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Form **990** 

Department of the

#### DLN: 93493320103416

OMB No 1545-0047

# **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 <u>www IRS gov/form990</u>

| Interna                     | al Rever         | nue Servic          | ce  |                 |   |             |               |                |          | Inspection                       |
|-----------------------------|------------------|---------------------|---|-----------------|---|-------------|---------------|----------------|----------|----------------------------------|
| A F                         | or the           | 2015 ca             | lendar year, or tax year beg                          | inning          | 01-01-2015 , and ending 12-31-20  | )15         |               |                |          |                                  |
| B Che                       | ck if ap         | plicable            | C Name of organization SALMO FONTINALIS CLUB INC      |                 |   |             |               | D Emplo        | yer i    | dentification number             |
| Ac                          | ldress cl        | hange               | C/O PATRICK F MCINTYRE CP.                            | A PC            |   |             |               | 14-10          | 0307     | 79                               |
| <u> </u>                    | ame cha          | -                   | Doing business as                                     |                 |   |             |               |                |          |                                  |
| In In                       | ıtıal retu       | ırn                 |   |                 |   |             |               | E Talent       | one :    | umbor                            |
|                             | nai<br>'termina  | ated                |   | x ıf maı        | l is not delivered to street address) Room/s                                | suite       |               | E Teleph       | one ni   | umber                            |
| Am                          | ended            | return              | 1123 ROUTE 9  |                 |   |             |               | (845)          | 736      | -2100                            |
| Ap                          | olication        | pending             | City or town, state or province<br>GARRISON, NY 10524 | , countr        | y, and ZIP or foreign postal code   |             |               |                |          |                                  |
|                             |                  |                     | G/40013011, 111 10321                                 |                 |   |             |               | <b>G</b> Gross | receip   | ts \$ 78,261                     |
|                             |                  |                     | F Name and address of pr                              | rıncıpa         | l officer   | H(a         | ) Is th       | ıs a group     | retu     | ırn for                          |
|                             |                  |                     | JOHN MCKEAN<br>1123 ROUTE 9                           |                 |   |             |               | rdinates?      |          | ☐ Yes 🗸                          |
|                             |                  |                     | GARRISON, NY 10524                                    |                 |   | Н           | No<br>Na Area | all subord     | ınate    | s —. —                           |
| I Ta                        | x-exem           | pt status           | 「501(c)(3) <b>▼</b> 501(c)(                           | 7 ) <b>4</b> (ı | nsert no ) 4947(a)(1) or 527  | ''(5        | inclu         |                |          | Yes No                           |
| J W                         | ebsite           | : ► N/A             | 1   |                 |   |             |               | •              |          | st (see instructions)            |
|                             |                  |                     | -   |                 |   |             |               | ıp exempt      | ion r    |                                  |
| <b>K</b> Form               | n of org         | janization          | ✓ Corporation Trust A                                 | Associatio      | on Other ►  | L \         | ear of fo     | rmation        |          | <b>M</b> State of legal domicile |
|                             |                  | <u> </u>            |   |                 |   |             |               |                |          |                                  |
| Pa                          | rt I             |                     | mary  |                 |   |             |               |                |          |                                  |
|                             |                  |                     |   |                 | r most significant activities TS ACTIVITIES FOR MEMBERS                     |             |               |                |          |                                  |
| e)                          |                  |                     |   |                 |   |             |               |                |          |                                  |
| anc<br>T                    |                  |                     |   |                 |   |             |               |                |          |                                  |
| Ĕ                           |                  |                     |   |                 |   |             |               |                |          |                                  |
| Governance                  | <b>2</b> C       | heck th             | is box ▶ ☐ if the organizati                          | on disc         | continued its operations or disposed  | d of mor    | e than 2      | 25% of its     | s net    | assets                           |
| 5                           | 3 N              | lumher (            | of voting members of the go                           | vernin          | g body (Part VI, line 1a)   |             |               |                | з        | 4                                |
| Activities &                |                  |                     | -   |                 | the governing body (Part VI, line 1b  |             |               |                | 4        | 4                                |
| Щ                           |                  |                     |   |                 | lendar year 2015 (Part V , line 2a)   | •           |               |                | 5        | 2                                |
| cţ.                         |                  |                     |   |                 | essary)   |             |               |                | 6        | 2                                |
| AG                          |                  |                     | ·   |                 | t VIII, column (C), line 12   |             |               |                | 7a       | 0                                |
|                             |                  |                     |   |                 | Form 990-T, line 34   |             |               |                | 7a<br>7b |                                  |
|                             | D IV             | - umcie             | rea basilless taxable illeon                          | 1011            | 17 om 330 1, me 34  | <del></del> |               | r Year         |          | Current Year                     |
|                             | 8                | Contri              | hutions and grants (Dart VI                           | II line         | a 1 h \   |             |               | , i cui        |          | Current rear                     |
| 햨                           | 9                |                     | Contributions and grants (Part VIII, line 1h)         |                 |   |             |               |                | 380      | 78,255                           |
| Ravenue                     | 10               | _                   | ·   |                 | A), lines 3, 4, and 7d)   | -           |               | - 05,          | 5        | 70,235                           |
| Ŗ.                          | 11               |                     |   |                 | nes 5, 6d, 8c, 9c, 10c, and 11e)  | ·  -        |               |                |          | (                                |
|                             | 12               |                     | •   |                 | must equal Part VIII, column (A), lii                                       | ne 一        |               |                |          |                                  |
|                             | 12               | 12)                 |   | (               | (,  |             |               | 83,            | 385      | 78,261                           |
|                             | 13               | Grants              | and similar amounts paid (                            | (Part I         | X, column (A), lines 1-3)   |             |               |                |          | (                                |
|                             | 14               | Benefi              | ts paid to or for members (P                          | art IX          | , column (A), line 4)   |             |               |                |          | (                                |
| ۰,0                         | 15               |                     |   | ployee          | benefits (Part IX, column (A), lines  |             |               | 24.            | 331      | 25,093                           |
| S.                          |                  | 5-10)               |   |                 |   | -           |               |                |          | •                                |
| Expenses                    | 16a              |                     | - '   |                 | olumn (A), line 11e)  | ·           |               |                |          | (                                |
| ጃ                           | ь                |                     | ndraising expenses (Part IX, colur                    |                 | ·   | <u> </u>    |               |                |          |                                  |
|                             | 17               |                     |   |                 | nes 11a-11d, 11f-24e)   | <u> </u>    |               | ·              | 649      | 56,537                           |
|                             | 18               |                     | •   | -               | equal Part IX, column (A), line 25)   | _           |               | ·              | 980      | 81,630                           |
|                             | 19               | Reven               | ue less expenses Subtract                             | line 1          | 8 from line 12  | -           |               | -              | 595      | -3,369                           |
| C 6                         |                  |                     |   |                 |   | Beg         | inning o      | of Current     | Year     | End of Year                      |
| Net Assets or Fund Balances | 20               | Total               | assets (Part X, line 16) .                            |                 |   |             |               | 626,           | 902      | 623,122                          |
| AB P                        | 21               |                     | iabilities (Part X, line 26)                          |                 |   |             |               | ·              | 566      | 1,155                            |
| Fun                         | 22               |                     | sets or fund balances Subt                            |                 |   | ·           |               | 625,           | -        | 621,967                          |
|                             | t III            |                     | ature Block   |                 |   |             |               | 523,           |          | 021,507                          |
| Unde<br>my ki               | r pena<br>nowled | Ities of<br>Ige and | perjury, I declare that I hav                         |                 | nined this return, including accompa<br>lete Declaration of preparer (other | , -         |               |                |          | •                                |
|                             |                  | ****                | **  |                 |   |             | יכ            | 016-11-15      |          |                                  |
| Sign                        |                  | Signa               | ature of officer                                      |                 |   |             |               | ate            |          |                                  |
| Here                        |                  | JOHN                | MCKEAN TREAS/VICE-PRES                                |                 |   |             |               |                |          |                                  |
|                             |                  |                     | or print name and title                               |                 |   |             |               |                |          |                                  |
|                             |                  |                     | rint/Type preparer's name                             |                 |   | Date        | 15 Che        | eck 🗸 ıf       | PTIN     |                                  |
| Paid                        | t                | L <sup>P</sup>      | ATRICK F MCINTYRE                                     |                 | PATRICK F MCINTYRE  | 2016-11     |               | -employed      | P01.     | 372868                           |

**Preparer** 

**Use Only** 

Firm's name ► PATRICK F MCINTYRE CPA PC

BREWSTER, NY 105094503

Firm's address ▶ 3 STARR RIDGE RD STE 102

Firm's EIN > 06-1460870

Phone no (845) 278-2836

Form 990 (2015)

| Par | t 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," complete Schedule A   | 1           |     | No |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2           |     | No |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3           |     | No |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4           |     |    |
| 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, Part III  | 5           |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6           |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7           |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆  | 8           |     | No |
| 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 debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9           |     | No |
| 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          |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |             |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a         | Yes |    |
|     | 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         |     | No |
| С   | 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   | <b>11</b> c |     | No |
| d   | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼   | <b>11</b> d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Yes |    |
| 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   | <b>11</b> f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | <b>12</b> a |     | No |
| 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         |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 | 14b         |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV   | 15          |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16          |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17          |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18          |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19          |     | No |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a         |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b         |     |    |

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|             | •  | •        |        |       |           |             |   |
|-------------|----|----------|--------|-------|-----------|-------------|---|
| : <b>IV</b> | CI | hecklist | of Rec | uired | Schedules | (continued) | ) |

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

| Pai | rt IV Checklist of Required Schedules (continued)   |    |  |
|-----|---|----|--|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 21 |  |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II           |    |  |

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? 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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

29 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

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

23

24a

24h

24c

24d

25a

25b

26

27

28a

28b

**28**c

29

30

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35a

35b

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Yes

Form 990 (2015)

| Par | Tt V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V   |               |     | _  |
|-----|--|---------------|-----|----|
|     | Check if Schedule o contains a response of flote to any line in this part v  | · · · ·       | Yes | No |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a  | 0             |     |    |
| b   | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b   | 0             |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c            | Yes |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 2             |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | 2b            | Yes |    |
| 3a  | Did the organization have unrelated business gross income of $$1,000$ or more during the year?   | 3a            |     | No |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$  | 3b            |     |    |
| 4a  | 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 account)? | 4a            |     | No |
| b   | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |               |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a            |     | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b            |     | No |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |               |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 5c<br>6a      |     | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or givere not tax deductible?  | fts <b>6b</b> |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |               |     |    |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a            |     |    |
| b   | 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 file Form 8282?  | 7c            |     |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | _             |     |    |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e            |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | . 7f          |     |    |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?  | as <b>7g</b>  |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h            |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8             |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a            |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b            |     |    |
| 10  | Section 501(c)(7) organizations. Enter   |               |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 10a   |               |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |               |     | Ī  |
| 11  | Section 501(c)(12) organizations. Enter  |               |     |    |
|     | Gross income from members or shareholders  |               |     |    |
| Ь   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   | _             |     |    |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a           |     |    |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |               |     |    |
| 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | or <b>13a</b> |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  | _             |     |    |
| С   | Enter the amount of reserves on hand   | !             |     |    |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a           |     | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$  | 14b           |     |    |

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|-----|--|------|--------|------|--|
| Par | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. |      |        | w,   |  |
|     | Check if Schedule O contains a response or note to any line in this Part VI  | •    |        | 🔽    |  |
| Se  | ction A. Governing Body and Management   |      | Yes    | N.   |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 4  |      | res    | No   |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O               |      |        |      |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 4  |      |        |      |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2    |        | No   |  |
| 3   | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .        |      |        |      |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4    |        | No   |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .  | 5    |        | No   |  |
| 6   | Did the organization have members or stockholders?   | 6    |        | No   |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a   |        | No   |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b   |        | No   |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |      |        |      |  |
| а   | The governing body?  | 8a   | Yes    |      |  |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b   |        | No   |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                   | 9    |        | No   |  |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal R   | even | ue Cod | e.)  |  |

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

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOHN MCKEAN 9 JUNE ROAD NORTH SALEM, NY 10560 (203) 979-7361

16b

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

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                  | (B)<br>A verage<br>hours per<br>week (list<br>any hours | more<br>pers                      | than<br>on is         | one<br>bot | not<br>bo:<br>th a: | chec<br>x, unle<br>n offic<br>rustee | ess<br>er | (D) Reportable compensation from the organization (W- 2/1099- | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F) Estimated amount of other compensation               |
|--|---|-----------------------------------|-----------------------|------------|---------------------|--------------------------------------|-----------|---|--|--|
|  | for related<br>organizations<br>below<br>dotted line)   | Individual trustee<br>or director | Institutional Trustee | Officer    | Key employee        | Highest compensated emptovee         | Former    | (W- 2/1099-<br>MISC)  | (W- 2/1099-<br>MISC)   | from the<br>organization<br>and related<br>organizations |
| (1) FRANK MOSELEY<br>PRESIDENT         | 3 00  |                                   |                       | х          |                     |                                      |           | 0   | 0  |  |
| (2) RICHARD KROON<br>VICE-PRESIDE      | 3 00  |                                   |                       | ×          |                     |                                      |           | 0   | 0  |  |
| (3) JOHN MCKEAN<br>TREAS/VICE-P        | 5 00  |                                   |                       | х          |                     |                                      |           | 0   | 0  |  |
| (4) EDWARD AUCHINCLOSS<br>VICE-PRESIDE | 3 00  |                                   |                       | х          |                     |                                      |           | 0   | 0  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |
|  |   |                                   |                       |            |                     |                                      |           |   |  |  |

| art VII | Section A. Officers, | Directors, Trust | es, Key Employees | , and Highest | Compensated Employees ( | (continued) |
|---------|----------------------|------------------|-------------------|---------------|-------------------------|-------------|
|         |                      |                  |                   |               |                         |             |

|        | (A)<br>Name and Title          | (B) A verage hours per week (list any hours for related organizations below dotted line) | Position (do not chemore than one box, it person is both an oand a director/trus    Common |              | o not check<br>e box, unless<br>th an officer<br>tor/trustee) |        |  | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |  |  |  |  |  |  |
|--------|--------------------------------|--|--|--------------|---|--------|--|--|---|--|--|--|--|--|--|--|
|        |                                | ,  | Individual trustee<br>or director  | onal Trustee |   | oloyee | Highest compensated employee   |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
|        |                                |  |  |              |   |        |  |  |   |  |  |  |  |  |  |  |
| 1b     |                                |  |  |              |   |        | •  |  |   |  |  |  |  |  |  |  |
| c<br>d | Total from continuation shee   | •  |  | ٠.           |   | •      | · 💍  |  |   |  |  |  |  |  |  |  |
|        | Total (add lines 1b and 1c)    |  |  | •            | •   | •      |  |  |   |  |  |  |  |  |  |  |
| 2      | Total number of individuals (i | including but not  | limited t  | to the       | se I  | ıste   | Total number of individuals (including but not limited to those listed above) who received more than |  |   |  |  |  |  |  |  |  |

- \$100,000 of reportable compensation from the organization
- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .

  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
  - ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

# 4 Νo 5 Νo

Yes

3

No

Νo

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

| compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |                                       |                            |  |  |  |  |
|--|---------------------------------------|----------------------------|--|--|--|--|
| (A) Name and business address  | <b>(B)</b><br>Description of services | <b>(C)</b><br>Compensation |  |  |  |  |
|  |                                       |                            |  |  |  |  |
|  |                                       |                            |  |  |  |  |
|  |                                       |                            |  |  |  |  |
|  |                                       |                            |  |  |  |  |

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

| Form 99   | 90 (20   | 015)  |                   |  |                                | Page <b>9</b>  |
|---|----------|---|-------------------|--|--------------------------------|--|
| Part V  | /++1     | Statement of Revenue  |                   |  |                                |  |
|   |          | Check if Schedule O contains a response or note to any li   | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts<br>nts  | 1a       | Federated campaigns 1a  |                   |  |                                |  |
| ants  | ь        | Membership dues 1b  |                   |  |                                |  |
| Gr.   | c        | Fundraising events 1c   |                   |  |                                |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts | d        | Related organizations 1d  |                   |  |                                |  |
|   | e        | Government grants (contributions) 1e  |                   |  |                                |  |
|   | f        | All other contributions, gifts, grants, and <b>1f</b>   |                   |  |                                | <br>   |
| buti<br>the   |          | similar amounts not included above  |                   |  |                                |  |
|   | g        | Noncash contributions included in lines 1a-1f \$  |                   |  |                                |  |
| Contand   | h        | Total. Add lines 1a-1f  |                   |  |                                |  |
| <u> 1</u>   |          | Business Code   |                   |  |                                |  |
| Program Service Revenue                                   | 2a       | MEMBERSHIP DUES   | 77,405            | 77,405                                 |                                |  |
| æ   | b        | MEMBER PER DIEM FEES  | 850               | 850                                    |                                |  |
| ¥   | d        |   |                   |  |                                |  |
| ₹<br>-  | e        |   |                   |  |                                |  |
| Iran  | f        | All other program service revenue   |                   |  |                                |  |
| <b>₽</b>  |          |   | 70.255            |  |                                |  |
|   | 3<br>3   | Total. Add lines 2a-2f ▶  Investment income (including dividends, interest,   | 78,255            |  |                                |  |
|   |          | and other similar amounts)  | 6                 |  |                                | 6  |
|   | 4<br>  5 | Income from investment of tax-exempt bond proceeds  Royalties   |                   |  |                                |  |
|   |          | (I) Real (II) Personal  |                   |  |                                |  |
|   | 6a       | Gross rents   |                   |  |                                |  |
|   | Ь        | Less rental   | -                 |  |                                |  |
|   | _ ر      | expenses Rental income  | -                 |  |                                |  |
|   | d        | or (loss)  Net rental income or (loss)  | -                 |  |                                |  |
|   | _        | (i) Securities (ii) Other   |                   |  |                                |  |
|   | 7a       | Gross amount from sales of assets other than inventory  |                   |  |                                |  |
|   | b<br>c   | Less cost or other basis and sales expenses Gain or (loss)  |                   |  |                                |  |
|   | d        | Net gain or (loss)  |                   |  |                                |  |
| /enne/  | 8a       | Gross income from fundraising events (not including \$  |                   |  |                                |  |
| Other Revenue   |          | of contributions reported on line 1c) See Part IV, line 18  |                   |  |                                |  |
| ŏ   | С С      | Less direct expenses <b>b</b> Net income or (loss) from fundraising events <b>b</b>   | -                 |  |                                |  |
|   | 9a       | Gross income from gaming activities See Part IV, line 19  |                   |  |                                |  |
|   | ь        | Less direct expenses b  | -                 |  |                                |  |
|   | С        | Net income or (loss) from gaming activities   |                   |  |                                |  |
|   | 10a      | Gross sales of inventory, less  |                   |  |                                |  |
|   |          | returns and allowances .  | _                 |  |                                |  |
|   | b<br>c   | Less cost of goods sold b  Net income or (loss) from sales of inventory ▶   |                   |  |                                |  |
|   |          | Miscellaneous Revenue Business Code   |                   |  |                                |  |
|   | 11a      |   |                   |  |                                |  |
|   | b        |   |                   |  |                                |  |
|   | , c      | All other revenue   |                   |  |                                |  |
|   | d<br>e   | Total. Add lines 11a-11d  |                   |  |                                |  |
|   | 12       | T to large of the |                   |  |                                |  |
|   |          | lotal revenue. See Instructions   | 78,261            | 78,255                                 |                                | 6  |

|         | 990 (2015)   |                       |                              |   | Page <b>10</b>                 |
|---------|--|-----------------------|------------------------------|---|--------------------------------|
|         | Statement of Functional Expenses   |                       |                              |   | _                              |
| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns   | -                     |                              |   |                                |
|         | Check if Schedule O contains a response or note to any line in t   | his Part IX           |                              |   |                                |
|         | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1       | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  |                       |                              |   |                                |
| 2       | Grants and other assistance to domestic individuals See Part IV, line 22   |                       |                              |   |                                |
| 3       | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  |                       |                              |   |                                |
| 4       | Benefits paid to or for members  |                       |                              |   |                                |
| 5       | Compensation of current officers, directors, trustees, and key employees   |                       |                              |   |                                |
| 6       | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   |                       |                              |   |                                |
| 7       | Other salaries and wages   | 22,800                |                              |   |                                |
| 8       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                              |   |                                |
| 9       | Other employee benefits  |                       |                              |   |                                |
| 10      | Payroll taxes  | 2,293                 |                              |   |                                |
| 11      | Fees for services (non-employees)  | 2,293                 |                              |   |                                |
| a       | Management   |                       |                              |   |                                |
| a<br>b  | Legal  |                       |                              |   |                                |
| c       | Accounting   | 1,600                 |                              |   |                                |
| d       | Lobbying   | 1,000                 |                              |   |                                |
| e       | Professional fundraising services See Part IV, line 17   |                       |                              |   |                                |
| f       | Investment management fees   |                       |                              |   |                                |
| g<br>g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   |                       |                              |   |                                |
| 12      | Advertising and promotion  |                       |                              |   |                                |
| 13      | Office expenses  |                       |                              |   |                                |
| 14      | Information technology   |                       |                              |   |                                |
| 15      | Royalties  |                       |                              |   |                                |
| 16      | Occupancy  |                       |                              |   |                                |
| 17      | Travel   |                       |                              |   |                                |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |   |                                |
| 19      | Conferences, conventions, and meetings   |                       |                              |   |                                |
| 20      | Interest   |                       |                              |   |                                |
| 21      | Payments to affiliates   |                       |                              |   |                                |
| 22      | Depreciation, depletion, and amortization  | 26,977                |                              |   |                                |
| 23      | Insurance  | 10,183                |                              |   |                                |
| 24      | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) |                       |                              |   |                                |
| а       | UTILITIES  | 9,204                 |                              |   |                                |
| b       | TROUT FEEDING AND STOCKIN  | 5,600                 |                              |   |                                |
| c       | REPAIRS AND MAINTENANCE  | 1,600                 |                              |   |                                |
| d       | TELEPHONE  | 1,157                 |                              |   |                                |
| e       | All other expenses   | 216                   |                              |   |                                |
| 25      | <b>Total functional expenses.</b> Add lines 1 through 24e  | 81,630                | 0                            | 0   | 0                              |
| 26      | Joint costs.Complete this line only if the organization  |                       |                              |   |                                |

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► ☐ if following SOP 98-2 (ASC 958-720)

| Form               | 990 (2 | 2015)  |         |                                 |                          |             | Page <b>11</b>            |
|--------------------|--------|--|---------|---------------------------------|--------------------------|-------------|---------------------------|
| Par                | t X    | Balance Sheet  |         |                                 |                          |             |                           |
|                    |        | Check if Schedule O contains a response or note to any line  | ın thıs | Part X                          |                          |             | <u>· · · · </u>           |
|                    |        |  |         |                                 | (A)<br>Beginning of year |             | <b>(B)</b><br>End of year |
|                    | 1      | Cash-non-interest-bearing  |         |                                 | 119.041                  | 1           | 113,848                   |
|                    | 2      | Savings and temporary cash investments   |         |                                 | 9,097                    | 2           | 9,103                     |
|                    | 3      | Pledges and grants receivable, net   |         |                                 | 5,551                    | 3           |                           |
|                    | 4      | Accounts receivable, net   |         |                                 |                          | 4           |                           |
|                    | 5      | Loans and other receivables from current and former office   |         |                                 |                          | •           |                           |
|                    |        | key employees, and highest compensated employees Complete Part II of Schedule L  |         |                                 |                          |             |                           |
| its                | 6      | Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instructions) Co Schedule L |         | 5                               |                          |             |                           |
| Asse               |        |  |         |                                 |                          | 6           |                           |
| ¥                  | 7      | Notes and loans receivable, net  |         |                                 |                          | 7           |                           |
|                    | 8      | Inventories for sale or use  |         |                                 |                          | 8           |                           |
|                    | 9      | Prepaid expenses and deferred charges  |         |                                 |                          | 9           |                           |
|                    | 10a    | Land, buildings, and equipment cost or other basis<br>Complete Part VI of Schedule D   | 10a     | 759,116                         |                          |             |                           |
|                    | b      | Less accumulated depreciation  | 10b     | 258,945                         | 498,764                  | <b>10</b> c | 500,171                   |
|                    | 11     | Investments—publicly traded securities   |         | 11                              |                          |             |                           |
|                    | 12     | Investments—other securities See Part IV, line 11  |         | 12                              |                          |             |                           |
|                    | 13     | Investments—program-related See Part IV, line 11 .   |         | 13                              |                          |             |                           |
|                    | 14     | Intangible assets  |         | 14                              |                          |             |                           |
|                    | 15     | Other assets See Part IV, line 11  |         | 15                              |                          |             |                           |
|                    | 16     | Total assets.Add lines 1 through 15 (must equal line 34)   |         |                                 | 626,902                  | 16          | 623,122                   |
|                    | 17     | Accounts payable and accrued expenses  |         |                                 |                          | 17          |                           |
|                    | 18     | Grants payable   |         |                                 |                          | 18          |                           |
|                    | 19     | Deferred revenue   |         | 19                              |                          |             |                           |
|                    | 20     | Tax-exempt bond liabilities  |         |                                 |                          | 20          |                           |
| Liabilities Assets | 21     | Escrow or custodial account liability Complete Part IV of  |         | 21                              |                          |             |                           |
| ities              | 22     | Loans and other payables to current and former officers, di<br>key employees, highest compensated employees, and disc  |         |                                 |                          |             |                           |
| <u>.</u>           |        | persons Complete Part II of Schedule L   |         |                                 |                          | 22          |                           |
| <u> </u>           | 23     | Secured mortgages and notes payable to unrelated third p   | arties  |                                 |                          | 23          |                           |
|                    | 24     | Unsecured notes and loans payable to unrelated third part  | ies .   |                                 |                          | 24          |                           |
|                    | 25     | Other liabilities (including federal income tax, payables to<br>and other liabilities not included on lines 17-24)<br>Complete Part X of Schedule D  | related | third parties,                  |                          |             |                           |
|                    |        |  |         |                                 | 1,566                    | 25          | 1,155                     |
|                    | 26     | Total liabilities. Add lines 17 through 25   |         |                                 | 1,566                    | 26          | 1,155                     |
| s e s              |        | Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.   | • ▶ ┌   | and complete                    |                          |             |                           |
| an                 | 27     | Unrestricted net assets  |         |                                 |                          | 27          |                           |
| Bal                | 28     | Temporarily restricted net assets  |         |                                 |                          | 28          |                           |
| <u> </u>           | 29     | Permanently restricted net assets  |         |                                 |                          | 29          |                           |
| or Fund Balances   |        | Organizations that do not follow SFAS 117 (ASC 958), che   |         | · · · ·<br>▶   <del>✓</del> and |                          |             |                           |
| its o              | 30     | complete lines 30 through 34.  Capital stock or trust principal, or current funds  |         |                                 |                          | 30          |                           |
| ب                  | 1 30   | Capital Stock of trust principal, of culterit fullus   |         |                                 | i                        | JU          | i                         |

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

31

32

621,967

621,967

623,122

31

32

625,336

Consolidated basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Separate basis Consolidated basis

2b

2c

3a

3b

Νo

Nο

Form 990 (2015)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

### Additional Data

Software ID:

Software Version: **EIN:** 14-1030779

Name: SALMO FONTINALIS CLUB INC. C/O PATRICK F MCINTYRE CPA PC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ including grants of \$

COSTS TO MAINTAIN FACILITIES FOR HUNTING, FISHING, ETC.

) (Revenue \$

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

### **SCHEDULE 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. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493320103416

Inspection

| Department of the | <del>,</del> |
|-------------------|--------------|
| Treasury          |              |
| Internal Revenue  | Ser          |
|                   |              |

**Employer identification number** Name of the organization SALMO FONTINALIS CLUB INC C/O PATRICK F MCINTYRE CPA PC 14-1030779 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a)

| 3 | Number of conservation easements modified, transferred, feleased, extinguished, of terminated by the organization during   | , the |
|---|--|-------|
|   | tax year ►   |       |
| 4 | Number of states where property subject to conservation easement is located ▶  |       |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | ⊏ No. |

Number of conservation easements included in (c) acquired after 8/17/06, and not on a

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

(B)(I) and section 170(h)(4)(B)(II)?

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

historic structure listed in the National Register

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2015

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Cat No 52283D

| Par        | 3111            | Organizations Maintaining (continued)   | Collections of A       | rt, His    | storic                                  | al Tı        | easures            | , or C   | ther S     | Similar A                               | sse   | ts      | <u> </u> |
|------------|-----------------|---|------------------------|------------|---|--------------|--------------------|----------|------------|---|-------|---------|----------|
| 3          |                 | ; the organization's acquisition, acce<br>ction items (check all that apply)      | ssion, and other rec   | ords, ch   | neck ar                                 | y of t       | he following       | g that a | are a sig  | ınıfıcant us                            | e of  | ıts     |          |
| а          |                 | Public exhibition   |                        | d          |   | Loan         | orexchang          | je prog  | rams       |   |       |         |          |
| b          |                 | Scholarly research  |                        | e          | Γ                                       | Othe         | r                  |          |            |   |       |         |          |
| c          |                 | Preservation for future generations   |                        |            |   |              |                    |          |            |   |       |         |          |
| 4          | Provi<br>Part ) | de a description of the organization's<br>KIII                                    | collections and exp    | olaın hov  | w they                                  | furthe       | r the organ        | ızatıon  | 's exem    | pt purpose                              | ın    |         |          |
| 5          | asset           | g the year, did the organization solic<br>is to be sold to raise funds rather tha | n to be maintained a   |            |   |              |                    |          |            | Ye:                                     | s     | ☐ No    |          |
| Par        | t IV            | Escrow and Custodial Arra Complete if the organization a                          |                        | Form       | 99N F                                   | art I        | V line 9           | or rer   | norted     | an amoun                                | nt or | n Forn  | 990      |
|            |                 | Part X, line 21.  | 115776164 165 011      |            |   | ui c i       | <b>V</b> , IIIC 3, |          |            | an amoun                                |       |         |          |
| 1a         |                 | e organization an agent, trustee, cus<br>ded on Form 990, Part X?                 | todian or other interi | mediary    | for co                                  | ntrıbu       | tions or oth       | ner as s | ets not    | ┌ Ye                                    | s     | ┌ No    |          |
| b          | If'             | 'Yes," explain the arrangement in Pa  | ort XIII and complete  | e the fol  | llowina                                 | table        |                    |          |            | Am                                      | ount  | :       |          |
| c          |                 | ginning balance   |                        |            |   |              |                    | 1c       |            |   |       |         |          |
| d          |                 | ditions during the year   |                        |            |   |              |                    | 1d       |            |   |       |         |          |
| e          |                 | stributions during the year   |                        |            |   |              |                    | 1e       |            |   |       |         |          |
| f          |                 | ding balance  |                        |            |   |              |                    | 1f       |            |   |       |         |          |
| <b>2</b> a |                 | ne organization include an amount or  | n Form 990, Part X, I  | ine 21,    | for esc                                 | row o        | r custodial        | accou    | nt lıabılı | ty? <b>r</b>                            |       | ┌ No    |          |
| h          |                 |   |                        |            |   |              |                    |          |            | ·                                       |       | •       |          |
| b<br>Da    | rt V            | es," explain the arrangement in Part  Endowment Funds. Complet                    |                        |            |   |              |                    |          |            |   |       | • •     |          |
| - (-       | ILV             | Endownient Funds. Complete  | (a)Current year        |            | or year                                 |              | (c)Two year        | i        |            | years back                              |       | Four ve | ars back |
| 1a         | Begir           | nning of year balance   | (a) can ent y can      | (-).       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <del> </del> | (0)                |          | (=)        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (-,   | , .     |          |
| b          | _               | ributions   |                        |            |   |              |                    |          |            |   |       |         |          |
| c          | Net i           | nvestment earnings, gains, and  |                        |            |   |              |                    |          |            |   |       |         |          |
| d          | Gran            | ts or scholarships  |                        |            |   |              |                    |          |            |   |       |         |          |
| e          |                 | r expenditures for facilities<br>programs   |                        |            |   |              |                    |          |            |   |       |         |          |
| f          | •<br>A dmi      | inistrative expenses  |                        |            |   |              |                    |          |            |   |       |         |          |
| g          |                 | of year balance   |                        |            |   |              |                    |          |            |   |       |         |          |
| 2          | Provi           | de the estimated percentage of the o  | urrent year end bala   | ance (lir  | ne 1a, c                                | olum         | n (a)) held :      | as       |            |   |       |         |          |
| а          |                 | i designated or quasi-endowment <b>&gt;</b>                                       | ,                      |            |   |              | (,,                |          |            |   |       |         |          |
| b          |                 | anent endowment >   |                        |            |   |              |                    |          |            |   |       |         |          |
| c          |                 |   |                        |            |   |              |                    |          |            |   |       |         |          |
| ·          | The p           | percentages on lines 2a, 2b, and 2c s   | •                      |            |   |              |                    |          |            |   |       |         |          |
| 3a         |                 | here endowment funds not in the pos<br>lization by                                | session of the organ   | nization   | that ar                                 | e held       | d and admin        | ustere   | d for the  |   |       | Yes     | No       |
|            | _               | related organizations   |                        |            |   |              |                    |          |            | 3a                                      | ı(i)  | 163     | 140      |
|            | (ii) re         | elated organizations  |                        |            |   |              |                    |          |            |   | (ii)  |         |          |
| b          | If"Y∈           | es" on 3a(II), are the related organiza   | ations listed as requi | red on S   | Schedu                                  | le R?        |                    |          |            | 3                                       | 3b    |         |          |
| 4          | _               | ribe in Part XIII the intended uses o   |                        | endowm     | ent fun                                 | ds           |                    |          |            |   |       |         |          |
| Pai        | t VI            | Land, Buildings, and Equiporation a   |                        | Form 9     | 90 Pa                                   | rt IV        | line 11a           | See F    | Form 9     | 90 Part X                               | ' lir | ne 10   |          |
|            |                 | Description of property   | niswered res to i      |            | (act or of                              | her ba       | sis Cost or        | (b)      |            | Accumulated<br>depreciation             |       |         | k value  |
| 1a         | Land            |   |                        | _          | (mvest                                  |              | <del>  (</del>     |          |            |   | +     |         |          |
|            |                 | igs   |                        | . `.⊢      |   |              |                    | 556,7    | 70         | 161,9                                   | 18    |         | 394,852  |
|            |                 | nold improvements   |                        | . $\vdash$ |   |              |                    | 159,4    | _          | 64,7                                    | -     |         | 94,748   |
|            |                 | nent  |                        |            |   |              |                    | 29,2     | _          | 28,2                                    | -     |         | 1,049    |
| e          | Other           |   |                        | _          |   |              |                    | 13,6     | 42         | 4,1                                     | 20    |         | 9,522    |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

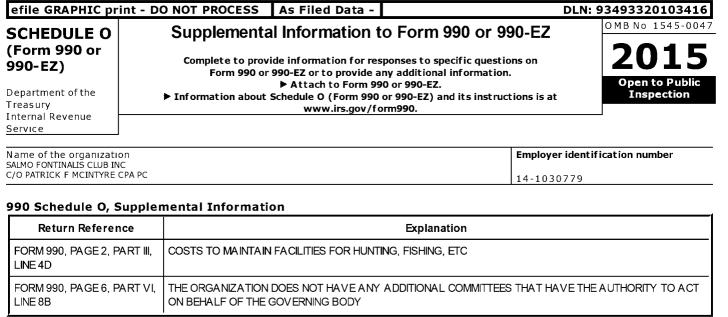
| (a) Description of security or category (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other  Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation  | Part VII        |  | Complete if the org      | anızatıon answered 'Ye     | es' on Form 990, Part IV, line 11b.                        |
|--|-----------------|--|--------------------------|----------------------------|--|
| Total (Colores (S) must appoint to (S), No. 1, No. 1, Kim. 12.5.  (a) Description of investment:  (b) Description (S) must appoint to Program Related.  Complete if the organization answered Very on Form 990, Part IV, Inc 116 See Form 990, Part X, Inc 12.  (c) Petros of measurement (S) and appoint to (S) And X inc (B) And 13.1  Total (Colores (S) must appoint to (S) And X inc (B) And 13.1  PTITIX Other Liabilities. Complete if the organization enswered Very on Form 590, Part IV, Inc 116 See Form 996, Part X, Inc 15.  (d) Description  Total (Colores (S) And Appoint C) on (S) And X inc (B) And 13.1  (e) Description  Total (Colores (S) And Appoint C) on (S) And X inc (B) And 13.1  (e) Description  Total (Colores (S) And Appoint C) on (S) And X inc (B) And 13.1  (b) Description  Total (Colores (S) And Appoint C) on (S) And X inc (B) And 13.1  (c) Description  Total (Colores (S) And Appoint C) on (S) And X inc (B) And 13.1  (d) Description  Total (Colores (S) And Appoint C) on (S) And X inc (B) And X inc (B) And  |                 |  | ory                      | <b>(b)</b> Book value      | (c)Method of valuation<br>Cost or end-of-year market value |
| Total (Colore (n) mas again free 993, for x, m) (X, to 2)   Part VI   Investments—Program Related.  Complete in the organization answered "esi on Form 990, Part IV, line 110 See Form 990, Part X, line 13.  (g) Production of investment (h) mass again free 993, for x conjugate in the construction of the complete in the |                 |  |                          |                            |  |
| Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)                                  |                 | neid equity interests                                |                          |                            |  |
| Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)  Total (Column (D) must agost from 900, Part X, col (D) line 15)                                  |                 |  |                          |                            |  |
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| (a) Description of Investment (b) Book value Cost or end-of-year market value Cost or end-of-year market value  Total. (Column (b) most equal from 990, Part X, cot (8) line 13.)  Part X Other Assets. Complete of the organization answered "Yes" on Form 990, Part X, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value  Total. (Column (b) most equal from 990, Part X, cot (8) line 15.  (a) Description of linearity (b) Book value  Total. (Column (b) most equal from 990, Part X, cot (8) line 15.  (b) Book value  (c) Memory See Form 990, Part X, line 25.  (b) Book value  Total. (Column (b) most equal from 990, Part X, cot (8) line 15.)  (c) Description of linearity (d) Book value  Federal income taxes  SALES TAX PAYABLE  PAYROLL TAXES PAYABLE  202  Total. (Column (b) most equal from 990, Part X cot (8) line 25.  Linearity See Form 990, Part X, lin |                 | Investments—Program Related                          |                          |                            |  |
| Total. (Calumn (b) must equal from 990. Part X, cot (b) ine 12)  Part 1X Other Assets. Complete if the organization answered Yes' on Form 990. Part IV, line 11d See Form 990, Part X, ine 15  (a) Description  (b) Book value  Total. (Calumn (b) must equal from 990. Part X, cot (b) ine 15.  2   |                 |  | red 'Yes' on Form 9      |                            |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, Inc 15  1. (a) Description of liability (b) Book value  Federal income taxes  SALES TAX PAYABLE 953  PAYROLL TAXES PAYABLE 202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) > 1,155  2. Liability for uncertain tax positions 1n Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                 | (a) Description of investment                        |                          | (b) Book value             | Cost or end-of-year market value                           |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, Inc 15  1. (a) Description of liability (b) Book value  Federal income taxes  SALES TAX PAYABLE 953  PAYROLL TAXES PAYABLE 202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) > 1,155  2. Liability for uncertain tax positions 1n Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                 |  |                          |                            |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, Inc 15  1. (a) Description of liability (b) Book value  Federal income taxes  SALES TAX PAYABLE 953  PAYROLL TAXES PAYABLE 202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) > 1,155  2. Liability for uncertain tax positions 1n Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                 |  |                          |                            |  |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  See Form 990, Part X, Inc 15  1. (a) Description of liability (b) Book value  Federal income taxes  SALES TAX PAYABLE 953  PAYROLL TAXES PAYABLE 202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) > 1,155  2. Liability for uncertain tax positions 1n Part XIII, provide the text of the footnote to the organization's financial statements that reports the   |                 |  |                          |                            |  |
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| Federal income taxes  SALES TAX PAYABLE  953  PAYROLL TAXES PAYABLE  202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  1,155  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | Partx           | See Form 990, Part X, line 25.                       |                          |                            | raiciv, interite of fil.                                   |
| SALES TAX PAYABLE  PAYROLL TAXES PAYABLE  202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  1,155  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   | 1.              | (a) Description of liability                         | (b) Book valu            | ue                         |  |
| PAYROLL TAXES PAYABLE  202  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  1,155  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | Federal inco    | ome taxes  |                          |                            |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   1,155  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   | SALES TAX       | PAYABLE  |                          | 953                        |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   1,155  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the   | PAYROLLT        | AXES PAYABLE   |                          | 202                        |  |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | TATROLL         | ANCOTATABLE  |                          | 202                        |  |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  |                 |  |                          |                            |  |
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| 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the  | Total. (Colum   | n (b) must equal Form 990, Part X, col (B) line 25 ) | 1                        | ,155                       |  |
| DIVIDICATION & HADRIEV TOF INCOPPINE TAY DOCITIONS UNGOVERNIAN INC. 1401 Chook bord if the text of the feetbate has been seemed at the best of the feetbate has been seemed at the best of the feetbate has been seemed at the best of the feetbate has been seemed at the best of the feetbate has been seemed at the best of the feetbate has been seemed at the best of the feetbate has been seemed at the feetbate has be | 2. Liability fe | or uncertain tax positions In Part XIII, pro         | ovide the text of the fo | otnote to the organization |  |

Schedule D (Form 990) 2015

| 1    | Total revenue, gains, and other support per audited financial statements  | . 1            |                     |
|------|---|----------------|---------------------|
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |                |                     |
| а    | Net unrealized gains (losses) on investments 2a   |                |                     |
| b    | Donated services and use of facilities 2b   |                |                     |
| c    | Recoveries of prior year grants   |                |                     |
| d    | Other (Describe in Part XIII )  |                |                     |
| e    | Add lines <b>2a</b> through <b>2d</b>   | . 2e           |                     |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  | 3              |                     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                |                     |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |                |                     |
| b    | Other (Describe in Part XIII ) 4b   |                |                     |
| С    | Add lines <b>4a</b> and <b>4b</b>   | 4c             |                     |
| 5    | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)  | 5              |                     |
| Part | <b>t XII</b> Reconciliation of Expenses per Audited Financial Statements With Ex  | penses pe      | r Return.           |
|      | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   |                |                     |
| 1    | Total expenses and losses per audited financial statements  | · · <u>  1</u> |                     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25  |                |                     |
| а    | Donated services and use of facilities  |                |                     |
| b    | Prior year adjustments  |                |                     |
| c    | Other losses  |                |                     |
| d    | Other (Describe in Part XIII).............. <b>2d</b>   |                |                     |
| е    | Add lines <b>2a</b> through <b>2d</b>   | 2e             |                     |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  | 3              |                     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                |                     |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |                |                     |
| b    | Other (Describe in Part XIII ) 4b   |                |                     |
| c    | Add lines <b>4a</b> and <b>4b</b>   | 4c             |                     |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)  | 5              |                     |
|      |   |                | <del>'</del>        |
| Par  | rt XIII Supplemental Information  |                |                     |
| Part | vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines :<br>t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete the<br>prmation |                | vide any additional |
|      | Return Reference Explanation  |                |                     |

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| Schedule D (Form 990) 2015      | Page <b>5</b>   |  |  |
|---------------------------------|-----------------|--|--|
| Part XIII Supplemental Informat | ion (continued) |  |  |
| Return Reference                | Explanation     |  |  |
|                                 |                 |  |  |
|                                 |                 |  |  |
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|                                 |                 |  |  |
|                                 |                 |  |  |
|                                 |                 |  |  |
|                                 |                 |  |  |



990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PAGE 6,
PART VI, LINE 11B
THE FORM 990, PREPARED BY AN OUTSIDE ACCOUNTANT, IS REVIEWED BY THE TREASURER, WHO SIGNS THE
RETURN THE TREASURER, LIKE ALL BOARD MEMBERS, IS AN INDEPENDENT UN-PAID MEMBER OF THE
ORGANIZATION'S GOVERNING BODY

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE ORGANIZATION

FORM 990, PAGE 6,
PART VI, LINE 19

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE ORGANIZATION
CURRENT AND PAST FORM 990S ARE ALSO AVAILABLE ON-LINE AT SUCH WEBSITES AS GUIDESTAR AND F
OUNDATION CENTER