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		a	a	n
Form	-	J	J	v

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 Open to Public Inspection

A	For t	he 201	5 calendar year, or tax	year begir	ıning	, 2015	5, and e	nding			, 20	
			C Name of organization						D Employer ide	ntification	number	
8	Check if a	upplicable /	SPHINX FOUNDAY	rion					02-600	7881		
Г	Addi		Doing business as									
-	_1	e charge	Number and street (or P C	box if mail is i	not delivered to street	address)	Room/s	uite	E Telephone nu	mber		
	folia	return	P.O. BOX 213				1		(603) 64	6-965	1	
-	Fingi	return/	City or town, state or prov	ince, country, a	nd ZIP or foreign pos	tal code	L					
-	lerma	nated	HANOVER, NH 03	3755-021	3				G Gross receipt	. \$	51	2,123.
-		cation	F Name and address of princ		PETER COW	AN		**************************************	H(a) Is this a gro			
L	j pend	eng	P.O. BOX 213 F	•					Bubordinales H(b) Are all subord			}
1	Tay a	empt st	·			T - 1	- T	1507	⊣ `'		instructions)	
		ite:		501(c) () ◀ (insert no) 4947(a)(1)	Or	527	-			
J				1-11					H(c) Group exemation 2006 M			e NH
K		of organ		Trust	Association O	ther >	LL Y	ear of forma	ation 2000 M	State of le	gai domicii	9 1411
	art I		mmary			CFF C	CHEDII	T F A				
	1	Briefly	describe the organization	i's mission or	most significant a	ctivities SEE S	CUEDO					
Governance												
Ē												
Š	2		this box 🕨 if the or	-	•	•				S I I		1.0
	3	Numb	er of voting members of the	e governing	body (Part VI, line	1a)				3		18.
8	4		er of independent voting n							4		18.
Activities &	5		number of Individuals emp							5		0.
: €	6	Total	number of volunteers (estir	nate if necess	ary)					6		
Ā	7a	Total (unrelated business revenue	from Part VI	II, column (C), line	12				7a		0.
	b	Net ur	related business taxable i	ncome from F	orm 990-T, line 34	1				7b		0.
									Prior Year		Current	Year
o	8	Contri	butions and grants (Part V	III, line 1h)				🗀	98,94	1.	30	6,083.
Revenue	9		am service revenue (Part VI						80,15	9.	8	0,460.
Š	10	Invest	ment income (Part VIII, co	lumn (A), line	s 3, 4, and 7d)				14,24	1.	2	3,254.
œ	11		revenue (Part VIII, column							0.		0.
	12		evenue - add lines 8 throu						193,34	1.	40	9,797.
	13		s and similar amounts paid	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					, , , , , , , , , , , , , , , , , , ,	0.		0.
	14		its paid to or for members				• • • •	•		0.		0.
LO.	15	Salarie	es, other compensation, e	nplovee bene	HISTPHY X-colum	n/(A), lines 5-10)	• • • •	•		0.		0.
Expenses	1		sional fundraising fees (Pa			S		• •	3,80	0.		2,553.
e e	b	Total f	undraising expenses (Par	3).columo.(£	1) Jine 25\ >= c	O 14,175	· · · · ·	• •				
ũ	17	Other	expenses (Part IX, column	NO V	2 2 10 10	S			144,78	2.	26	9,139.
	18		expenses Add lines 13-17			1001		••	148,58			1,692.
	19		ue less expenses Subtra			, unit [23]		• -	44,75			8,105.
50	` -		assets (Part X, line 16)			<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · ·	Beal	nning of Current		End of Y	
anc and	20	Total	accets (Part X line 16)						2,117,82			4,756.
A Sa	21	Total	iabilities (Part X, line 26)	· · · · · · ·		· · · · · · · · · ·		• •		0.		9,000.
Net Ass Fund Bal	22		sets or fund balances Su						2,117,82			5,756.
	rt II		nature Block	Dudce into 21	nom me zo		· · · ·	··-				
				examined this	return, including a	ccompanying sched	ules and s	talements.	and to the best of	my know	leador and	hohof_it is
true	, corre	ct, and	f perjury, I declare that I have complete Declaration of prepa	for (other than	officer) is based on a	all information of whi	ich prepai	er has any k	knowledge		رم	
			11 (K) X/1						11/1	4 /2016		
Sig	n		Signature of officer						Date			
He			PETER COWAN			PRESID	ENT					
			Type or print name and title			- INDUID						
		1	Type preparer's name	— Т	Preparer's signature		Date			PTIN		
Palo	1		, ,	1	. •				Check self-employ			
Pre	parer	F										
Use	Only	1	name -						Firm's EIN			
Mar	the		address > cuss this return with the pr	enarer shown	ahove? (see instr	ictions)			Phone no		Tv	X No
			Reduction Act Notice, see			20.10110/	• • • •	• • • • •	• • • • • • • • •	• • • • •	Yes	X No 20 (2015)
. 01	· apg	. 44 (1) 44 (incurrenti met Hutter, 500	c ochaigit	,						LOUIN OF 2	/ U (2010)

For	m 990 (2015)		Page Z
P	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part	<u>III</u>	X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the ye	ar which were not listed on t	he
-	prior Form 990 or 990-EZ?		Yes No
	If "Yes," describe these new services on Schedule O	,	• • • • • • • • • • • • • • • • • • • •
2	Did the organization cease conducting, or make significant changes in h	now at conducts any progra	nm
3			Yes No
		• • • • • • • • • • • • • • • • • • • •	
	If "Yes," describe these changes on Schedule O.		was as measured by
4	Describe the organization's program service accomplishments for each of it		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to represent the state of the section 501(c)(3) and 501(c)(4) organizations are required to represent the state of the section 501(c)(4) organizations are required to represent the section 501(c)(4) organization 501(c)(4) or	ort the amount of grants and	allocations to others,
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 62,639. including grants of \$) (Revenue \$	18,955.
	ATTACHMENT 1		
		the state of the s	
	ALLEAN CONTROL OF THE PROPERTY	- 4	
	W Washington W Washington and the second state of the second state		
4b	(Code.) (Expenses \$ 139,611. Including grants of \$) (Revenue \$	50,616)
	ATTACHMENT 2		
	ALA ALXIILEFELT E		
			www.v
			
4c	(Code) (Expenses \$ 34,986. including grants of \$) (Revenue \$	10,587)
	C) HISTORICAL PRESERVATION:		•
	THE SPHINX BUILDING, ORIGINALLY CONSTRUCTED IN 1905,	IS LISTED ON	
	THE NATIONAL REGISTER OF HISTORIC PLACES. THE FOUNDAT		
	COMMITTED TO PRESERVING THE BUILDING AND ITS ROLE IN		
	THE EDUCATIONAL AND COMMUNITY SERVICE ACTIVITIES OF I		
	UNDERGRADUATES AND ADDITIONALLY ENSURING THAT THE BUI		
	CONTINUES TO QUALIFY FOR INCLUSION ON THE NATIONAL RE	GISTER OF	
	HISTORIC PLACES.		
41	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue	\$	
40	Total program service expenses ► 237, 236.		
40	Total program service expenses > 231,230.		

Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		T	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>	İ	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	l		
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3	 	
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				x
7	"Yes," complete Schedule D, Part I	6	 	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		l .
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		v
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	١ ،		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			****
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	111		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	7.5	-	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14ь	1	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4-		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>~</u>
10				ν
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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		ļ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Ì.	**3	,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		٠ \	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>x</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206	ı	Х
_	Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		$\frac{x}{x}$
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
••	Part 1	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	_
	Part VI , , , , ,	37		_ <u>X</u> _
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.	38	X	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	- • • 	· · · ·	للـــــــــــــــــــــــــــــــــــــ
		J. 383	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- 3		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
	reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1,5"	,	,
	Statements, filed for the calendar year ending with of within the year covered by this return.	2ь		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>-υ</u>		>>.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	U		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
	account)?	1		
b	If "Yes," enter the name of the foreign country	· ¾,	ς έ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	2*	v	* .
-	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			*
u P	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Υ Σ.	2,5	*
·	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	38.	1	٠, د
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	> .	Ś., v	*
	Initiation fees and capital contributions included on Part VIII, line 12]. ^	ŕ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities],		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders] , , [<u>`</u>	
	Gross income from other sources (Do not net amounts due or paid to other sources		A	à
	against amounts due or received from them)		.84	~ XX
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			1201.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	2. 1	r	3
b	Enter the amount of reserves the organization is required to maintain by the states in which	} , x,5 , x,5	Q Y	
	the organization is licensed to issue qualified health plans	C. K. S.	l '	`
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	L
JSA 5E 1C43	0 1 000	Form		(2015)
- /-	0087KQ 049P 11/11/2016 2:35:44 PM V 15-7F 6663.000		P	AGE

Par	**Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ough 7b belo	w, and	for a	a "No
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	1a -	18	:23	. *
	If there are material differences in voting rights among members of the governing body, or if the governing		`*	1 3	Ĭ,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				1 247
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	•		U	1
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or ur		1		v
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3	├	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		6	 	$\frac{1}{X}$
6 7a	Did the organization have members or stockholders?			 	
/ a	Did the organization have members, stockholders, or other persons who had the power to element one or more members of the governing body?	• •	7a		x
b				1	1
_	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following		٠.		
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at	ı		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenu	e Cod		,
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	ļ	X .
b	If "Yes," did the organization have written policies and procedures governing the activities of s		1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	-x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the form?.	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		12a	x	1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u> </u>	
U	Were officers, directors, or trustees, and key employees required to disclose annually interests to conflicts?		12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po				
·	describe in Schedule O how this was done	•	12c	х	
13	Did the organization have a written whistleblower policy?		13		$\frac{1}{x}$
14	Did the organization have a written document retention and destruction policy?		14	l	X
15	Did the process for determining compensation of the following persons include a review and	d approval by		*	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	1	1
b	Other officers or key employees of the organization		15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		~	,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			(g)
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t		\$ C		
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safequard the	*	.^ **	4
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NH,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain in Schie		n 501(d	;)(3)s	only)
40		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents financial statements available to the public during the tax year	s, conflict of in	iterest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's b STEVE CORDY 1378 PARK LANE PELHAM, NY 10803	ooks and reco	ds >		
10.4	315-12 CURDI 13/0 FRRR LANE FELHAM, NI 10803 914-738-4928				
JSA 554043	4.000		Form	990	(2015)

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Part VII	Compensation of Off	ficers, Directors,	Trustees, Key	/ Employees,	Highest	Compensated	Employees,	and
	Independent Contracto	ors						
	Check if Schedule O co	ontains a response	or note to any	line in this Part	VII			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X 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)	office or direct	unle	Pos heck ss pe	erson	e than or/trust Highest compensated employee	an	(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
(1)PHILIP HARRISON			:							_
BOARD MEMBER		Х		ļ				0.	0,	0.
(2)JAAN LUMI BOARD MEMBER		х						0.	0.	0.
(3)MATT LEBLANC BOARD MEMBER		х						0.	0.	0.
(4)JERRY BIRD BOARD MEMBER		х					-	0.	0.	0.
(5)DAVID HARRISON BOARD MEMBER		х						0.	0.	0.
(6)RALPH MANUEL BOARD MEMBER		х						0.	0.	0.
(7)PAUL KILLEBREW BOARD MEMBER		x						0.	0.	0.
(8)JIM TRUNCELLITO BOARD MEMBER		x						0.	0.	0.
(9)DENO MOKAS BOARD MEMBER		x						0.	0,	0.
(10)JON MERRIMAN BOARD MEMBER		x						0.	0.	0.
(11)MARTY MILLIGAN BOARD MEMBER		x						0.	0.	0.
(12)TED NEWHOUSE BOARD MEMBER		x						0.	0.	0.
(13)TOM SLOSBERG BOARD MEMBER		x						0.	0.	0.
(14)ROB ESPOSITO BOARD MEMBER		x						0.	0.	0.
	L			نــــا	L					For 990 (2045)

JSA 5E 1041 1 DC0 Form 990 (2015)

ane	5
OHC	•

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Higl	hest Compensat	ed Employe	es (c	ontinue	<u> </u>	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rsor	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		Estr amo o comp	(F) mated ount of ther ensation	Ī
	related organizations below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		orga and	m the nization related nization	i
15) PETER COWAN				<u> </u>		ļ ——							
PRESIDENT		 		X	 	ļ	ļ	0.	·	0.			0.
16) PETER FREDERICK VICE PRESIDENT				х				0.		0.			0.
17) ETHAN FRECHETTE SECRETARY				х				0.		0.			0.
18) STEVE CORDY	ļ												_
TREASURER	-	ļ		Х	ļ		-	0.		0.			0.
	<u> </u>				<u></u>								
													
											-		
													
									v u — www.upro ntenso				
1b Sub-total	<u> </u>	L			اا			0.		0.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A	• • • •					A	0.		0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste				o re	ceived more than	\$100,000 of	L			
	***										, ,	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	r, or chind	tru Ividu	istei <i>ial</i>	e, I •••	кеу <i>е</i> 		loyee, or highest	compensate	ed	3		X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	00?	lf.	"Yes	," (complete Schedui	e J for suc		4		x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	mpen	satio	on f	from	any	unr	related organization	n or individu	al	5		
Section B. Independent Contractors									<u> </u>	··		J.	
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompensa	ition	
		·											
							-						
		<u>.</u>											
2 Total number of independent contractors (if more than \$100,000 in compensation from the				itec	to 0		e li	sted above) who	received	3,	` ;	,	* .

PAGE 8

Grants mounts	VIII		nue					
, Grants mounts		Chack if Schadula O co						
Grants mounts		Crieda il Scriedale O Co	ontains a respon	se or note to a	ny line in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included	1b 1c 1d 1d	306,083,				
and C	g	Noncash contributions included in	in lines 1a-1f \$]()	134 1.4°	. 3	
	2a	Total Add lines 1a-1f		Business Code 900099	80,460.	80,460.	* * * * * *	
Program Service Revenue	b c d e f	All other program service rev	· · · · ·		W 100 00 00 00 00 00 00 00 00 00 00 00 00			
	g	Total. Add lines 2a-2f			80,460.	* * 3 9 K	· · · · · · · · · · · · · · · · · · ·	<u>* * * * </u>
	3 4 5	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	22,156.			22,156
	6a b c d	Gross rents	(i) Securities	>	0.		3	
		assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	103,424.		A Company of the Comp		,	
Other Revenue		Net gain or (loss)	ising		1,098.	,	·	1,098
	С	See Part IV, line 18	b ndraising events .	.,,	0.	^ -	A. 11	
		See Part IV, line 19	a			. ~	* '	* * *
10	c Da	Net income or (loss) from g. Gross sales of inventor returns and allowances	ory, less	, >	0.		**************************************	
		Less cost of goods sold Net income or (loss) from sal	b les of inventory	Business Code	0.			
11	b c					1974 V 744 V	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
JSA 12	d e ?	All other revenue			0. 409,797,	BC,460.		23,254 Form 990 (2015)

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	onse or note to any line (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign]		
individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.			·····
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	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroli taxes	0.			
11 Fees for services (non-employees).				
a Management	0.			
b Legal	11,162.		11,162.	·
c Accounting	0.		11,102	
d Lobbying	2,553.			2,553
e Professional fundraising services. See Part IV, line 17.	2,333.			2,333
f Investment management fees	<u>``</u>		······································	
9 Other, (If line 11g amount exceeds 10% of line 25 column	0.			
(A) amount, list line 11g expenses on Schedule O),	0.			
13 Office expenses	6.1			
14 Information technology	0.			
15 Royalties.	0.			
16 Occupancy	27,866.	27,866.		
17 Travel	0.	-		
18 Payments of travel or entertainment expenses				V
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	36,648.	36,648.		
23 Insurance	8,598.	8,598.		
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 ()	27,653.	27 (52		
aEDUCATIONAL PROGRAMS	14,295.	27,653. 14,151.	111	
LESTATE TAXES	15,243.	15,243.	144.	
dPOSTAGE	3,241.	89.	190.	2,962
e All other expenses ATCH 4	124, 433.	106,988.	8,785.	8,660
25 Total functional expenses. Add lines 1 through 24e	271,692.	237,236.	20,281.	14,175
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2,2,052.	237,2303	20,201.	+4,110
fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	0.			
SA 10110WITING SOF 90-2 (MSC 930-120)		1		Form 990 (201

Check if Schedule O contains a response or note to any line in this P Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net	(A) Beginning of year 264,305. 1,030,701.	1	(B) End of year 429, 566.
Savings and temporary cash investments	1,030,701.		429,566.
Savings and temporary cash investments		1	
Pledges and grants receivable, net		2	1,055,318
Accounts receivable, net	0.	3	0.
	0.	4	0
coans and other receivables from current and former officers, directors,			
rustees, key employees, and highest compensated employees			
Complete Part II of Schedule L oans and other receivables from other disqualified persons (as defined under section	0.	5	0
1958(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.		0
Notes and loans receivable, net	0.	7	0
nventories for sale or use	0.		0 .
Prepaid expenses and deferred charges	0.	9	0
and, buildings, and equipment cost or			
other basis Complete Part VI of Schedule D 10a 1,125,066.			
other basis Complete Part VI of Schedule D 1,125,066. Less accumulated depreciation	822,815.	10c	789,872
nvestments - publicly traded securities	0.	11	0.
nvestments - other securities See Part IV, line 11	0.	12	0.
nvestments - program-related. See Part IV, line 11		13	0.
ntangible assets	0.	14	0.
Other assets See Part IV, line 11	0.	15	0.
otal assets. Add lines 1 through 15 (must equal line 34)	2,117,821.	16	2,274,756.
Accounts payable and accrued expenses	0.	17	Ō.
			Ö.
Deferred revenue	0.	19	0.
ax-exempt bond liabilities	0.	20	0.
scrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
rustees, key employees, highest compensated employees, and			
isqualified persons Complete Part II of Schedule L	0.	22	0.
secured mortgages and notes payable to unrelated third parties	0.	23	0.
Insecured notes and loans payable to unrelated third parties	0.	24	9,000.
Other liabilities (including federal income tax, payables to related third			
arties, and other liabilities not included on lines 17-24) Complete Part X			
f Schedule D	0.	25	0.
otal liabilities. Add lines 17 through 25	0.	26	9,000.
organizations that follow SFAS 117 (ASC 958), check here X and omplete lines 27 through 29, and lines 33 and 34.			
Inrestricted net assets		27	1,872,670.
emporarily restricted net assets		28	125,149.
ermanently restricted net assets	267,937.	29	267,937.
rganizations that do not follow SFAS 117 (ASC 958), check here ▶ and omplete lines 30 through 34.			
apital stock or trust principal, or current funds		30	
aid-in or capital surplus, or land, building, or equipment fund	l	J 1 1	
raid-in or capital surplus, or land, building, or equipment fund etained earnings, endowment, accumulated income, or other funds		32	
aid-in or capital surplus, or land, building, or equipment fund etained earnings, endowment, accumulated income, or other funds otal net assets or fund balances otal liabilities and net assets/fund balances	2,117,821.		2,265,756.
	counts payable and accrued expenses rants payable eferred revenue ax-exempt bond liabilities scrow or custodial account liability Complete Part IV of Schedule D cans and other payables to current and former officers, directors, ustees, key employees, highest compensated employees, and squalified persons Complete Part II of Schedule L ecured mortgages and notes payable to unrelated third parties insecured notes and loans payable to unrelated third parties ther liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X Schedule D cotal liabilities. Add lines 17 through 25. reganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. nestricted net assets emporarily restricted net assets emporarily restricted net assets emporarily restricted net assets eganizations that do not follow SFAS 117 (ASC 958), check here A and complete lines 30 through 34. applied stock or trust principal, or current funds	counts payable and accrued expenses rants payable eferred revenue ax-exempt bond liabilities scrow or custodial account liability Complete Part IV of Schedule D bans and other payables to current and former officers, directors, ustees, key employees, highest compensated employees, and squalified persons Complete Part II of Schedule L ecured mortgages and notes payable to unrelated third parties necured notes and loans payable to unrelated third parties ther liabilities (including federal income tax, payables to related third arties, and other liabilities not included on lines 17-24) Complete Part X Schedule D organizations that follow SFAS 117 (ASC 958), check here armanently restricted net assets reganizations that do not follow SFAS 117 (ASC 958), check here applete lines 30 through 34. applital stock or trust principal, or current funds	cocounts payable and accrued expenses

Form **990** (2015)

SPHINX FOUNDATION

Form 9	90 (2015)			Pε	ege 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			· <u>· · ·</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	271,	692.
3	Revenue less expenses Subtract line 2 from line 1	3	1	138,	105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1		821.
5	Net unrealized gains (losses) on investments	5		9,	830.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33. column (B))	10	2,2	265,	756.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in			
	Schedule O	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con			·	
	reviewed on a separate basis, consolidated basis, or both:	•		İ	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
_	If "Yes," check a box below to indicate whether the financial statements for the year were aud		1		
	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	oversiaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent ac		2c		
	If the organization changed either its oversight process or selection process during the tax year, or				
	Schedule O	Apidiii iii			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		1
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

		the organization					1	tification number
SPI	IIN	K FOUNDATION						-6007881
Pa		Reason for Public Cha						•
The	orga	anization is not a private fou		-	_	-	·	
1		A church, convention of ch						
2		A school described in secti						
3	\square	A hospital or a cooperative		=				
4		A medical research organiz	· •	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
	·1	hospital's name, city, and s						
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 go	-					
7	X	An organization that norm	•		apport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8	\square	A community trust describe						
9		An organization that norm						
		receipts from activities rel						
		support from gross inves						tax) from businesses
40	$\overline{\Box}$	acquired by the organization						
10	\vdash	An organization organized An organization organized						ru aut the aucreses of
11	لـــا	one or more publicly suppo						
		the box in lines 11a through	=					
_	Г	Type I A supporting orga		•			•	-
а	L	the supported organization						
		organization You must c			sicci a n	rajority o	t the directors of trus	tees of the supporting
b	f	Type II A supporting org	•		nnection	with its	supported organizate	on(s) by having
-	١	control or management of						
		organization(s) You must						-gpp
c		Type III functionally inte			ated in c	onnectio	n with, and functional	ly integrated with.
	•	its supported organization		-				
d		Type III non-functionally						ted organization(s)
		that is not functionally into	egrated. The orga	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	ind D, an	d Part V.	
е		$_$ Check this box if the orga						I, Type III
		functionally integrated, or	Type III non-funct	tionally integrated sup	porting	organizal	ion	,
f		ter the number of supported	_					
g		ovide the following information	T	T	·	-		
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in yo	organization our governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)		manuscon and the state of the s						
(E)					-			
_/ 					-			
Tota	.1		I	[1	1		

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

Schedule A (Form 990 or 990-EZ) 2016

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.) Part II

Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants" 1 \\ Tax evenues leved for the organization's benefit and either paid to or expended on its behalf \\ The value of services or facilities furnished by a governmental unit to the grant to or expended on its behalf \\ Total Add lines 1 through 3 \\ The portion of lotal contributions by each person (other furnished by a governmental unit to the grant to grant to the grant to grant	Sec	tion A. Public Support				~		
membership fees received (Do not included any "unusual grants")			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or expended on its behalf	1	membership fees received (Do not	127,328.	150,940.	170,188.	168,499.	337,232.	953,887.
turnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 127,028. 150,940. 170,188. 160,499. 337,232. 953,887 5 The portion of total contributions by each person (other than a person (other than a person (other publicly supported organization). Included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning lin) P (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 2017 (f) Total 2017 (f) Total 3017 (f) Total 30	2	organization's benefit and either paid				19.49		0.
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on inne 1 that exceeds 2% of the amount on the 1 that exceeds 2% of the amount of publicly supports. Distributed that exceeds 2% of the amount of publicly supports of the public support. Subtract line 5 from line 4. Section B. Total Support. Amounts from line 4. Beginning that exceeds 2% of the amount of public support exceeds a su	3	furnished by a governmental unit to the						0.
each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount 5 hown on line 11, column (f). Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 10, 127, 028, 120, 120, 120, 120, 120, 120, 120, 120	4	Total. Add lines 1 through 3	127,028.	150,940.	170,188.	168,499.	337,232.	953,887
8 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or itscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						100,446.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total T Amounts from line 4	6							853,441.
Calendar year (or fiscal year beginning In) A mounts from line 4 A mounts from line 4 A mounts from line 4 B Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. P Net income from unrelated business activities, whether or not the business is regularly carried on. O Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Gross receipts from related activities, etc. (see instructions) Tirst 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 P public support percentage from 2014 Schedule A, Part II, line 14 15 95.96 % B 3311% support test -2015. If the organization did not check the box on line 13, and line 14 is 3311% or more, and if the organization qualifies as a publicly supported organization. A 3311% support test -2014. If the organization did not check a box on line 13, 16a, and line 15 is 33113% or more, check this box and stop here. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 00 organization. P 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 00 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, check this box and stop here. Explain in Part VI how 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 qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualif				<u> </u>				
7 Amounts from line 4			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 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. 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2014 Schedule A, Part II, line 14. 16 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 16 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10%-facts-and-circumstances test - 2015. 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, 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 qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly suppor		i i	127,028.	150,940.	170,188.	168,499.	337,232.	953,887.
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar	. 446.	1,773.	277.	14,242.	1,239.	17,977.
loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10	9	activities, whether or not the business					***************************************	0
Total support. Add lines 7 through 10. 971, 864 12 Gross receipts from related activities, etc. (see instructions) 12 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 87.81% 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 95.96% 16a 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	10	loss from the sale of capital assets						0.
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 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	11							971,864.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2014 Schedule A, Part II, line 14 16 95.96% 16a 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, 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.	12	Gross receipts from related activities, etc. (s	see instructions) .				12	
Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		organization, check this box and stop here			id, third, fourth,	or fifth tax ye	aras a section	501(c)(3) ▶
Public support percentage from 2014 Schedule A, Part II, line 14	Sec							97 91 0
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b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% 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.	16a							
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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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	114							
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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.								
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Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	-							
supported organization								
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	18							
		_						_
Schedule A (Form 990 or 990-EZ) 201	****	W. C.						

		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.)

<u> </u>	Alexa A. D. Allin O				··········		
	tion A. Public Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011	(0) 2012	(6) 2015	(6) 2014	(0) 2010	(i) iolai
1	Giffs, grants contributions, and membership fees						•
	received (Do not include any "unusual grants")						<u> </u>
2	Gross receipts from admissions, merchandise			İ			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose			<u> </u>			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	1					
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
_	received from other than disqualified	,		•			
	persons that exceed the greater of \$5,000	1		j			j
	or 1% of the amount on line 13 for the year		4				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)			<u> </u>			<u> </u>
	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	ndar year (or fiscal year beginning in)	(4) 2011	(0) 20 12	(0) 2010	(4)2014	(0) 2010	(1) TOTAL
9 10 =	Amounts from line 6					·	
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
v	section 511 taxes) from businesses						
	acquired after June 30, 1975					government of	
	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly	-		1			
40	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,			<u> </u>	<u> </u>		<u> </u>
	and 12.)						
14	First five years. If the Form 990 is 1	for the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here	•					٠٠٠٠
Sec	tion C. Computation of Public Sup			······································			
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Scho					16	%
	tion D. Computation of Investmen				····	**************************************	i-i
17	Investment income percentage for 2015 (li			13, column (f))		17	%
18	Investment income percentage from 2014					18	%
	331/3% support tests - 2015. If the or					·	
	17 is not more than 331/3 %, check th	=					
b	33 1/3 % support tests - 2014. If the orga					- · · ·	+
_	line 18 is not more than 331/3%, check						
20	Private foundation if the organization		•				

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

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

Schedule A (Form 990 or 990-EZ) 2015			Page b
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ilzatio	ns .	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must com	nplete	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	11		
collection of gross income or for management, conservation, or	1 1		}
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)	14		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
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 Check here if the current year is the organization's first as a non-functionally	/-integ	rated Type III supporting	organization (see
instructions).	•		• , .

Schedule A (Form 990 or 990-EZ) 2015

Part		Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
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 resp	onsive	
	(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.			
а				
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)			
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7. \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	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			
88	Breakdown of line 7:			
a				
b				
С	Excess from 2013 ,			
d	Excess from 2014			
0	Excess from 2015			
			Calabara de la	A (Form 990 or 990-F7) 2014

Schedule A (Form 990 or 990-EZ) 2015

Page 8

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).

SCHEDULÈ D (Form 990)

Supplemental Financial Statements ▶ 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open to Public Inspection

_	INX FOUNDATION		02-6007881
Pa		vised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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	-	[] []
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the ben-		
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e.g., re	creation or education) Preservation of	of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization t	held a qualified conservation contribution in	the form of a consequence
_	easement on the last day of the tax year		Held at the End of the Tax Year
		<u> </u>	
a	Total number of conservation easements	.	
b	Total acreage restricted by conservation easemen	l-	2b
C	Number of conservation easements on a certified	· · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included in (
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	insferred, released, extinguished, or termina	ated by the organization during the
	tax year 🕨		
4	Number of states where property subject to cons-	ervation easement is located 🕨	
5	Does the organization have a written policy re	garding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe		
	>		3 3
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$	stang, manipular of the standard and office only occur	neor varior casements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	n 170/h)////R)/i)
•			
9	and section 170(h)(4)(B)(ii)?	consequenties accompanie in the reviews and	Yes No
3	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme		ii statements that describes the
. Da		s of Art, Historical Treasures, or Other	Similar Assets
ı u	Complete if the organization answered	I "Ves" on Form 990 Part IV line 8	Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that desc	ribes these items
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educa-	ation, or research in furtherance of
	public service, provide the following amounts related	ting 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 a		
	following amounts required to be reported under 5		and provide the
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$
For F	Assets included in Form 990, Part Xaperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2015
10.4			- · · · · · · · · · · · · · · · · · · ·

Sche	dule D (Form 990) 2015									Page ∠
Pai	rt III Organizations Maintaini	ng Colle	ections o	f Art, His	torical 1	reasures,	, or Oth	er Similar Ass	ets (con	inued)
3	Using the organization's acquisition	on, acces	ssion, and	other reco	rds, chec	k any of th	ne follow	ng that are a sig	ınıficant u	se of its
	collection items (check all that apply)									
а	Public exhibition			d [Loan	or exchang	e progran	าร		
þ	Scholarly research			е _	Other					
C	Preservation for future gene									
4	Provide a description of the orga	nization's	collection	s and exp	ain how	they furthe	r the org	anızatıon's exem	pt purpos	e in Part
	XIII									
5	During the year, did the organization	on solicit	or receive	donations	of art, hist	orical treas	sures, or c	ther similar		
	assets to be sold to raise funds rati	her than t	to be maint	ained as p	art of the	organizatio	n's collec	tion?	Yes	No
Pai	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.									
1 a	Is the organization an agent, truste									
	included on Form 990, Part X?								Yes	No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table									
								Amount		
C	Beginning balance						:			
d	Additions during the year					1d	<u> </u>			
e										
f	Ending balance			· · · · · ·		11				
	Did the organization include an am									No
	If "Yes," explain the arrangement i	n Part XI	II Check h	ere if the e	xplanation	n has been p	provided c	n Part XIII	<u> </u>	
Par	t V Endowment Funds.									
	Complete if the organizat								<u>-</u>	
		(a) Cu	rrent year	(b) Pn	or year	(c) Two ye	ars back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions					 				
C	Net investment earnings, gains,					l	ł			
	and losses	·								
þ	Grants or scholarships					<u> </u>		,		
e	Other expenditures for facilities									
	and programs			ļ						
f	Administrative expenses								<u> </u>	
g	End of year balance			<u> </u>		<u> </u>	l		<u>.l</u>	
2	Provide the estimated percentage		rrent year	end baland	æ (line 1g,	column (a)) held as			
a	Board designated or quasi-endown		·····	%						
b	Permanent endowment >	%	•							
С	Temporarily restricted endowment		%							
_	The percentages on lines 2a, 2b, a									
3 a	Are there endowment funds not in	tne poss	ession of th	ne organiz	ation that	are neid ar	nd admini	sterea for the	r.	es No
	organization by								p	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
, D							• • • • •	• • • • • • • • • •	3b	
4 2ar	Describe in Part XIII the intended it tvi Land, Buildings, and Equ	ioment	ie organiza	mon s endo	winent iui	IUS				
لانتس	Complete if the organiza	tion ans	wered "Ye	s" on For	m 990, P	Part IV, line	11a Se	e Form 990, Pa	irt X, line	10.
	Description of property		(a) Cost of	other basis	(b) Cost of	or other basis	(c) Acci	mulated	(d) Book valu	
1 a	Land		(inves	tment)	10	ther)	aepre	ciation		· · · · · · · · · · · · · · · · · · ·
b	Buildings				1 1	100,595.	31	2,497	78	8,098.
c	Leasehold improvements		·	<u></u>	 /-		 			-, -, -, -,
đ	Equipment				 	24,470.	<u> </u>	22,696		1,774.
	Other		·····		 		<u> </u>			
	I. Add lines 1a through 1e (Column		equal Form	n 990. Parl	X. calum	n (B), line 1	Oc.1		78	9,872.
		(=,	- 7		,	- 1007, 1110			dula D (For	

	SPHINX FOUNDAT	PION		02-6007881
Part, VII	Investments - Other Securities. Complete if the organization answered	L"Yes" on Form 990) Part IV line 11b See Fo	rm 990. Part X. line 12.
,,,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation year market value
(1) Financia	al derivatives			
	-held equity interests			
• •				
<u>(A)</u>				
(B)	an and any star for the first time to the first time to the first time to the first time to the first time to the first time time to the first time to the first time to the first time to the first time to the first time time to the first time time to the first time time time time time time time tim		<u> </u>	· ·
(C)				
<u>(D)</u>				
<u>(E)</u>			-	
(F)		,		
(G) (H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII				
1 are viii	Complete if the organization answered	l "Yes" on Form 990). Part IV. line 11c. See Fo	rm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method	t of valuation year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.		<u> </u>	
r ait ix	Complete if the organization answered	"Yes" on Form 990). Part IV. line 11d See Fo	rm 990. Part X. line 15
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col (B) li	mo 15 \		
Part X	Other Liabilities. Complete if the organization answered line 25			See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	ie , ,	. x
	ral income taxes	(a) Book vall		* /
(2)				
(3)				* * * * * * * * * * * * * * * * * * *
(4)				
(5)				
(6)	~			* * *
(7)		l	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·

Total. (Column (b) must equal Form 990 Part X, col. (B) line 25.) ▶ 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.

(8) (9)

Schedule D (Form 990) 2015

JSA

02-6007881

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SPHINX FOUNDATION

Employer identification number

02-6007881

FORM 990, PART I, LINE 1 AND PART II, LINE I SPHINX FOUNDATION (THE FOUNDATION) PROMOTES CERTAIN EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE). MORE SPECIFICALLY, THE PURPOSES FOR WHICH THE CORPORATION IS FORMED INCLUDE:

- TO EDUCATE THE STUDENTS OF DARTMOUTH COLLEGE ("DARTMOUTH' OR THE A) 'COLLEGE') AND MEMBERS OF THE COLLEGE COMMUNITY AND MEMBERS OF THE GENERAL PUBLIC WITH THE PURPOSE OF FURTHERING KNOWLEDGE OF THE HISTORY AND TRADITIONS OF DARTMOUTH.
- TO PRESERVE AND CARRY ON THE EDUCATIONAL AND CHARITABLE TRADITIONS B١ AND CEREMONIES OF THE SPHINX ORGANIZATION WHICH, SINCE ITS FOUNDING IN 1885, HAS PROMOTED THE IDEALS OF ACADEMIC EXCELLENCE, COMMUNITY SERVICE, HIGH MORAL PURPOSE AND RESPECT FOR THE TRADITIONS AT THE COLLEGE, AND TRAINED AND EDUCATED SELECTED UNDERGRADUATE MEMBERS OF THE COLLEGE TO BECOME PROSPECTIVE LEADERS OF THE COLLEGE, LOCAL, NATIONAL AND GLOBAL COMMUNITY.
- TO BE A RESERVOIR OF DARTMOUTH'S HISTORY AND TRADITIONS IN THE C) COLLEGE COMMUNITY AND PROVIDE A MUSEUM OF COLLEGE AND SPHINX MEMORABILIA AND LITERATURE.
- TO SERVE AND SUPPORT THE COLLEGE AND COMMUNITY D)
- E) TO PRESERVE AND MAINTAIN THE HISTORIC BUILDING AT EAST WHEELOCK

Employer Identification number 02-6007881

FORM 990, PART VI, SECTION A, LINE 2 BOARD MEMBERS DAVID HARRISON AND PHILIP HARRISON ARE BROTHERS.

FORM 990, PART VI, SECTION A, LINE 8B

THE ORGANIZATION DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR
WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY EACH COMMITTEE WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY BECAUSE THERE IS NO
COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11
COPIES OF FORM 990 ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW PRIOR
TO FILING, WHICH IS DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C

COPIES OF THE CONFLICT OF INTEREST POLICY ARE DISTRIBUTED TO EACH

INDIVIDUAL ANNUALLY. A SIGNED COPY MUST BE OBTAINED FROM EACH INDIVIDUAL.

FORM 990, PART VI, SECTION C, LINE 19

COPIES ARE MADE AVAILABLE VIA ANNUAL FILING WITH THE STATE OF NEW

HAMPSHIRE

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

A) EDUCATION:

DURING 2015 THE FOUNDATION CONDUCTED ITS FORMAL ANNUAL COURSE ON DARTMOUTH AND SPHINX HISTORY AND TRADITIONS FOR THE CLASS OF 2016

Employer identification number 02-6007881

ATTACHMENT 1 (CONT'D)

UNDERGRADUATE MEMBERS. THE COURSE WAS CONDUCTED IN THE SPHINX BUILDING AND OVERSEEN BY ALUMNI MEMBERS. THE COURSE COMBINED LECTURES, ORAL REVIEW SESSIONS WITH READING ASSIGNMENTS. THERE WERE THREE SESSIONS PER ACADEMIC QUARTER (EXCLUDING SUMMER) AND INCLUDED GUEST LECTURES. UNDERGRADUATE MEMBERS SUCCESSFULLY PASSED THE ORAL EXAM IN MAY 2015. UNDERGRADUATE MEMBERS MADE EXTENSIVE USE OF THE SPHINX FACILITIES WHICH INCLUDE THE LIBRARY AND STUDY STATIONS. THE FOUNDATION MAINTAINS THE BUILDING'S WIRELESS AND HIGH SPEED CONDUCTIVITY TO ENSURE THE SPHINX BUILDING PROVIDES THE STRONGEST SUPPORT FOR UNDERGRADUATE ACADEMIC ACTIVITIES. GENERAL ACTIVITIES OF UNDERGRADUATE MEMBERSHIP IN SPHINX INCLUDE EXTENSIVE PEER DRIVEN LEARNING EXPERIENCES THAT TAKE PLACE IN THE SPHINX BUILDING. THESE INCLUDE INFORMAL ACADEMIC DEBATE AND DISCOURSE, FULFILLMENT OF GROUP LEADERSHIP ROLE, GROUP GOAL SETTING AND PLANNED ACTIVITIES, BASIC BUDGET MANAGEMENT, AND INTERACTION WITH COLLEGE OFFICIALS. THE SPHINX FOUNDATION ORGANIZES AND SUPPORTS PUBLIC LECTURES AND PARTNERS WITH THE COLLEGE'S CONTINUING ALUMNI EDUCATION PROGRAMS WHEN REQUESTED AND APPROPRIATE. IN 2015 THE FOUNDATION CONTINUED ITS SUPPORT OF THE 'HILL WINDS SOCIETY', A DIVERSE GROUP OF UNDERGRADUATES SELECTED TO BE 'AMBASSADORS' TO THE VISIT ALUMNI BODY. THE HILL WINDS SOCIETY WAS FOUNDED IN 2008 AND CONSISTS OF MEMBERS SELECTED ON THE BASIS OF CAMPUS INVOLVEMENT, COMMUNICATION SKILLS, LEADERSHIP POTENTIAL AND AN INFECTIOUS DARTMOUTH SPIRIT. THE FOUNDATION FURTHER FULFILLS ITS EDUCATIONAL MISSION BY FUNDING

Name of the organization
SPHINX FOUNDATION

Employer identification number 02-6007881

ATTACHMENT 1 (CONT'D)

THE COST OF PURCHASING AND DISTRIBUTING COPIES OF THE FIRST YEAR READING PROGRAM BOOK TO THE INCOMING UNDERGRADUATE CLASS. THE BOOK IS SELECTED BY MEMBERS OF THE FACULTY OF DARTMOUTH TO BE READ BY THE ENTIRE 'FRESHMAN' CLASS OF OVER 1,100 STUDENTS DURING THE SUMMER PRIOR TO THEIR MATRICULATION AT THE COLLEGE. BY DOING SO, THE SPHINX FOUNDATION PROVIDES AN IMPORTANT AND COMMON FOUNDATION FOR THE RIGOROUS ACADEMIC CURRICULUM TO FOLLOW FOR EVERY DARTMOUTH STUDENT. IN ADDITION, THE FOUNDATION UNDERWROTE THE OPERATION OF A STUDENT AND VISITOR INFORMATION BOOTH ON CAMPUS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

B) COMMUNITY SERVICE:

IN 2015, THE SENIOR CLASS MEMBERS CONTINUED TO SUPPORT DAVID'S HOUSE, A HOME FOR FAMILIES WITH CHILDREN UNDER TREATMENT AT THE 'DARTMOUTH-HITCHCOCK MEDICAL CENTER' FOR A VARIETY OF ILLNESSES, CONDITIONS, OR INJURIES. MEMBERS PERIODICALLY PROVIDE MEALS AND/OR FULFILL 'WISH LIST' ITEMS CRITICALLY NEEDED TO RESIDENT FAMILIES.

ALSO IN 2015, THE SPHINX FOUNDATION MADE A DONATION TO THE 'DARTMOUTH UNIFORMED SERVICES ALUMNI GROUP', A NEWLY FORMED CAMPUS ORGANIZATION DEDICATED TO ATTRACTING VETERANS TO ATTEND THE COLLEGE, AND ENCOURAGING UNDERGRADUATES TO CONSIDER THE PURSUIT OF CAREERS IN THE ARMED SERVICES.

IN 2015 THE SPHINX FOUNDATION FUNDED THE RENOVATION, RELOCATION

Name of the organization
SPHINX FOUNDATION

Employer identification number 02-6007881

ATTACHMENT 2 (CONT'D)

AND REDEDICATION OF ALL THE VETERANS MEMORIALS ON CAMPUS THAT
HONORED DARTMOUTH ALUMNI WHO HAD SERVED IN MILITARY ACTION FROM
THE CIVIL WAR THROUGH THE RECENT ACTIONS IN THE MIDDLE EAST. IN
ADDITON SPHINX FOUNDATION FUNDED THE CREATION AND FABRICATION OF A
NEW MEMORIAL HONORING ALL OF THE DARTMOUTH MEN AND WOMEN WHO HAVE
SERVED THEIR COUNTRY IN WAR AND PEACE. THIS IS THE FIRST
MEMORIAL HONORING DARTMOUTH WOMEN'S SERVICE TO THEIR COUNTRY.

FORM 990, PART VIII - INVESTMENT INCOM	<u>E</u>		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	22,15	6.		22,156.
TOTALS	22,15	6.		22,156.

·	·			
FORM 990, PART IX - OTHER EXPENSES		;; -	ATTACHMENT 4	
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
COMMUNITY SERVICES	104,625.	104,625.		
BANK CHARGES	10,933.	119.	8,507.	2,307.
PRINTING	1,804.	1,786.		18.
TELEPHONE	4,698.			4,698.
EQUIPMENT	2,373.	458.	278.	1,637.
TOTALS	124,433.	106,988.	8,785.	8,660.