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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. OMB No 1545-1150

2015



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Number and abortion of the control	٦				C Name of organization	D Employ	er identification number
Position Product State Position Posi	r	٦,	ame c	change		20-	2175179
Post interventional Post	t	٦,	ntial re	eturn	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telepho	one number
Accounting Method: Cash Accrual Other (specify)	t				P.O.Box 432	(40	6) 522-7107
Note Provided Belgrade Note	r	ヿ゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙	mend	ed return	City or town, state or province, country, and ZIP or foreign postal code		
G Accounting Method: Cash Macrual Other (specify) H Check X if the organization is not reversely beaher o.org	t	┑	plica	tion pending	Belgrade MT 59714	Numb	er
Website:	G	_				c ► X if t	he organization is not
Tax-exempt status (check only one)	Ī			-			
K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), column (B) below) are \$500,000 or more, for fit total assets (Part II), column (B) below) are \$500,000 or more, for fit total assets (Part II), column (B) below) are \$500,000 or more, for fit total assets (Part II), column (B) below) are \$500,000 or more, for fit total assets (Part II), column (B) below) are \$500,000 or more, or if total assets (Part II). Revenue, Expenses, and Changes in Nat Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I I contributions, gifts, grants, and similar amounts received 1	J	τ	ax-e				
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Par	rt II Balance Sheets (see the instr	ructions for Part II)	Ab Do-d-II			X
	Check if the organization used Sched	ule O to respond to any question		A) Beginning of year		(B) End of year
22	Cash, savings, and investments			45,546	$\neg \neg$	42,928.
23	Land and buildings			0	- 	0.
24	Other assets (describe in Schedule O)			0		0.
25	Total assets			45,546	. 25	42,928.
26	Total liabilities (describe in Schedule O)			66		0.
27	Net assets or fund balances (line 27 of c			45,480	. 27	42,928.
Par	t III Statement of Program Service A Check if the organization used Sche				1	Expenses
What Desc	is the organization's primary exempt purpose? Specified, and other relevant information for each street and other relevant information for each specified.	onsor Orphans, Orph	anages for chil	dren at risk	(c)(3)	uired for section 501 and 501(c)(4) uizations; optional hers.)
28					 ,	
20	Funds_used_to_support_Orp				.]	
	(Grants S O) If thi	s amount includes foreign grar	nts, check here		28 a	2,449.
29						
			- 		1 1	
	(Grants \$) If the	s amount includes foreign grar	nts, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30						
			- 			
	70					
24	(Grants \$) If this Other program services (describe in Sched	s amount includes foreign gran	its, check here		30 a	
31		s amount includes foreign grar			31 a	
32					32	2,449.
	rt IV List of Officers, Directors,	 				
	Check if the organization used Scho					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit: contributions to emplo benefit plans, and def compensation	s, oyee	(e) Estimated amount of other compensation
Der	nnis Reanier					
			۱ .			
	easurer	10.00	0.		0.	0.
	sley Campbell					0.
	sley_Campbell esident	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley_Campbell esident					_
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
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<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
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<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
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<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.
<u>Da</u> r	sley Campbell esident niel German	10.00	0		0.	0.

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x_
	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0.]
	Did the organization file Form 1120-POL for this year?	37 b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return?	38 a	~	
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	1 1/10	`,	
39	Section 501(c)(7) organizations. Enter:	to gar $\tilde{\gamma}$		
	Initiation fees and capital contributions included on line 9		٠,	
	Gross receipts, included on line 9, for public use of club facilities	.		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-	,	
_	section 4911 , section 4912 ; section 4955 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			1
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	-		لــــا
е		40 e		X
e 41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T	522	-710 Yes	
41 42 a	Shelter transaction? If Yes,' complete Form 8886-T List the states with which a copy of this return is filed The organization's books are in care of Dennis Reanier Located at 2504 W. Main St Suite K Bozeman MT ZIP+4 59718 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)? If 'Yes,' enter the name of the foreign country	522:		7
41 42 a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	522·		7 No _ x
41 42 a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	522:		7
41 42 a	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filled The organization's books are in care of Dennis Reanier Located at 2504 W. Main St Suite K Bozeman MT ZIP+4 59718 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country	522- 42b		7 No _ x
41 42 a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	522- 42b	Yes	7 No _ x
41 42 a b	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	522- 42b		7
41 42 a b 43 44 a b	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other financial account)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	522· 42b 42c	Yes	No X
41 42 a b c c 43 44 a b	Shelter transaction? If 'Yes,' complète Form 8886-T List the states with which a copy of this return is filled The organization's books are in care of Dennis Reanier Localed at 2504 W. Main St Suite K. Bozeman MT ZIP+4 59718 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	522· 42b 42c	Yes	7
41 42 a b c c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	522· 42b 42c 44a 44a	Yes	7
41 42 a b c c d	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O	522· 42b 42c 44a 44b 44c	Yes	7
41 42 a b c c d 45 a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?	42c 42c 44a 44b 44c 44d 45a	Yes	7
41 42 a b c c d 45 a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' form 990 must be completed instead of Form 790-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' form 990 must be completed instead of Form 790-EZ Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and section 512(b)(13)? If 'Yes,' Form 990 and section 512(b)(13)?	522c 42b 42c 44a 44b 44c 44d	Yes	7

Form 990-EZ (2015)	<u>Ве</u>	а	Hero	Inc
	<u> </u>			

20-2175179	21/51/9	
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D-	2	_	,

					-	Yes	No
	Did the organization engage, directly or indirectly				46		
	candidates for public office? If 'Yes,' complete So				46	L	X
Part	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only is must answer que	stions 47-49b and 5	2, and complete th	e tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				. \Box
47	Did the erganization engage in lebbying activities	s or have a section 501/I	a) election in effect during	the tay year? If 'Ves'		Yes	No
47	7 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						x
	Is the organization a school as described in sect						X
	Did the organization make any transfers to an ex						Х
	If 'Yes,' was the related organization a section 5						
	Complete this table for the organization's five hig						
	employees) who each received more than \$100,	UUU of compensation fro	m the organization, it the	1	· ·		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None	<u> </u>	•					
		-					
		-		<u> </u>			
		1					
f	Total number of other employees paid over \$100	0,000 >	•		•		
51	Complete this table for the organization's five high	ghest compensated inde	pendent contractors who	each received more that	an \$100,000 c	of	
	compensation from the organization. If there is r				η		
	(a) Name and business address of each independent cor	ntractor	(b) Type	of service	(c) Comp	ensatio	n ———
None	2						
		 .	ļ		 		
					_		
					ļ		
					1		
	Total number of other independent contractors of				<u> </u>		
52	Did the organization complete Schedule A? Not completed Schedule A				► XYes	, [No
Under	penalties of perjury. I declare that I have examined this lettern, increet, and complete. Declaration of preparer (other than of preparer (other than of preparer)	duding accompanying schedules	and statements, and to the best	of my knowledge and belief, it i		_	
true, co	rrect, and complete. Declaration of preparer (other transcriber) i	s based on all information of whi	on preparer has any knowledge	02/24/16			
Sign	Signature of officer			Date			
Here				Secretary			
	Print/Type preparer's name	Premarer ssignature	Date	Check X If	PTIN	· ·	
	Leslie A Madsen	Leslie A Madse	en 02/25/2		P0023774	0	
Paid	=				20020114		
Prepa Use (Firm's EIN ▶	81- <u>0</u> 495	578	
	Belgrade		MT 59714	Phone no (4	06) 388-		
May t	he IRS discuss this return with the preparer show	wn above? See instruction	ons		► X Yes	• [No
<u> </u>					Form 99	0-F7 /	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

ame o	fthe	organization					Employer Identifica	tion number	
Be a	a I	Hero Inc.					20-217517	9	
art		Reason for Public Cha	rity Status (All o	organizations must co	mplete	this p	art.) See instruction	is.	
he o	gaı	nization is not a private foundat	on because it is: (Fo	r lines 1 through 11, checl	conly on	e box.)			
1	Г	A church, convention of church	nes, or association of	churches described in se	ction 17	0(Ь)(1)(A)(i).		
2	Г	A school described in section	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form 990	or 990-	EZ).)			
3	Н	A hospital or a cooperative hos).		
4	М	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's							
	Ш	name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						in section	
6		A federal, state, or local gover	nment or government	tal unit described in sectio	on 170(b)(1) <mark>(A)</mark> (\	/).		
7		An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		governn	nental ur	nit or from the general pu	ublic described	
8		A community trust described in	, ,, ,,						
9	x	An organization that normally in from activities related to its exemples investment income and unrelations 30, 1975. See section 5	empt functions — sub ted business taxable 09(a)(2). (Complete F	ject to certain exceptions, income (less section 511 Part III.)	and (2) i tax) from	no more busines	than 33-1/3% of its supplesses acquired by the org	oort from gross	
10		An organization organized and		•					
11		An organization organized and or more publicly supported orgunes 11a through 11d that des	janizations described	in section 509(a)(1) or se	ection 50	09(a)(2).	. See section 509(a)(3).	rposes of one Check the box in	
а		Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or ele	ised, or controlled by its sect a majority of the director	upported ors or tru	organız stees of	ation(s), typically by giving the supporting organization.	ng the supported tion. You must	
b		Type II. A supporting organiza management of the supporting must complete Part IV, Sections A	tion supervised or co	ntrolled in connection with in the same persons that	its supp control o	orted or r manag	ganization(s), by having ge the supported organiz	control or ation(s). You	
С		Type III functionally integrat organization(s) (see instruction	ed. A supporting orga	anization operated in conn	ection w	ith, and			
d		Type III non-functionally inte functionally integrated. The organistructions) You must comp	egrated. A supporting	ı organızatıon operated ın nust satisfy a distribution ı	connecti	on with	its supported organization an attentiveness require	n(s) that is not ment (see	
8		Check this box if the organizat integrated, or Type III non-fund	ion received a writter	determination from the IF	RS that it	is a Typ	oe I, Type II, Type III fund	ctionally	
f	En	nter the number of supported or	• •						
q	Pr	ovide the following information :	about the supported o	organization(s).					
. <u> </u>		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No	i		
			·		1				
A)									
· · ·			_						
B)									
<u> </u>			···		 				
C)					ļ				
D)									
E)									
otal					<u> </u>				

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			-			
	ndar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,	,,			
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		1	,			
12	Gross receipts from related activiti	ies, etc. (see ınstru	ictions)		<i></i>	12	
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ [
	ction C. Computation of Pu						
14	Public support percentage for 201 Public support percentage from 20	5 (line 6, column (1	r) aivided by line 1°	i, column (f))		14	
	**					- -	
	a 33-1/3% support test — 2015. If and stop here. The organization of	qualifies as a public	cly supported orga	nization			▶ ∐
	b 33-1/3% support test — 2014. If t and stop here. The organization	the organization die qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, che	ck this box
17	a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Exp	olain in Part VI ho	ow —
	b 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a put	and stop here. Exp olicly supported org	olaın ın Part VI ho Janization	ow the ▶
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruc	tions ▶ [_]
RΔ	· · · · · · · · · · · · · · · · · · ·				Sch	nedule A /Form (990 or 990-FZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support							
Calend	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5	(f) Total
1	Gifts, grants, contributions and membership fees							
	received. (Do not include	00 077	10 007	40 077	166 540	150 4	۱ م	407 400
	any 'unusùal grants.') Gross receipts from admis-	39,077.	18,987.	49,377.	166,542.	153,4	26.	427,409.
2	sions, merchandise sold or							
	services performed, or facilities							
	furnished in any activity that is related to the organization's				·			
	tax-exempt purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the						+	
	organization's benefit and							
	either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge				_			
6	Total. Add lines 1 through 5	39,077.	18,987.	49,377.	166,542.	153,42	26.	427,409.
7 a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons	14,000.	0.	29,434.	28,000.		0.	71,434.
b	Amounts included on lines 2		<u> </u>					,,
-	and 3 received from other than							
	disqualified persons that exceed the greater of \$5,000 or							
	1% of the amount on line 13	_	_					
	for the year	0.	0.	0.	10,000.		0.	10,000.
	Add lines 7a and 7b	14,000.	0.	29,434.	38,000.		0.	81,434.
8	Public support. (Subtract line 7c from line 6.)	大學 化二烷基甲基	The second second				32	345,975.
			##					0.10/0.
Sec	tion B. Total Support							
	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5	(f) Total
Calen	tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	(a) 2011	(b) 2012 18,987	(c) 2013 49.377.	(d) 2014	(e) 2015		(f) Total
Calen 9	dar year (or fiscal year beginning in) >	(a) 2011 39,077.	(b) 2012 18,987.	(c) 2013 49, 377.	(d) 2014 166, 542.	(e) 2015 153, 43		(f) Total 427, 409.
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6							
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	39,077.						427,409.
Calend 9 10 a	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
Calend 9 10 a	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,077.						427,409.
Calend 9 10 a	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .	39,077.						427,409.
Calend 9 10 a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	39,077.					26.	427,409.
Calend 9 10 a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,077.						427,409.
Calend 9 10 a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	39,077.			166,542.		26.	0.
Calend 9 10 a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,077.					26.	427,409.
Calend 9 10 a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include	39,077.			166,542.		26.	0.
Calend 9 10 a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	39,077.			166,542.		26.	0.
Calend 9 10 a b c 11	dar year (or fiscal year beginning in) Amounts from line 6	39,077.			166,542.		26.	0.
Calend 9 10 a b c 11	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,077. 0.	18,987.	49,377.	572.	153,4		427,409. 0. 0. 572.
Caleni 9 10 a b c 11	dar year (or fiscal year beginning in) Amounts from line 6	39,077.	18,987.	49,377.	166,542. 572.	153,4	26.	0.
Caleni 9 10 a b c 11 12	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. s for the organization here	18,987.	49,377.	166,542. 572. 167,114. tax year as a sect	153, 4: 153, 4: ion 501(c)(3)	26.	427,409. 0. 572. 427,981.
Caleni 9 10 a b c 11 12	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. s for the organization here	18,987. 18,987. on's first, second, the second of the se	49,377. 49,377. hird, fourth, or fifth	166,542. 572. 167,114. tax year as a sect	153, 4: 153, 4: ion 501(c)(3)	26.	427,409. 0. 572. 427,981.
Caleni 9 10 a b c 11 12	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. sfor the organization here blic Support P 5 (line 8, column (f	18,987. 18,987. on's first, second, the contage of the contage o	49, 377. 49, 377. hird, fourth, or fifth	166,542. 572. 167,114. tax year as a sect	153, 4: 153, 4: ion 501(c)(3)	26.	427,409. 0. 572. 427,981. ▶ []
Calent 9 10 a b c c 11 12 13 14 Sec 15 16	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. s for the organization here blic Support P 5 (line 8, column (f	18,987. 18,987. on's first, second, the second of the se	49, 377. 49, 377. hird, fourth, or fifth	166,542. 572. 167,114. tax year as a sect	153, 4: 153, 4: ion 501(c)(3)	26.	427,409. 0. 572. 427,981.
Calent 9 10 a b c c 11 12 13 14 Sec 15 16	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. for the organization here blic Support P 5 (line 8, column (for the support P) 14 Schedule A, Parestment Incorrections	18,987. 18,987. on's first, second, the second of the se	49,377. 49,377. hird, fourth, or fifth	166,542. 572. 167,114. tax year as a sect	153, 4: 153, 4: ion 501(c)(3)	26. 26.	427,409. 0. 0. 572. 427,981. ► [] 80.84 % 64.88 %
Calent 9 10 a b c c 11 12 13 14 Sec 15 16	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. for the organization here blic Support P 5 (line 8, column (for the support P) 5 (line 10c, column	18,987. 18,987. on's first, second, the contage of the percentage of the percentag	49,377. 49,377. hird, fourth, or fifth	166,542. 572. 167,114. tax year as a sect.	153, 4: 153, 4: ion 501(c)(3) 	26. 15 16	427,409. 0. 0. 572. 427,981. ► [] 80.84 % 64.88 %
10 a b c c 11 12 13 14 Sec 17 18	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. for the organization here blic Support P 5 (line 8, column (for the support P) 14 Schedule A, Parestment Incorrection 10c, common 2015 (line 10c, common 2014 Schedule A)	18, 987. 18, 987. on's first, second, the contage of the process	49,377. 49,377. hird, fourth, or fifth 3, column (f))	166,542. 572. 167,114. tax year as a sect	153, 4: 153, 4: ion 501(c)(3)	26. 15 16	427,409. 0. 572. 427,981. ► [] 80.84 % 64.88 % 0.00 % 0.00 %
10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. for the organization here blic Support P 5 (line 8, column (f 114 Schedule A, Pa estment Incor 2015 (line 10c, co m 2014 Schedule the organization d	18, 987. 18, 987. on's first, second, to the contage of the cont	49,377. 49,377. hird, fourth, or fifth	166, 542. 572. 167, 114. tax year as a sect.	153, 4: 153, 4: ion 501(c)(3) 	26. 26. 15 16 17 18 nd line	427,409. 0. 572. 427,981. ► [] 80.84 % 64.88 % 0.00 % 0.00 %
10 a b c c 11 12 13 14 Sec 17 18 19 a	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. for the organization here blic Support P 5 (line 8, column (for the organization done) 2015 (line 10c, com 2014 Schedule A, Parestment Incorrection) the organization done box and stop here organization done box and stop here organization done organizat	18, 987. 18, 987. on's first, second, the second of the	49,377. hird, fourth, or fifth	166, 542. 572. 167, 114. tax year as a sect. ine 15 is more than bublicly supported a lag, and line 16 is	153, 43 153	26. 15 16 17 18 nd line 3-1/3%	427,409. 0. 572. 427,981▶ 80.84 % 64.88 % 0.00 % 0.00 % 17▶ X
10 a b c c 11 12 13 14 Sec 17 18 19 a	dar year (or fiscal year beginning in) Amounts from line 6	39,077. 0. 39,077. for the organization here blic Support P 5 (line 8, column (for the organization done) 14 Schedule A, Parestment Incorrection of the organization done box and stop here organization done here this box and stop here organization done or	18, 987. 18, 987. on's first, second, the second of the	49,377. hird, fourth, or fifth	166, 542. 572. 167, 114. tax year as a sect ine 15 is more than bublicly supported a lag, and line 16 is as a publicly sup	153, 43 153	26. 26. 15 16 17 18 nd line 3-1/3% ization	427,409. 0. 572. 427,981▶ 80.84 % 64.88 % 0.00 % 0.00 % 17▶ X , and

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	• • • • • • • • • • • • • • • • • • • •		Yes	No
			169	110
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	 		
	the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		1
	uescribed in Section 309(a)(1) or (2)	1	<u> </u>	₩
•	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	l		
3 8	and (c) below	3a	1	
	2.12 (4) 2001.	—		
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		1
	satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization			
	made the determination	3b		
		1	1	
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>		
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		ــــــ
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			i
	ıf you checked 11a or 11b in Part I, answer (b) and (c) below	4a	 	├
				}
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	1	1	
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	or supervised by or in connection with its supported diganizations	40	 -	
	Did the executation current any foreign currented executation that does not have an IDS determination under	1		
,	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			<u></u>
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
	(XXX)			
5 :	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)		l	
	and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported		i	
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the	ŀ	ł	
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	1	
	amendment to the organizing document)		-	₩
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		L	<u></u>
	organization's organizing document?	5b		1
	,			\vdash
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
_				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one	i	l	l
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
			t	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	
	(defined in section 4958(c)(3)(Č)), a family member of a substantial contributor, or a 35% controlled entity with		 	-
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		<u> </u>
_	Dut the appropriate make a least to a discussified accessor (as defined in contrar 4050) not decombed in line 72 if Wee!			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	1	
	Complete Part of Scredule L (Form 330 of 330-LL)	⊢	 	+
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			1
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?		ļ	<u> </u>
	If Yes,' provide detail in Part VI	9a		<u>i</u> i
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the			Ι
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	cappointing organization was a contract of provider and a contract of the cont		1	
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,]	- 	
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If Yes,'	L		1
	answer 10b below	10a	[
			†	t
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			
	whether the organization had excess business holdings.)	10b	1	1

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		ne organization accepted a gift or contribution from any of the following persons?			
•	a A pers govern	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
1	b A fam	ily member of a person described in (a) above?	11b		<u> </u>
(A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	or elect Part V If the d	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If Inow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	d to such powers during the tax year	1		ļ
2	that op	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such it carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.			
Sec		C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees the of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec		D. All Type III Supporting Organizations		_	
		The state of the s		Yes	No
			-		
1	organi	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	organi	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	urie or	ganızation maintaıned a close and continuous workıng relatıonship with the supported organization(s)	2		
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at les during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		regard	3		<u> </u>
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations	_		
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 🔲 TI	he organization satisfied the Activities Test. Complete line 2 below			
	ь 🗖 ті	he organization is the parent of each of its supported organizations. Complete line 3 below.			
	∺	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ane)		
,	۱۱ 📋 ۵	the diganization supported a governmental entity. Describe in Fair Vision you supported a government entity (see inclusion	31.07		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
	a Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported		-	
	organ	niced organization(s) to which the organization was responsive? If the first in Fart violentity those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted	:		
		antially all of its activities	2a		<u> </u>
1	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b	- -	-
3	0	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		., ., .,		١.	1
i	a Did th each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
1	b Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2015 Be a Hero In	2015 Be a Hero Inc	Be a	(Form 990 or 990-EZ) 2015	Schedule A (F
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Page 6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	·				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	- · · · · · · · · · · · · · · · · · · ·					
	tion B — Minimum Asset Amount	1	(A) Pnor Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1 a						
Ŀ	Average monthly cash balances	1 b						
	Fair market value of other non-exempt-use assets	1 c		<u> </u>				
	I Total (add lines 1a, 1b, and 1c)	1 d						
•	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Section C — Distributable Amount				Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5	,5 < , ,					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type	e III supporting organization	n				
DA/			Schedule A /For	m 990 or 990-E7\ 2015				

Par	t v Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	ations (continuea)				
Sect	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpos						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7							
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions						
9							
10 Line 8 amount divided by Line 9 amount							
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(III) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а				· · · · · · · · · · · · · · · · · · ·			
b							
С							
d	From 2013		<u></u>				
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f	_					
4	Distributions for 2015 from Section D,						
	line 7 ⁻ \$						
	Applied to underdistributions of prior years		<u> </u>				
	Applied to 2015 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		:				
7	Excess distributions carryover to 2016. Add lines 3j and 4c						
8	Breakdown of line 7:						
а		<u> </u>					
b	1						
С	Excess from 2013						
	Excess from 2014						
	Excess from 2015						

BAA

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

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Open to Public Inspection

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