
- **Part III Statement of Program Service Accomplishments**
- **Part IV Checklist of Required Schedules**
- **Part V Statements Regarding Other IRS Filings and Tax Compliance**
- **Part VI Governing Body and Management**
- **Part VII Compensation of Officers, Directors etc.**

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Outline of Form 990 (cont.)

- **Part VIII Statement of Revenue**
- **Part IX Statement of Functional Expenses**
- **Part X Balance Sheet**
- **Part XI Reconciliation of Net Assets**
- **Part XII Financial Statement and Reporting**

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Part I: Summary

- **Snapshot of the Organization’s key financial, management and operational data**
- **Revenue and Expense items are entered in a two-year format (prior year and current year)**
- **Expenses are reported in Part I by natural classification (such as grants, benefits to members, salaries, and so on) rather than by functional classification (program, management/general, and fundraising)**

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Part III: Statement of Program Service Accomplishments

- **In this part, an organization describes:**
 - *Their mission*
 - *Program service accomplishments*
 - *Changes in program services*

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Part IV: Checklist of Required Schedules

- **Contains 38 yes or no questions wherein an affirmative answer requires organization to complete one of 16 additional schedules**
 - *Section 501(c)(3) organizations: Schedule A*
 - *Endowments: Schedule D*
 - *Activities outside of the U.S.: Schedule F*
 - *More than \$15,000 of fundraising income: Schedule G*
 - *Transactions with insiders: Schedule L*
 - *More than \$25,000 of non-cash contributions: Schedule M*

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Part V: Statements Regarding Other IRS Filings and Tax Compliance

- **Contains 14 multi-part questions and includes information regarding tax compliance that is intended to alert the organization to other potential federal tax compliance matters and obligations**

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Part VI: Governance, Management and Disclosure

- **Asks for information about the entity's governing body**
 - *Caused much debate when issued for use in 2008 tax year*
 - *Many thought questions created presumption of wrongdoing and noncompliance*
 - *IRS and other proponents of this form argue that good governance and accountability practices provide safeguards*

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Part VI: Governance, Management and Disclosure

- **Board composition/independence**
- **Organizational control**
- **Changes to governing documents**
- **Board Review of Form 990**
- **Policies**
 - *Conflict of Interest, Whistleblower, Document Retention*
 - *Officer compensation*
 - *Joint venture arrangements*

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Part VI: Governance, Management and Disclosure

- **Disclose state filings**
- **Public availability of Forms 1023, 990 and 990-T**
- **Are governing documents, conflict of interest policy and financial statements available to the public?**

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Part VII: Compensation of Officers, Directors, Key Employees

- **Discloses the compensation and benefits of the organization’s directors, trustees, officers, key employees and highest compensated employees**
- **Specific disclosure instructions in this part depend on the position held and the amount of compensation they are paid**
- **Also required to list the top five independent contractors, type of service and amount paid (if over \$100,000)**

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Part VIII: Statement of Revenue

- **Asks the preparer to list all the various revenue sources received by the organization**
- **Revenue sources are reported in one of three sources:**
 - *contributions, gifts, grants, and other similar amounts;*
 - *program service revenue;*
 - *and other revenue.*

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Part VIII: Statement of Revenue (cont.)

- **Requires an organization not only to properly classify its revenue, but also to identify the nature of the revenue in three different categories as follows:**
 - *related or exempt function revenue,*
 - *unrelated business revenue,*
 - *and excluded or excepted revenue.*

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Part IX: Statement of Functional Expenses

- **Highlights how the organization spends its resources**
- **The “how” the resources are spent is presented in a columnar format allocated across three functional areas of classification:**
 - *program services*
 - *management and general*
 - *fundraising*

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Part X: Balance Sheet

- **Reports the organization’s assets, liabilities and net assets**
- **Different from normal presentation of balance sheet**
 - *Separate line items to separately identify those transactions between the tax-exempt organization and its insiders*
 - Loans receivable and loans payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons

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Part XI: Reconciliation of Net Assets

- **Calculates and reconciles the net assets of the filing organization to amounts as reported on its balance sheet in Part X**
- **Includes a check box to alert readers to whether a further explanation of any of the items is included on Schedule O**

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Part XII: Financial Statements and Reporting

- **Organization tells the IRS what method of accounting the entity uses;**
- **whether financial statements were compiled, reviewed, or audited;**
- **and whether the organization is required to have a Single Audit completed**
- **Form 990 also asks about the audit oversight process**

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Overview of Schedules Most Used in Form 990

- **Schedule A: Public Charity Status and Public Support**
- **Schedule B: Schedule Of Contributors**
- **Schedule D: Supplemental Financial Statements**
- **Schedule F: Statement of Activities Outside the U.S.**
- **Schedule G: Fundraising or Gaming Activities**
- **Schedule J: Supplemental Compensation Information**
- **Schedule L: Transactions with Interested Persons**
- **Schedule O: Supplemental Information**

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Schedule A: Charity Status and Public Support

- **Must be completed by all public charities and focuses on public charity status**
- **New charity will receive their exemption letter at the time the IRS approves its exempt application and will have five years to establish that it is not a private foundation**
- **IRS added three additional pages to Schedule A with questions regarding supporting organization**
- **If an organization does not meet the Part II “33 $\frac{1}{3}$ % test”, it may still qualify for public charity status under the “10% facts and circumstances test”**

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Schedule B: Schedule of Contributors

- **Filed annually by any organization receiving contributions in excess of \$5,000 from a single donor**
- **Almost all filers of Schedule B are not subject to public disclosure**
- **If the organization has received any non-cash contributions above the requisite threshold amount, such non-cash contributions need to be detailed on Part II of Schedule B**
- **Contributed services and/or facilities received by an exempt organization are *not* to be reported on Schedule B**

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Schedule D: Supplemental Financial Statements

- **Seven questions that, if answered “yes” require Schedule D Filing**
 - *If the organization:*
 - Had land, buildings, equipment, investments, or other liabilities on its books,
 - Engaged an audit firm to conduct an independent audit
 - Maintained donor advised funds

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Schedule D: Supplemental Financial Statements

- **Seven questions that, if answered “yes” require Schedule D Filing**
 - *If the organization:*
 - Received conservation easements
 - Held art collections;
 - Provided credit counseling
 - And/or maintained endowment funds

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Schedule D: Supplemental Financial Statements

- **Reconciliation of Form 990 to audit report**
 - *Differences in reporting relate to:*
 - Unrealized investment gains (losses)
 - Investment expenses
 - Donated services and facilities
 - Other

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Schedule F: Statement of Activities Outside the U.S.

- **Organizations with activities outside the United States report those activities on a regional basis on Schedule F**
- **Information required for activities include:**
 - *Region*
 - *Number of offices and employees in region*
 - *Activities conducted*
 - *Total expenditures in region*

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Schedule J: Supplemental Compensation Information

- **Schedule J is required if any persons listed in Part VII received more than \$150,000 in total compensation**
 - *Amounts based on W-2s and 1099-MISCs filed for year of reporting*
 - *IRS does not require reporting of amounts of de minimis fringe benefits and expense reimbursements*
 - *There is also a column to report any compensation reported in a prior Form 990 filing*

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Schedule L: Transactions with Interested Persons

- **Provides information to the IRS – and the general public – about activities and transactions that involve insiders of a tax-exempt organization**
- **Covers:**
 - *Loans To and/or From Interested Persons*
 - *Grants or Assistance Benefitting Interested Persons*
 - *Business Transactions Involving Interested Persons*

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Schedule O: Supplemental Information

- **Many expect this form to be the place where organizations are expected to tell their story and the world will go here to find out what you do**
- **Must ALWAYS be prepared**
- **Must include narratives for several questions:**
 - *Processes used to review Form 990*
 - *How the organization made its governing documents, conflict of interest policy, and financial statements available to the public*

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Common Errors

- **Incorrect or missing basic information on Page 1**
- **Missing schedules (often Schedules A and O)**
- **Math errors between Page 1 and the detail in Parts VIII through XI**
- **Failing to disclose new program service activities on Part III, Line 2**
- **Incorrectly reporting grant expense and program service revenue on Part III**

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Common Errors

- **In Part IV:**
 - *Failing to understand and, if applicable, report whether the organization conducted quid pro quo transactions during the year*
 - *Not reporting foreign bank accounts*
 - *Failing to report grants to others*
 - *Not reporting related party relationships/transactions*

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Common Errors

- **In Part VI:**
 - *Incorrectly reporting the number of voting board members*
 - *Failing to understand the definition of “independent” for proper completion of Line 1b*
 - *Affirmatively responding to policy questions when the policies do not exist*

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Common Errors

- **Failing to understand and correctly complete the compensation table with respect to current and former officers etc. (Part VII)**
 - *Incorrect identification of key employees and highly compensated employees*
 - *Missing information from related organizations*
 - *Missing benefit information*

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Common Errors

- **In Part VIII:**
 - *Failing to understand the different columns in Part VIII and when/where to report amounts in each column*
 - *Failing to understand the definition of “program service revenue” for proper completion of Part VIII, Line 2*
 - *Failing to understand how to report special event income and expenses for proper completion of Part VIII, Line 8*
- **Improper allocation of expenses functionally (horizontal) and/or naturally (vertically) in Part IX**

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Common Errors

- **In Parts X through XII:**
 - *Failure to split out insider receivables and payables*
 - *Failure to report investment gains and donated services in Part XI*
 - *Failure to follow the method of accounting selected on Part XII, Line 1 when completing Form 990 and the required schedules*
 - *Incorrect responses to audit questions on Part XII, Lines 2 and 3*

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Red Flags

- **Accurate, timely, and complete filing of the Form 990 is critical to maintain tax exempt status**
 - *A “no” response to indicate whether certain governance practices have been established*
 - *A deficit in unrestricted assets*
 - *Political campaign and lobbying activities*
 - *Activities outside the U.S.*
 - *Fundraising or gaming activities*

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Red Flags

- **Accurate, timely, and complete filing of the Form 990 is critical to maintain tax exempt status**
 - *Compensation information*
 - *Transactions with interested persons*
 - *Non-cash contributions*

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GAAP vs. Form 990

- **There are a number of reporting differences between GAAP financial statements and the Form 990**
- **Donated property and services**
 - *No differences in donated property*
 - *Donated services or use of facilities are not recorded on the Form 990*
 - Remember: not all donated services are recorded under GAAP

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GAAP vs. Form 990

- **Investments**
 - *Recorded at fair value under GAAP, including unrealized gains and losses*
 - *Form 990 does not reflect unrealized activity (Part XI and Schedule D)*
 - *Investment expenses must be included in expenses on the Form 990 (generally netted against investment income for GAAP)*

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GAAP vs. Form 990

- **Special events**
 - *Like investment expenses, GAAP permits different presentation options for direct event expenses*
 - *Form 990 requires them to be netted against revenues*
- **Functional expenses**
 - *Not currently required under GAAP (but coming)*
 - *Required by Form 990 for 501(c)(3) and 501(c)(4) organizations*

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UBIT: Unrelated Business Taxable Income

- **Some tax exempt organizations may be subject to UBIT**
 - ***Must be:***
 - A trade or business
 - Regularly carried on
 - Not substantially related to exempt purpose

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UBIT: Unrelated Business Taxable Income

- **Some tax exempt organizations may be subject to UBIT**
 - ***Exemptions and exclusions:***
 - Passive income (investment income)
 - Volunteer exemption
 - Selling of donated goods

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State Requirements: Pennsylvania

- **\$50,000 or less: Internally Prepared, Compiled, Reviewed or Audited**
- **\$50,000 to less than \$100,000: Compiled, Reviewed or Audited**
- **\$100,000 to less than \$300,000: Reviewed or Audited**
- **Greater than \$300,000: Audited**
- **Also a registration fee**
- **Due by the 15th day of the 5th month**

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Form 990 Considerations

- **Consider general ledger account structure to capture Form 990-specific financial information**
 - *Donated services apart from other donated goods*
 - *Event expenses*
 - *Investment expenses and unrealized gains/losses*
 - *Breakout of expenses by nature and function*

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Form 990 Considerations

- **Ensure that tracking of contributors allows for easy reporting of significant contributors (\$5,000 or 2%)**
 - *Includes donor contact information*
 - *Quid pro quo contributions from events or other fundraisers*
- **Noncash donations also need to be tracked, valued and aggregated by type**

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Form 990 Considerations

- **Payroll reports that present detailed compensation information for highly compensated employees**
 - *Remember that this includes those no longer employed at year end*
- **Address any “No” responses in Part VI (Policies)**
- **Consider transactions with key individuals, related parties, or foreign activity**
- **Spending too much time responding to Part I, Line 6 regarding the number of volunteers**

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization: Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code _____

D Employer identification number _____

E Telephone number _____

F Name and address of principal officer: _____

G Gross receipts \$ 3,128,439,444

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: _____

H(c) Group exemption number _____

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: _____ **M** State of legal domicile: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	21,345
6 Total number of volunteers (estimate if necessary)	6	314,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,731,661
b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,179,093

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		660,035,659.	637,862,655.
9 Program service revenue (Part VIII, line 2g)		1,925,059,348.	1,878,941,932.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		108,404,719.	82,149,226.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,172,893.	19,249,439.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,726,672,619.	2,618,203,252.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		184,496,599.	166,332,465.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,524,387,895.	1,414,123,443.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>169,675,811.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,177,118,874.	1,099,148,041.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,886,003,368.	2,679,603,949.
19 Revenue less expenses. Subtract line 18 from line 12		-159,330,749.	-61,400,697.
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		3,486,142,571.	3,235,806,694.
21 Total liabilities (Part X, line 26)		1,892,332,242.	2,250,133,837.
22 Net assets or fund balances. Subtract line 21 from line 20		1,593,810,329.	985,672,857.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

Under penalties of perjury, I declare that the information on this return is true, correct, and complete.

I declare that the information on this return is true, correct, and complete, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Date

5/11/17

Paid

Date

Check If PTIN

5-10-17

self-employed

Preparer

Firm's name ▶

Firm's EIN ▶

Use Only

Firm's address ▶

Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

[Redacted]

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,736,307,437. including grants of \$) (Revenue \$ 1,746,335,909.)
BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 308,477,875. including grants of \$ 95,272,302.) (Revenue \$)
DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code:) (Expenses \$ 148,308,943. including grants of \$ 1,205,863.) (Revenue \$ 132,606,023.)
HEALTH & SAFETY SERVICES - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 200,463,561. including grants of \$ 69,854,300.) (Revenue \$)

4e Total program service expenses 2,393,557,816.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 19 numbered questions regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and other IRS filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) [REDACTED]	3.00									
(1) [REDACTED]	0.	X					0.	0.	0.	
(2) [REDACTED]	4.00									
(2) [REDACTED]	0.	X					0.	0.	0.	
(3) [REDACTED]	6.00									
(3) [REDACTED]	0.	X					0.	0.	0.	
(4) [REDACTED]	4.00									
(4) [REDACTED]	0.	X					0.	0.	0.	
(5) [REDACTED]	5.00									
(5) [REDACTED]	0.	X					0.	0.	0.	
(6) [REDACTED]	4.00									
(6) [REDACTED]	0.	X					0.	0.	0.	
(7) [REDACTED]	15.00									
(7) [REDACTED]	0.	X					0.	0.	0.	
(8) [REDACTED]	5.00									
(8) [REDACTED]	0.	X					0.	0.	0.	
(9) [REDACTED]	4.00									
(9) [REDACTED]	0.	X					0.	0.	0.	
(10) [REDACTED]	5.00									
(10) [REDACTED]	0.	X					0.	0.	0.	
(11) [REDACTED]	4.00									
(11) [REDACTED]	0.	X					0.	0.	0.	
(12) [REDACTED]	2.00									
(12) [REDACTED]	0.	X					0.	0.	0.	
(13) [REDACTED]	60.00									
(13) [REDACTED]	0.	X		X			502,364.	0.	31,630.	
(14) [REDACTED]	3.00									
(14) [REDACTED]	0.	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) [REDACTED]	4.00 0.	X						0.	0.	0.
(16) [REDACTED]	4.00 0.	X						0.	0.	0.
(17) [REDACTED]	4.00 0.	X						0.	0.	0.
(18) [REDACTED]	4.00 0.	X						0.	0.	0.
(19) [REDACTED]	60.00 0.			X			427,809.	0.		44,898.
(20) [REDACTED]	60.00 0.			X			342,700.	0.		24,972.
(21) [REDACTED]	60.00 0.			X			194,850.	0.		21,621.
(22) [REDACTED]	60.00 0.				X		326,595.	0.		41,388.
(23) [REDACTED]	60.00 0.				X		388,283.	0.		31,726.
(24) [REDACTED]	60.00 0.				X		509,960.	0.		43,126.
(25) [REDACTED]	60.00 0.				X		492,030.	0.		40,122.
1b Sub-total							502,364.	0.		31,630.
c Total from continuation sheets to Part VII, Section A							6,348,878.	0.		526,237.
d Total (add lines 1b and 1c)							6,851,242.	0.		557,867.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1248**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **310**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26)	60.00 0.				X		314,000.	0.	41,273.	
(27)	60.00 0.				X		457,191.	0.	31,887.	
(28)	60.00 0.				X		572,646.	0.	25,058.	
(29)	60.00 0.					X	474,633.	0.	29,091.	
(30)	60.00 0.					X	598,237.	0.	33,300.	
(31)	60.00 0.					X	374,041.	0.	34,211.	
(32)	60.00 0.					X	372,811.	0.	36,159.	
(33)	60.00 0.					X	371,711.	0.	32,491.	
(34)	60.00 0.						X	131,381.	0.	14,914.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1248**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 65,859,182.				
	b	Membership dues	1b				
	c	Fundraising events	1c 23,920,912.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 51,980,625.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 496,101,936.				
	g	Noncash contributions included in lines 1a-1f: \$	19,448,777.				
	h	Total. Add lines 1a-1f		637,862,655.			
Program Service Revenue			Business Code				
	2a	BIOMEDICAL PRODUCTS AND SERVICES	541900	1,746,335,909.	1,746,335,909.		
	b	OTHER PRODUCTS AND SERVICES	900099	132,606,023.	132,606,023.		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		1,878,941,932.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		46,101,344.		-1,885,267.	47,986,611.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross rents	20,737,699.				
	b	Less: rental expenses	31,218.				
	c	Rental income or (loss)	20,706,481.				
	d	Net rental income or (loss)		20,706,482.		36,120.	20,670,362.
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			510,658,346. 27,598,121.				
	b	Less: cost or other basis and sales expenses	471,419,464. 30,789,121.				
	c	Gain or (loss)	39,238,882. -3,191,000.				
	d	Net gain or (loss)		36,047,882.			36,047,882.
	8a	Gross income from fundraising events (not including \$ 23,920,912. of contributions reported on line 1c).					
		See Part IV, line 18	a 4,779,128.				
b	Less: direct expenses	b 7,955,099.					
c	Net income or (loss) from fundraising events		-3,175,971.			-3,175,971.	
9a	Gross income from gaming activities. See Part IV, line 19	a 72,902.					
b	Less: direct expenses	b 41,290.					
c	Net income or (loss) from gaming activities		31,612.			31,612.	
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
		Miscellaneous Revenue	Business Code				
11a	OTHER MISCELLANEOUS REVENUE	900099	1,687,316.	1,569,830.	117,486.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,687,316.				
12	Total revenue. See instructions		2,619,203,252.	1,880,511,762.	-1,731,661.	101,560,496.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	104,814,146.	104,814,146.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	61,518,319.	61,518,319.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,108,275.	1,241,936.	3,508,214.	358,125.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,112,886,481.	989,468,060.	46,639,745.	76,778,676.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,367,143.	45,674,563.	2,154,041.	3,538,539.
9 Other employee benefits	158,097,333.	140,115,101.	7,075,245.	10,906,987.
10 Payroll taxes	86,664,211.	76,806,891.	3,878,437.	5,978,883.
11 Fees for services (non-employees):				
a Management	119,965.	107,355.	5,131.	7,479.
b Legal	4,418,636.	4,418,636.		
c Accounting	1,428,456.	1,278,302.	61,096.	89,058.
d Lobbying	276,986.	247,870.	11,847.	17,269.
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	219,966,880.	141,880,584.	34,073,012.	44,013,284.
12 Advertising and promotion	18,769,045.	17,540,318.		1,228,727.
13 Office expenses	93,227,695.	89,106,747.	1,116,342.	3,004,606.
14 Information technology	39,659,154.	35,490,332.	1,696,248.	2,472,574.
15 Royalties	0.			
16 Occupancy	68,812,151.	65,503,649.	1,152,786.	2,155,716.
17 Travel	59,995,678.	53,044,011.	2,714,836.	4,236,831.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,466,737.	4,833,309.	247,373.	386,055.
20 Interest	39,460,880.	35,312,899.	1,687,768.	2,460,213.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	61,823,186.	52,446,987.	4,693,190.	4,683,009.
23 Insurance	37,847,529.	33,869,138.	1,618,764.	2,359,627.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BIOMEDICAL PROGRAM SUPPLIES</u>	414,603,450.	414,603,450.		
b <u>OTHER PROGRAM SUPPLIES & MAT</u>	29,664,622.	21,871,016.	3,369,568.	4,424,038.
c <u>OTHER ASSISTANCE</u>	3,606,991.	2,364,197.	666,679.	576,115.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,679,603,949.	2,393,557,816.	116,370,322.	169,675,811.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	119,321,973.	1	83,343,554.
	2	Savings and temporary cash investments	397,845,033.	2	475,623,874.
	3	Pledges and grants receivable, net	84,761,996.	3	75,102,497.
	4	Accounts receivable, net	191,582,186.	4	197,120,615.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	71,554,590.	8	38,179,100.
	9	Prepaid expenses and deferred charges	273,019,086.	9	278,876,558.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 184,479,969.		
	b	Less: accumulated depreciation.	10b 914,967,694.		
			962,131,010.	10c	929,830,275.
	11	Investments - publicly traded securities	648,051,697.	11	517,442,221.
	12	Investments - other securities. See Part IV, line 11	737,875,000.	12	640,288,000.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	0.	15	0.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,486,142,571.	16	3,235,806,694.	
Liabilities	17	Accounts payable and accrued expenses	260,977,043.	17	251,737,000.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	120,571,350.	20	89,242,600.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	7,943.	23	7,498.
	24	Unsecured notes and loans payable to unrelated third parties	524,401,996.	24	513,699,498.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	986,373,910.	25	1,395,447,241.
	26	Total liabilities. Add lines 17 through 25	1,892,332,242.	26	2,250,133,837.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	49,676,214.	27	-424,452,033.
	28	Temporarily restricted net assets	751,529,004.	28	602,314,390.
	29	Permanently restricted net assets	792,605,111.	29	807,810,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,593,810,329.	33	985,672,857.
	34	Total liabilities and net assets/fund balances	3,486,142,571.	34	3,235,806,694.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,618,203,252.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,679,603,949.
3	Revenue less expenses. Subtract line 2 from line 1	3	-61,400,697.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,593,810,329.
5	Net unrealized gains (losses) on investments	5	-146,385,449.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-400,351,326.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	985,672,857.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II 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.)

Section A. Public Support

Calendar 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.")	741,190,737.	1,133,413,010.	788,226,198.	660,035,660.	637,862,655.	3,960,728,260.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	741,190,737.	1,133,413,010.	788,226,198.	660,035,660.	637,862,655.	3,960,728,260.
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).						0.
6 Public support. Subtract line 5 from line 4.						3,960,728,260.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	741,190,737.	1,133,413,010.	788,226,198.	660,035,660.	637,862,655.	3,960,728,260.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,546,564.	44,935,982.	45,653,603.	64,037,255.	66,839,044.	268,012,448.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,378,528.	984,755.	1,209,134.	2,362,466.	-2,179,093.	4,755,790.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,064,041.	10,107,683.	9,690,523.	11,483,427.	4,852,030.	48,197,704.
11 Total support. Add lines 7 through 10						4,281,694,202.
12 Gross receipts from related activities, etc. (see instructions)					12	10,604,963,672.

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92.50 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.14 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a	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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
SPECIAL EVENT & GAMING REVENUE	12,064,041.	10,107,683.	9,690,523.	11,483,427.	4,852,030.	48,197,704.
TOTALS	<u>12,064,041.</u>	<u>10,107,683.</u>	<u>9,690,523.</u>	<u>11,483,427.</u>	<u>4,852,030.</u>	<u>48,197,704.</u>

Schedule of Contributors

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization [REDACTED] Employer identification number [REDACTED]

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 26,339,916.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 20,315,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1014382039.	982,209,039.	891,312,039.	828,070,039.	830,414,039.
b Contributions	22,824,000.	27,700,000.	19,594,000.	19,233,000.	22,060,000.
c Net investment earnings, gains, and losses	-31,976,000.	38,138,000.	103,271,000.	75,352,000.	6,174,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	36,155,000.	33,665,000.	31,968,000.	31,343,000.	30,578,000.
f Administrative expenses					
g End of year balance	969,075,039.	1014382039.	982,209,039.	891,312,039.	828,070,039.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment 100.0000 %
 - c** Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		122,155,231.		122,155,231.
b Buildings		1056570681.	459,110,156.	597,460,525.
c Leasehold improvements		82,943,709.	64,457,292.	18,486,417.
d Equipment		562,644,578.	391,400,246.	171,244,332.
e Other		20,483,770.		20,483,770.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				929,830,275.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	536,000.	ATTACHMENT 1
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	639,752,000.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	640,288,000.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION AND POST-RETIREMENT BENEFIT	1,106,822,163.
(3) SECURITIZATION & MISC LIABILITIES	129,126,265.
(4) INSURANCE (LOSS RESERVES & CLAIMS)	132,264,570.
(5) SPLIT-INTEREST AGREEMENT LIABILITY	27,234,243.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,395,447,241.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

Employer identification number

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	3.	21.	PROGRAM SERVICES	DISASTER RESPONSE	34,031,814.
(2) NORTH AMERICA			PROGRAM SERVICES	DISASTER RESPONSE	719,282.
(3) SUB-SAHARAN AFRICA	5.	6.	PROGRAM SERVICES	DISASTER RESPONSE	7,604,348.
(4) MIDDLE EAST AND NORTH AFRICA	1.	1.	PROGRAM SERVICES	DISASTER RESPONSE	124,096.
(5) EAST ASIA AND THE PACIFIC	5.	18.	PROGRAM SERVICES	DISASTER RESPONSE	17,389,605.
(6) EUROPE	1.	1.	PROGRAM SERVICES	DISASTER RESPONSE	689,994.
(7) RUSSIA/INDEPENDENT STATES	2.		PROGRAM SERVICES	DISASTER RESPONSE	1,769,085.
(8) SOUTH AMERICA	2.		PROGRAM SERVICES	DISASTER RESPONSE	1,747,796.
(9) SOUTH ASIA	2.	4.	PROGRAM SERVICES	DISASTER RESPONSE	5,372,080.
(10) EUROPE			INVESTMENTS		16,239,224.
(11) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		821,668.
(12) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INSURANCE	27,226,336.
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	21.	51.			113,735,328.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	21.	51.			113,735,328.

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

Schedule F (Form 990) 2015

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input checked="" type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	X	

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	[REDACTED]	199,661. 0.	13,572. 0.	158,478. 0.	14,353. 0.	18,138. 0.	404,202. 0.	0. 0.
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**SCHEDULE L
(Form 990 or 990-EZ)**

Transactions With Interested Persons

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		154,696.	FMV
5 Clothing and household goods	X		4,896,409.	FMV
6 Cars and other vehicles	X		81,765.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		6,134,947.	FMV
20 Drugs and medical supplies	X		3,243,429.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS)	X		4,937,531.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2015

For calendar year 2015 or other tax year beginning 7/1, 2015, and ending 6/30, 2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

- A** Check box if address changed
- B** Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)
 [REDACTED]

Number, street, and room or suite no. If a P.O. box, see instructions.
 [REDACTED]

City or town, state or province, country, and ZIP or foreign postal code
 [REDACTED]

D Employer identification number (Employees' trust, see instructions.)
 [REDACTED]

E Unrelated business activity codes (See instructions.)
 812930 : 713200

C Book value of all assets at end of year
 3,235,806,694

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ P'SHIP INVESTMENTS AND DEBT FINANCED REAL PROPERTY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ [REDACTED] Telephone number ▶ [REDACTED]

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	117,486			
b Less returns and allowances				
c Balance ▶		1c 117,486		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 117,486		117,486
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5 -1,885,267		-1,885,267
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7 36,120	13,417	22,703
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 -1,731,661	13,417	-1,745,078

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15	87,054	
16 Repairs and maintenance		16	2,218	
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28	344,743	
29 Total deductions. Add lines 14 through 28		29	434,015	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-2,179,093	
31 Net operating loss deduction (limited to the amount on line 30)		31	0	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-2,179,093	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.		34	-2,179,093	

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include: 40a-40e Credits, 41 Subtract line 40e, 42 Other taxes, 43 Total tax, 44a-44g Payments, 45 Total payments, 46 Estimated tax penalty, 47 Tax due, 48 Overpayment, 49 Enter the amount of line 48.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include: 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Total. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here

Print/Type preparer's name [Redacted]

Companying schedules and statements, and to the best of my knowledge and belief, it is all information of which preparer has any knowledge. Title [Redacted] May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Date, Check if self-employed, PTIN. Rows include: Print/Type preparer's name [Redacted], Date 3-27-17, Check if self-employed [], PTIN [Redacted], Firm's name [Redacted], Firm's EIN [Redacted], Firm's address [Redacted], Phone no. [Redacted]

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	SEE ATTACHMENT			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations	
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			