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Form **990-EZ**

SCANNED NOV 14 2016

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or the	2015 calendar year, or tax year beginning , 2015, and ending		, 20
Вс	heck if ap		ployer id	lentification number
	Address c	hange Swan Research Program 26 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tek	-31	105318
	lame cha		ephone n	
=	nıtıal retu	PO BOX BUILDA 3432 546	9-90	15-9403
=	Final return Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption
=			ımber l	•
G A	ecount	ang Method: ☑ Cash ☐ Accrual Other (specify) ► H Check	▶ □	f the organization is not
1 W	ebsite/	require	ed to att	tach Schedule B
J Ta	ах-ехеп	npt status (check only one) — 🔀 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (Form	990, 99	0-EZ, or 990-PF).
KF	orm of	organization: Corporation Trust Association Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	3	A
(Par	t II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ ş	;
Pá	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ections	s for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	; :	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10000
	4	Investment income	4	<i>H</i>
	5a	Gross amount from sale of assets other than inventory 5a	4	
	þ	Less: cost or other basis and sales expenses		
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Garning and fundraising events	5c	
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
Revenue	ь	Gross income from fundraising events (not including \$	1	
æ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c	┪ !	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	┦ │	
		line 6c)	6d	4
	7a	Gross sales of inventory, less returns and allowances		
ļ	ь	Less: cost of goods sold	,	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
Expenses	8	Other revenue (describe in Schedule O)	^ _8	6
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 49	0
	10	Grants and similar amounts paid (list in Schedule O)	\: <u>10</u>	2,500 -
	11	Benefits paid to or for members	<u>\ -11</u>	
	12	Salaries, other compensation, and employee benefits	12.	<u> </u>
	13	Professional fees and other payments to independent contractors . \ . \	13	784
×	14	Occupancy, rent, utilities, and maintenance	14	
ш	15	Printing, publications, postage, and shipping .	15	98.
	16	Other expenses (describe in Schedule O) . Annual . F.els & Pogistrations	16	155.00
	17	Total expenses. Add lines 10 through 16	17	3537.00
ŧ	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	- 3537.00
886	19	end-of-year figure reported on prior year's return)	19	29 283.77
Net Assets	20		20	- 1,000
Ž	20 21	Other changes in net assets or fund balances (explain in Schedule O)	21	25, 746.77
	41	Net assets or fund balances at end of year. Combine lines 18 through 20	141	1 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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Pai	•					
	Check if the organization used Schedule	O to respond to ar			<u></u>	<u> D</u>
			<u> </u>	(A) Beginning of year		End of year
22	Cash, savings, and investments			29,283,77	22 ∂	5,746.7
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27 2	5.746.7
Pari	III Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		, , ,
	Check if the organization used Schedule					xpenses
Vhat	is the organization's primary exempt purpose?	SWAN RE	-SEARCH			d for section and 501(c)(4)
Jaec	ribe the organization's program service accomplis	hments for each o	f its three largest or	noram services		tions; optional for
	easured by expenses. In a clear and concise m				others.)	• •
	ons benefited, and other relevant information for ea		,	,		
28					1	
	ATOME					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28a	
29			•			
LJ						
	/County \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign are	ento chook horo		29a	
~~			ints, check here .	·	294	
30						

	· · · · · · · · · · · · · · · · · · ·		ints, check here .		30a	
31	Other program services (describe in Schedule O)					
			ints, check here .		31a	
	Total program service expenses (add lines 28a t				32	
Par					nstructio	ns for Part IV)
	Check if the organization used Schedule	O to respond to a			.,	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e) Est	mated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	othe	r compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
W	illian JL Sladen	A	1 A	<i>Q</i>	ŀ	A
	President		-6			<i></i>
\mathcal{L}	atricia A Wnight	,	2	A		1
	Treasurer	/		2		\mathcal{O}
7	Treasurer AVID HOUCHIN SECRETARY	0	Ω	A_		0_
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No i
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
35a	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)?	35a		~
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		V
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		レ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь	Did the organization file Form 1120-POL for this year?	37ь		
38a	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 prior year and still outstanding at the end of the tax year covered by this return?	38a		レ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9]		
Ь	Gross receipts, included on line 9, for public use of club facilities	1 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
Ь	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			ر،
		40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ Patricia Knight Telephone no. ▶ 54th			
	Located at $\triangleright POBOX 3432$ WAYTENTON VA ZIP+4 $\triangleright 201$	88	-80	<u>32</u>
ь	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).] .		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		, 1	▶ □
70	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
_	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		× _

		·				Yes	Page
6	Did the organization engage, directly or it to candidates for public office? If "Yes,"						
art		s only	·		· 46 e tables f	or lin	L∦ es
	Check if the organization used So	chedule O to respond	to any question in t	his Part VI	<u> </u>		<u>. [</u>
7	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	-	tax 47	Yes	No.
8 9a b	Is the organization a school as described Did the organization make any transfers If "Yes," was the related organization a s	to an exempt non-cha	uritable related organiz		. 48 . 49a . 49b		X
0	Complete this table for the organization's employees) who each received more tha	s five highest compen	sated employees (oth		tors, truste		
	(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) Estimate other con	ed amo	unt o
	(f) NC						
	<u> </u>				<u> </u>		
		1	į				
f 1	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compe		contractors who eacl	n received	more	th:
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (c	Compensati	on	
	NONE						
	t·V		1		<u></u>		
							_
		· · · <u>- · · · · · · · · · · · · · · · ·</u>	aver \$100,000				
d	Total number of other independent contr	actors each receiving	over a luu.uuu				

Here Print/Type or print name and title Preparer's signature Date Check If self-employed Print/Type preparer Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer's name Preparer's signature Date Da		Firm's address ► discuss this return with the pro	Phone no.			
Here Print/Type preparer's name Preparer's signature Date Check If PTIN	Use Only	Firm's name ▶	Firm's EIN ▶			
Here Patricia H. Knight Inlasurer 10/06/16		Print/Type preparer's name	Preparer's signature	Date	Check L_I if	ΠN
and the state of t	Sign Here		I Knight Tree	ASURPr	Date 10/36	116