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SCANNED APR 0 1

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

2015, and ending December 31 20 15 For the 2015 calendar year, or tax year beginning January 1 D Employer identification number C Name of organization Black Bear Solar Institute Corporation В Check if applicable Address change 27-2957238 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 2204 Battle Ground Drive 865-919-2274 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Pigeon Forge, TN 37863-6212 G Gross receipts \$ 169677 Amended return F Name and address of principal officer Robert E Harris Application pending H(a) Is this a group return for subordinates? Yes 2204 Battle Ground Drive Pigeon Forge TN 37863-6212 H(b) Are all subordinates included? Tyes No. If "No." attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or 501(c) (Tax-exempt status www.BlackBearSolarInstitute.org H(c) Group exemption number ▶ Website: ▶ L Year of formation 2010 M State of legal domicile ΤN Part I Summary Briefly describe the organization's mission or most significant activities: Black Bear Solar Institute is founded to establish. construct, and operate facilities for long-term performance and reliability testing of solar energy, electric vehicles, and energy-Activities & Governance efficient building materials and methods with all information gathered and produced freely available to the general public. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **7b** 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 8 169677 434937 RECEIVED 9 Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1 0 Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e) 11 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 434938 169677 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1552 1305 Benefits paid to or for members (Part IX, column (A), line4) Sin 4 14 n 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 25887 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 88142 17973 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 18 115581 19278 Revenue less expenses. Subtract line 18 from line 12 19 319357 150399 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1050768 1129619 21 Total liabilities (Part X, line 26) . 433811 362263 22 Net assets or fund balances. Subtract line 21 from line 20 616957 767356 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Robert E Harris - President March 13, 2016 Here Type or print name and title Preparer's signature Date Print/Type preparer's name Paid Check | if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Yes No

Form 990 (2015)

_	
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Black Bear Solar Institute is founded to establish, construct, and operate facilities for long-term performance and reliability testing
	of solar energy, electric vehicles, and energy-efficient building materials and methods with all information gathered and produced
	freely available to the general public.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
40	(Code: \/Eveness \$ ABSA including grants of \$ 0\/Devenus \$
4a	(Code:) (Expenses \$ 4964 including grants of \$ 0) (Revenue \$ 0) Electric Vehicle - Operation of one Battery Electric Car, and one Battery Electric Off-road Utility Vehicle for testing in real-world
	conditions with results reported to the public on the organization's Website. The Battery Electric Car was also used to promote
	local adoption of the public electric vehicle charging stations and for display and ride and drive events at public gatherings,
	in the Great Smoky Mountains National Park in conjunction with opening the first-ever DC Fast Chargers in any National Park,
	and at our Educational Center. Working on placing new display Electric Vehicles with multiple science and children's museums
	in the United States. Worked with the Smithsonian Institute Museum of American History to coordinate visits for Electric Vehicle
	Manufacturing in the United States exhibit. Sponsored National Drive Electric Week event at The Island in Pigeon Forge, TN.
	Installed new Tesla Destination Charging stations in Tennessee, North Carolina and Georgia.
	Approximately 14,000 people reached with Electric Vehicle program.
4b	(Code:) (Expenses \$304 including grants of \$) (Revenue \$)
	Energy Efficient Building and Solar - Research materials for public education and demonstration of energy efficient building retrofits,
	including, insulation, lighting, heating and refrigeration. Consulting with the University of Tennessee to develop new energy efficient
	plan for new 4-H camp and conference center at Lone Oaks Farm. Approximately 8,000 people reached through Educational Center
	displays and 30,000+ reached through online activities.
4c	(Code:) (Expenses \$ 14,010 including grants of \$ 6060) (Revenue \$ 0)
40	(Code:) (Expenses \$ 14,010 including grants of \$ 6060) (Revenue \$ 0) Environmental Education Center including Solar, Electric Transportation and Wildlife segments, each appealing to a different segment
	of the public to attract and capture interest in overall environmental effects of energy use and choices. Planning started for extension
	of Environmental Education outreach through eCO-COve, a comprehensive demonstration project for energy, air, and water quality.
	Approximately 8,000 people reached through Educational Center displays and 30,000+ reached through online activities.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 19278

Part l	V 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		✓
_	complete Schedule D, Part III	8		✓
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		
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? If "Yes," complete Schedule F, Parts II and IV	15		1
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		√
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		1
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		√
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		√

Part	Checklist of Required Schedules (continued)			Page
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
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 and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		✓
٠.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		`
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		•

19? Note. All Form 990 filers are required to complete Schedule O.

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			. \square
			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	✓	
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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	ļ	✓
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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		√
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		-
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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 as required?	7g		\
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		✓
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		- 1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		- 1	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4			1 ;
	If there are material differences in voting rights among members of the governing body, or				1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
L	·	41.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business re	1b 4	1		
_	any other officer, director, trustee, or key employee?	•	2	~~~~	
3	Did the organization delegate control over management duties customarily performed by or u		-	<u>v</u>	
•	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	•	4		-
5	Did the organization become aware during the year of a significant diversion of the organization		5		7
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to e	elect or appoint			<u> </u>
	one or more members of the governing body?		7a		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken during			
	the year by the following:				
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno				
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		✓
Section	on B. Policies (This Section B requests information about policies not required by the	internai Reven	ue Co	Yes	
100	Did the organization have local chapters, branches, or affiliates?		10a	162	No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of	such chanters	IUa		_
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g		·	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done		12¢	✓	
13	Did the organization have a written whistleblower policy?		13	✓	
14	Did the organization have a written document retention and destruction policy?		14	✓	
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				ادا
а	The organization's CEO, Executive Director, or top management official			√	
b	Other officers or key employees of the organization		15b	✓_	 ,
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar.	ar arrangement			
IUa	with a taxable entity during the year?	ar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its	roa		✓
D	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► TN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	nd 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				-
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	nts, conflict of inte	erest p	oolicy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords:		
	Pohert F Harris 2204 Rattle Ground Drive Diggon Forge TN 37863 865-919-2274				

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Name and Title Average Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) employee veek (list an from related other Individual t or director Institutional hours for the organizations compensation related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted l trustee and related l trustee (eni organizations (1) Robert E Harris - President 40 0 (2) Lisa L Stewart - Vice President 1 0 0 (3) Mary-Joyce B Harris - Secretary 0 0 (4) Jennifer J Baldy - Treasurer 0 0 (9) (10) (11) (12) (13)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	ot che	s pe	tion more	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	n from	am comp fro orga and	(F) timated fount of other pensation the anization related nization	f on on d
(15)														
(16)														
(17)														
(18)														<u> </u>
(19)														
(20)													····	
														
(21)														
(22)														
(23)														
(24)														
(25)											1			
1b c d	Sub-total	VII, Sectio	n A					▶ ▶ ▶	0 0		0 0			0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind		5		<i>j</i>
Section	n B. Independent Contractors						-					· · · · · · · · · · · · · · · · · · ·		
1	Complete this table for your five highest of compensation from the organization. Repyear.													ax
	(A) Name and business add	ress					_		(B) Description of se	ervices		(C) Compens	sation	
2	Total number of independent contractor							th	ose listed abo	ove) who				

Form 9	990 (201	5)					Page 9
Par	t VIII				·		
		Check if Schedule O contains a respon	nse or note to	any line in this (A) Total revenue	B Part VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Program Service Revenue and Other Similar Amounts	10				revenue	revenue	512-514
ants	1a	Federated campaigns 1a Membership dues 1b					
عَ ق	b	Membership dues 1b Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
S, G	e	Government grants (contributions) 1e					
ions	f	All other contributions, gifts, grants,	· -				
at the		and similar amounts not included above 1f	98520				
d d	g	Noncash contributions included in lines 1a-1f: \$	71157	i	_	-	
<u>3</u> <u>E</u>	h	Total. Add lines 1a-1f	▶	169677			
nge -		B	Business Code				
e	2a						
Service Re	b						
Σ̈́	C						
Š	d						
gran	e	All other program service revenue .		0	0		
Ę.	g	Total. Add lines 2a-2f		0		0	<u> </u>
	3	Investment income (including dividence	ds, interest,				
		and other similar amounts)	▶	0	o	o	
	4	Income from investment of tax-exempt bond	l proceeds ▶	0	0	0	
	5	Royalties	▶	0	0	0	
		(i) Real	(II) Personal				
	6a	Gross rents 0	0				
	b	Less: rental expenses 0	0				!
	C	Rental income or (loss)	0				
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities	(II) Other	0	0	0	
	1 4	assets other than inventory	(ii) Other				
	ь	Less: cost or other basis					
		and sales expenses .	o				
	c	Gain or (loss) . 0	0				
	d	Net gain or (loss)	▶	0	0	0	
4							
Other Revenue	8a	Gross income from fundraising					
e e		events (not including \$					
æ		of contributions reported on line 1c).					
je Pe		See Part IV, line 18 a	0				
δ	b	Less: direct expenses b Net income or (loss) from fundraising even	ents 🕨				
	G 9a	Gross income from gaming activities.	31115	0		0	0
		See Part IV, line 19 a	اه				
	Ь	Less: direct expenses b	0				
	С	Net income or (loss) from gaming activities	es ►	0	0	0	·
	10a						
		returns and allowances a	0				
	b	Less: cost of goods sold b	0				
	<u> </u>	Net income or (loss) from sales of invento		. 0	0	0	0
	44-	Miscellaneous Revenue B	Business Code				
	11a						
	b						
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a–11d	•	0	<u>U</u>		0
	12	Total revenue. See instructions		169677	0	0	
				1777.1			Form 990 (2015)

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nolate all columns. A	III other ergenization	o must complete as	(A)
Sectio	Check if Schedule O contains a respon			is must complete co	olumn (A).
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1305	1305	gonoral expenses	· ·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	O	0	0	
7 8	Other salaries and wages	0	0	0	C
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees):	0			
	Management	o	o	o	
b	Legal	0	0	0	
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	O
е	Professional fundraising services. See Part IV, line 17	0			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0 797	0	0	0
13	Office expenses	797	797	0	
14	Information technology	0	0	0	<u>0</u>
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	463	463		
20	Interest	0	0	0	0
21	Payments to affiliates	0	o	0	0
22	Depreciation, depletion, and amortization .	. 0	0	0	0
23	Insurance	2952	2952	0	0
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) expense on Schodule (A)				
	(A) amount, list line 24e expenses on Schedule O.)				
a b	Memberships and Dues Business Registration Fees	924 267	924	0	0
C	Facilities Operation	12570		267	0
d	Facilities Operation	123/0	12570	0	0
e	All other expenses	0	0	0	
25	Total functional expenses. Add lines 1 through 24e	19278	19011	267	
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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 1028796 10c b Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . Investments - program-related. See Part IV, line 11 . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . 0 18 0 19 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X **Total liabilities.** Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 616957 27 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds O Paid-in or capital surplus, or land, building, or equipment fund . . . 0 32 Retained earnings, endowment, accumulated income, or other funds . Total liabilities and net assets/fund balances

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		_ 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	69677
2	Total expenses (must equal Part IX, column (A), line 25)	2	·		19278
3	Revenue less expenses. Subtract line 2 from line 1	3		1	50399
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	16957
5	Net unrealized gains (losses) on investments	5		_	0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			_ 0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7	<u>67356</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	ו		
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	· · · · · · · · · · · · · · · · · · ·		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	3]	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		l l		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements and selection of an independent accounts to the compilation of its financial statements.				L
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain ir	1		
_	Schedule O.]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in	ŀ		
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available applies to the organization of the control of the organization and the organization did not undergo the required audit or audits, available organization and december of the organization did not undergo.		I		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3b		
			For	n 990	(2015)

. SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2015

Open to Public

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization 27-2957238 **Black Bear Solar Institute Corporation** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

							raye =
Part							,
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0011	(h) 0010	(-) 0010	(4) 004.4	(-) 0045	T (0 =
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						1
2	Tax revenues levied for the			-			
2	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			1	İ		
	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.						
	on B. Total Support		<u> </u>	1	<u> </u>	1	
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	<u> </u>	(4,444	107 = 0.0	(-)	(6) 2010	(i) Total
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	· - -		1			
	sources						
9	Net income from unrelated business					-	
	activities, whether or not the business			ŀ	}		
40	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				т .		
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th	•	•	d, third, fourth	ı, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2015 (line 6					14	%
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test—2015. If the organization qual						
b	33 ¹ /3% support test—2014. If the organ						
D	check this box and stop here. The organi					15 IS 331/3%	· _
17a	10%-facts-and-circumstances test—20	•			•		
110	10% or more, and if the organization med	ets the "facts-	and-circumsta	nces" test che	ck this hoven	a, or rob, and a	iine 14 iS Syntain in
	Part VI how the organization meets the "fa	acts-and-circu	ımstances" tes	st. The organiza	ation qualifies a	a stop here. E as a publicly st	innorted
	organization						. > 🗆
b	10%-facts-and-circumstances test – 20						
	15 is 10% or more, and if the organizat	ion meets the	facts-and-ci	rcumstances"	test, check the	is box and ste	op here.
	Explain in Part VI how the organization m	eets the "facts	s-and-circumst	tances" test. T	he organizatior	qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization did	d not check a	box on line 13,	, 16a, 16b, 17a	ı, or 17b, check	this box and	see
	instructions						— —

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

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

O - A!	In the organization rails to quality	under the tes	is listed beit	w, piease co	inplete Fait i	1.)	
	on A. Public Support	(-) 0011	(h) 0010	(2) 0012	(-1) 0014	(a) 2015	(6) T-4-1
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	1000	298219	214004	434937	169677	
4	sold or services performed, or facilities	i					
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
_	organization's benefit and either paid	Ì				Ì	
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the					j	
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	1000	298219	214004	434937	169677	1117837
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	O	0	0	o	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified				}		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	o	0	o	o	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						1117837
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	1000	298219	214004	434937	169677	1117837
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					İ	
	royalties and income from similar sources .	13	8	4	1	0	26
þ	Unrelated business taxable income (less					_	
	section 511 taxes) from businesses	-					
	acquired after June 30, 1975	0	. 0	0	0	0	0
C	Add lines 10a and 10b	13	8	4	1	0	26
11	Net income from unrelated business						
	activities not included in line 10b, whether	1		,	ļ		
	or not the business is regularly carried on	0	. 0	о	0	ol	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	İ					
	(Explain in Part VI.)	0	0	o	0	o	0
13	Total support. (Add lines 9, 10c, 11,						<u></u>
	and 12.)	1013	298277	214008	434938	169677	1117863
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>	<u> </u>	► <u></u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	100 %
16	Public support percentage from 2014 Sch			<u> </u>	<u></u>	16	100 %
	on D. Computation of Investment Inc			 -		 _	
17	Investment income percentage for 2015 (I		•			17	<u>0 %</u>
18	Investment income percentage from 2014					18	0 %
19a	331/3% support tests—2015. If the organi						
	17 is not more than 33½%, check this box a		-			•	
þ	331/3% support tests—2014. If the organization						
	line 18 is not more than 331/3%, check this b				-	-	
20	Private foundation. If the organization did	o not check a b	oox on line 14.	19a, or 19b. c	neck this box a	and see instruct	tions

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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		7 :
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		04-01
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		- 2-
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 all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		- max ma
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
С	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 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 .	2 1 21%	٠.٠٠	~~~
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	ē	ā.,
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
С	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.	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	36		
L	supporting organizations)? If "Yes," answer 10b below.	10a	-	i
Þ	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 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? c A 35% controlled entity of a person described in (a) or the controlled controlled person of a person described in (a) above? c A 35% controlled entity of a person described in (a) or the controlled controlled person of a person described in (a) or the controlled person of a person described in (a) or the controlled person of a person described in (a) or the controlled person of a person described in (a) or the controlled person of a person described in (a) or the controlled person or the person of a person described in (b) or the person of a person described in (b) or the person of a person described in (c) and	Part	Supporting Organizations (continued)	-	-	
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	- · · · · · · · · · · · · · · · · · · ·	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	····	
8 Minimum Asset Amount (add line 7 to line 6)	8	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	ly-int	egrated Type III supporting	ng organization (see

Part		B) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			······································
6	Other distributions (describe in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which	h the organization is res	nonsive	
Ū	(provide details in Part VI). See instructions.	in the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
- 10	Line 8 amount divided by Line 9 amount	1	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	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:	• , -	4 **** # #	
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e		··· ·	
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount	A	w	
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2015 from Section			
~	D, line 7:			
<u>а</u>	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Applied to 2015 distributable amount			
<u>c</u> _	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if		i	
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
	<u> </u>			
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 3 _j and 4c.			
8	Breakdown of line 7:			
а	and a state of the state of the state of the state of			
b				
С	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			
<u> </u>		<u> </u>		

Part VI	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 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	lack E	ear Solar Institute Corporation		27-2957238
Total number at end of year		Organizations Maintaining Donor Adv		ds or Accounts.
Total number at end of year Aggregate value of contributions to (during year) 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? Yes No. No. No. No. No. No. Total arms of land for public use (e.g., recreation or education) — Preservation of a historically important land area preservation of land for public use (e.g., recreation or education) — Preservation of a historically important land area preservation of open space Complete ines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) — Preservation of a historically important land area Preservation of open space Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Total number of conservation easements on a certified historic structure included in (a)	_	Complete if the organization answered		
2 Aggregate value of contributions to (during year) Aggregate value at end of year Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors Ves Nt 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? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 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 a historically important land area Protection of natural habitat Preservation of long public use (e.g., recreation or education) 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. Total number of conservation easements Number of conservation easements an earthfed historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easements in located ▶ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Ps (conservation) easements modified,			(a) Donor advised funds	(b) Funds and other accounts
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public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b			
 (i) Revenue included on Form 990, Part VIII, line 1				ducation, or research in furtherance of
 (ii) Assets included in Form 990, Part X		•	-	
 (ii) Assets included in Form 990, Part X		(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_	(ii) Assets included in Form 990, Part X		▶ \$
a Revenue included on Form 990, Part VIII, line 1	2			
a Revenue included on Form 990, Part VIII, line 1		tollowing amounts required to be reported under S	PLAS 1 10 (ASC 338) relating to these if	tems:
	a	Revenue included on Form 990, Part VIII, line 1 .		• \$

Part	III Organizations Maintaining C	Collections of A	\rt, Hist	orical Trea	isures,	or Ot	her Similar	Ass	ets (con	tinued)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and oth	ner recor	ds, check a	ny of the	e follov	ving that are	a sig	nificant i	use of its
а	☐ Public exhibition		d [🗌 Loan or e	exchang	e prog	rams			
b	☐ Scholarly research		е [Other						
С	☐ Preservation for future generations									
4	Provide a description of the organizatio XIII.	n's collections a	nd expla	in how they	further	the org	ganization's e	exemp	ot purpos	se in Part
5	During the year, did the organization so assets to be sold to raise funds rather the									i □ No
Part	V Escrow and Custodial Arran	gements.								
	Complete if the organization a 990, Part X, line 21.									Form
	Is the organization an agent, trustee, or included on Form 990, Part X?									. □ No
b	If "Yes," explain the arrangement in Part	t XIII and comple	te the fol	lowing table	:			Am	ount	
С	Beginning balance					10	;			
d	Additions during the year					10				
е	Distributions during the year					_1e				
f	Ending balance					_ 1f	:			
2a	Did the organization include an amount	on Form 990, Pa	ırt X, line	21, for escre	ow or cu	ıstodia	l account liab	ulity?	☐ Yes	□ No
b	If "Yes," explain the arrangement in Par	t XIII. Check here	if the ex	planation ha	ıs been	provid	ed on Part XII	l		
Par										
	Complete if the organization a	answered "Yes"								
		(a) Current year	(b) Prio	r year (c)	Two years	s back	(d) Three years	back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions								-	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs			-				1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	e current year end	d balanc	e (line 1g, co	lumn (a)) held	as:			
а	Board designated or quasi-endowment	•	%	,						
b	Permanent endowment	%	-							
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2d	should equal 10	00%.							
3a	Are there endowment funds not in the			ation that a	re held a	and ad	ministered fo	r the		
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	anızations listed	as requi	ed on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of								1	
Part	VI Land, Buildings, and Equipn	nent.							<u> </u>	
	Complete if the organization a		on For	n 990, Part	IV, line	11a.	See Form 9	90, F	art X, lir	ne 10.
	Description of property	(a) Cost or oth (investme		(b) Cost or oth (other)			Accumulated epreciation		(d) Book	value
	Land									
b	Buildings		448743	•	448743					448743
c	Leasehold improvements			•						
d	Equipment		624126		624126			T		624126
e	Other		6651		6651			+-	-	6651
	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 99		(, column (B)		c.) .	<u></u> ▶	1		1079520

Part VII	Investments—Other Securities Complete if the organization and		rm 990. Part IV. line	11b. See Form	990. Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financia	derivatives				
(2) Closely-l	neld equity interests				
(3) Other				•	
(A)					
(B)					
(C)			 		
(D) (E)					-
(E) (F)			-		"
(G)		·			
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Relat Complete if the organization ar		rm 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	thod of valuation -of-year market value
(1)				-	· · · · · ·
(2)					
(3)					-
(4)					
(5)					
(6)					
(7)					
(8)				*10 * * *	
	(b) must equal Form 990, Part X, col. (B) line 13.) ▮	>			
Part IX	Other Assets.		-1		
	Complete if the organization ar		rm 990, Part IV, line	11d. See Form	
		(a) Description			(b) Book value
(1)					
(2)			.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1) (5 000 F) (1)	(D) !! 45)			
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization ar line 25.	nswered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		 	· · · · · · · · · · · · · · · · · · ·
(1) Federal ı	ncome taxes				
(2)					
(3)					
(4)					
(5)					* *
(6)					
(7)					riage a state of the
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)	•			
	or uncertain tax positions. In Part XIII, pre		note to the organization	s financial stateme	ents that reports the
	's liability for uncertain tax positions und				

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
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	<u> </u>
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c]
d	Other (Describe in Part XIII.)	2d	<u></u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		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 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	1 [
b	Prior year adjustments	2b].
С	Other losses	2c	- n - muz - z
d	Other (Describe in Part XIII.)	2d	- u
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		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		4 1
b	Other (Describe in Part XIII.)		
C	Other (Describe in Part XIII.)		4c
с 5	Other (Describe in Part XIII.)		4c 5
c 5 Part	Other (Describe in Part XIII.)	e 18.)	5
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Other (Describe in Part XIII.)	e 18.)	5 b; Part V, line 4; Part X, line

Schedule D (Fo		Page
Part XIII	Supplemental Information (continued)	
•••••		
	•••••••••••••••••••••••••••••••••••••	
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	······································	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of	the organization							En	ploye	er ider	ntificati	on nu	mber		
Black E	Bear Solar Institute Co	orporation									27-2	9572	38		
Part	Excess Bene Complete if the	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s" on F	section : Form 990	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) orga a or 25b, or	niza Forn	tions n 990	only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Descr	intion	of tran	eaction	`		(d) Cor	rected?
	(a) Name of disquamed	person		organiza	ition		(c) Descrip			O1 1141	isaction			Yes	No
(1)	, <u>,.</u>		 												
(2)					· · · · · · · · · · · · · · · · · · ·					-					
(3)															
(4)	<u></u>				·										
(5)					<u> </u>		_								<u> </u>
(6)	Futural and a second	of Anna improved	l b 4b	.!*:		dia		<u> </u>	ad					L	<u> </u>
	Enter the amount under section 4958		-		ı manaç		quaiiii	ea persons	auri	ng ti	ne ye:				
	Enter the amount o		-							•		• 9			
3	Enter the amount o	rtax, ii any, on	iine 2, above,	reimbi	ursea by	rine organi	Zalioi			•	,	• 9	P		
Dort	I cons to and	/or From Inter	ested Person												
Part		e organization			orm 99	0-EZ. Part \	V. line	38a or Forn	n 990). Pa	rt IV. I	line 2	6: or i	f the	
	organization r	eported an amo	ount on Form	990, Pa	art X, line	e 5, 6, or 22	2.	004 01 1 011		, . u	,		.0, 0.		
		,	<u> </u>	I					I					Γ	
(a) Na	me of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or m the	(e) Origin principal am		(f) Balance d	ue ((g) in d	lefault?		proved or		ntten ment?
		With Organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization?								nittee?	ug .00	,,,,	
				To	From				F	Yes	No	Yes	No	Yes	No
(1) R	obert E Harris	Officer	Operating	1		36	50000	360	000		1	1		1	
(2)															
(3)									T						
(4)	· · · · · · · · · · · · · · · · · · ·														
(5)															
(6)	-														
(7)				ļ											
_(8)				ļ									ļ		
(9)				<u> </u>	-								ļ		
(10)		<u> </u>	<u> </u>					*					<u> </u>		
Total	<u> </u>					· · · · ·		\$							
Part	Grants or As	sistance Bene ne organization	fiting Interest	ed Per	rsons.	O Dort IV I	ina 27								
	Complete ii ti			T											
(a) I	Name of interested perso		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assis	tance		(e)	Purpo	ose of a	ssistan	ce
(1)							ļ								
(2)							<u></u>								
(3)															
(4)															
(5)							<u> </u>								
(6)											<u> </u>				
<u>(7)</u>															
(8)															
(9)							<u> </u>								

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation's
					Yes	No
			···			
			· · · · · · · · · · · · · · · · · · ·			
						
_			· · · · · · · · · · · · · · · · · · ·		_	
7	Supplemental Information					
_	Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
				•••••••••••••••••••••••••••••••••••••••		·
				•••••••••••••••••••••••••••••••••••••••		
				•		
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		<u></u>				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

Employer identification number

Black E	Bear Solar Institute Corporation					27-29572	38		
Part									_
	туров от торогу	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method on noncash cor	(d) of determintribution a		5
1	Art—Works of art								
2	Art—Historical treasures					<u> </u>			_
3	Art—Fractional interests								_
_						 			-
4	Books and publications		<u> </u>						_
5	Clothing and household goods								
6	Cars and other vehicles								_
7	Boats and planes								
8	Intellectual property							_	_
9	Securities—Publicly traded								-
	•								-
10	Securities—Closely held stock .	<u> </u>							_
11	Securities Partnership, LLC,								
	or trust interests								_
12	Securities-Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
	structures	1							
14	Qualified conservation								_
• •	contribution—Other								
46	Real estate - Residential								_
15						<u> </u>			_
16	Real estate—Commercial					 			_
17	Real estate—Other					 			
18	Collectibles								_
19	Food inventory								_
20	Drugs and medical supplies	L							_
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								_
24	Archeological artifacts								_
		1	1		71157	Documented			-
25	Other ► (Vehicle Chargers)				/115/	Documented	1 LIMA		_
26	Other ► ()								_
27	Other ► ()								_
28	Other ► (<u> </u>	J.,	L.,		ļ			_
29	Number of Forms 8283 received	by the or	ganization during the tax	year for contribu	utions for				
	which the organization completed	1 Form 828	3, Part IV, Donee Acknowle	agement		29	0		_
							Y	es No)
30a	During the year, did the organiza	tion receive	e by contribution any prope	erty reported in	Part I, lines	s 1 through	1 1	- {	1
	28, that it must hold for at least ti	hree years	from the date of the initial o	contribution, and	which is n	ot required			Į
	to be used for exempt purposes	for the enti	re holding period?				30a		ليہ
h	If "Yes," describe the arrangement						 	_	-
24	Does the organization have a	nift accou	ntance nolicy that require	es the review	of any no	n-standard		ŀ	Ì
31	-	giit acce	Stance policy that require	SO THE LEVIEW (or arry ite	ni standard		-	لـ
	contributions?		****			 	31		_
32a	Does the organization hire or us			is to solicit, pro	cess, or s	eii noncash			
	contributions?						32a		_
b	If "Yes," describe in Part II.						1		1
33	If the organization did not report a	ın amount ii	n column (c) for a type of pro	operty for which	column (a)	is checked,			1
	describe in Part II						1 1		į

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.
	lectric vehicle charging equipment and installation services from Tesla Motors for multiple locations in Tennessee, Georgia, and
	lina. This equipment will remain the property of Black Bear Solar Institute for public use and will not be resold or reassigned.
/alue deter	rmined by publicly available price lists for items donated and actual cost from of installation service invoices.
	

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Linklohet identification mainbet
Black Bear Solar Institute Corporation	27-2957238
Didek Deal Solal Histrate Gorporation	
Part VI Section A Line 2 - Robert E Harris and Mary-Joyce B Harris - husband and wife are both of	ffices of Black Bear Solar Institute Corp.
Part VI Section B Line 11b - All members of the governing body met in person to jointly review th	se contents of this Form 990 before filing
Part vi Section B Line 110 - All members of the doverning body met in person to Jointy review to	ie contents of this rolling and before thing.
	A.A. Alica all disconnected and
Part VI Section B Line 12c - Article 9, Section 6 of the organization's bylaws is observed, which s	tates that all directors, officers and
committee members shall annually sign a conflict of interest agreement acknowledgment which	includes procedures for Duty to Disclose,
Determining whether a conflict of interest exists, procedures for addressing the conflict of interest	st, violations of the policy, periodic reviews
and specific details to be recorded in the contemporaneous minutes of the meeting when conflic	ts of interest are discussed.
Part VI Section C Line 19 - The organization makes available at no cost any and all governing do	cuments, conflict of interest policy and
financial statements to the general public upon request. As our Website develops, we plan to m	ake these documents available to the public
through our Website. Full contact information for the organization is available through our Web	site at www.BlackBearSolarInstitute.org

	••••••••••••••
•	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Black Bear Solar Institute Corporation	27-2957238
Diddy Data Cold Howard Co. Polation	27 2307200
	-
