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Form **99**0

Department of the Tressury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

	UI UIO	2015 calendar year, or tax year beginning and	d ending	_	
C ap	neck if	C Name of organization		D Employer identifi	cation number
	Address ohange	THE FAWCO FOUNDATION			
	Name change	Doing business as		43-6	075073
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final return/	433 S. RIDGE RD.			234-7576
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	281,542
	Amende return			H(a) Is this a group re	
	Applica-				? Yes X No
	pending	433 S. RIDGE RD., LAKE FOREST, IL 600	145	H(b) Are all subordinates in	
Ta	x-exer	npt status: X 501(c)(3)			list. (see instructions)
		:▶ WWW.FAWCOFOUNDATION.ORG		H(c) Group exemptio	•
		rganization; X Corporation Trust Association Other	L Year		State of legal domicile; MC
		Summary			
ا م	1 B	riefly describe the organization's mission or most significant activities: THE	FAWCO	FOUNDATION'	S SOLE
2		URPOSE IS TO PUT INTO ACTION FAWCO'S ST			
Acumues a coverigatos	2 C	heck this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
:	3 N	umber of voting members of the governing body (Part VI, line 1a)		-3	(
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	5 V 6- 4	2. 4"	
ίl	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)	. #	6	
	6 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)	NUV	2 1 2016 . 6	100
	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12	1	78	0
1		et unrelated business taxable income from Form 990-T, line 34			0
T		,L.	·	- Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, Ilne 1h)	<u> </u>	181,859.	197,180
		rogram service revenue (Part VIII, line 2g)		0.	0
1		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		221.	_8,335
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,165.	57,188
- 1		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		216,245.	262,703
_		rants and similar amounts paid (Part IX, column (A), lines 1-3)		168,522.	146,931
1		enefits paid to or for members (Part IX, column (A), lines 1-3)		100,522.	0
Ш.		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0
				0.	0
<u>.</u>		rofessional fundraising fees (Part IX, column (A), line 11e)			
		otal fundraising expenses (Part IX, column (D), line 25)		31,038.	24,812
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,560.	171,743
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
ᅪ	19 R	evenue less expenses. Subtract line 18 from line 12		16,685.	90,960
Dalaines	_		Be	ginning of Current Year	End of Year
		otal assets (Part X, line 16)	····	421,803.	512,763
21		otal liabilities (Part X, Ilne 26)		0.	510 763
		et assets or fund balances. Subtract line 21 from line 20		421,803.	512,763
				ente and to the best of m	v knowledge and belief it is
		ies of perjury, I declare that I have examined this return, including accompanying schedul			A KITOMIOODA SUO DEIIGI' II IZ
Je, C	correct,	and complete. Declaration of preparer (other than officer) is based on all information of w	vnicn preparer	nas any knowledge.	21 2011
	Ш	Signature of Lofficer		Date Date	0 0016
		Signature ordancer		Vale	
		JODI GENTILOZZI, TREASURER			
ign ere	,	Type or print name and title		Data Charle	DTIN
ere	·	Type or print name and title Print/Type preparer's name Preparer's signature	. 1	Date Check [PTIN
ere Lid		Type or print name and title Print/Type preparer's name CHERYL K. ROHLFS, CPA Preparer's signature	4	WITILD Salf-employ	P01387972
ere Lid	Carer [Type or print name and title Print/Type preparer's name CHERYL K. ROHLFS, CPA Firm's name CHERYL ROHLFS & ASSOCIATES, LTI	4	116.16. 18	
ere lid epa	Carer [Type or print name and dittle Print/Type preparer's name CHERYL K. ROHLFS, CPA Firm's name CHERYL ROHLFS & ASSOCIATES, LTI Firm's address 401 HUEHL ROAD, SUITE 20	4	Firm's EIN	P01387972 36-3998689
ere Lid repa	arer [Type or print name and title Print/Type preparer's name CHERYL K. ROHLFS, CPA Firm's name CHERYL ROHLFS & ASSOCIATES, LTI	4	Firm's EIN	P01387972



		<u> 13-607507</u> 3	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission THE FAWCO FOUNDATION WAS ESTABLISHED BY THE FEDERATION OF	' AMERICAN	
-	WOMEN'S CLUBS OVERSEAS (FAWCO) IN 1967 AS AN INDEPENDENT		
	NOT-FOR-PROFIT THAT IMPLEMENTS PHILANTHROPIC PROGRAMS OF	SPECIAL	
_	INTERESTS TO FAWCO AND FAWCO MEMBER CLUBS.		
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	∟ Yes I	LA_ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[vac [X No
Ŭ	If "Yes," describe these changes on Schedule O.	res :	TYT INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	00 500)
	EDUCATIONAL AWARDS:		· · ·
	THE FAWCO FOUNDATION PRESENTS EDUCATIONAL AWARDS TO MEMBE		REN
	OF INTERNATIONAL AND AMERICAN WOMEN'S CLUBS OVERSEAS WHO		•
	MEMBERS OF THE UMBRELLA ORGANIZATION: FAWCO. RECEIPIENTS		1
	AFTER COMPLETING A THOROUGH APPLICATION PROCESS AND SELEC		
	COMMITTEE BASED ON ACHIEVEMENTS DEPENDING ON THE REQUIREM	ENTS OF THE	<u> </u>
	AWARD IN QUESTION.		
4b	(Code) (Expenses \$26,950 • including grants of \$26,950 •) (Revenue \$		
	DEVELOPMENT GRANTS:		
	THE FAWCO FOUNDATION AWARDS DEVELOPMENT GRANTS TO PROJECT	S BY FAWCO	
	MEMBER CLUBS. RECIPIENTS ARE CHOSEN AFTER COMPLETING A T		
	APPLICATION PROCESS AND ALL NOMINATED PROJECTS UNDERGO A		
	REVIEW. THE RECIPIENTS ARE SELECTED BASED ON A VOTE BY T		
	MEMBER CLUBS AS OUTLINED IN THE FAWCO FOUNDATION ADMINIST	RATIVE	
	GUIDELINES.		
4c	(Code) (Expenses \$ 61,911. including grants of \$ 61,911.) (Revenue \$	6.5	36.)
	TARGET PROJECT:		,
	FAWCO, THE FAWCO FOUNDATION AND ITS MEMBER CLUBS RAISE MO	NEY FOR A	
	SPECIFIC TARGET PROJECT SUPPORTING ONE OF THE FOUR AREAS	OF INTEREST	<u> </u>
	HUMAN RIGHTS, ENVIRONMENT, HEALTH AND EDUCATION.		
			
4d	Other program services (Describe in Schedule O.)		
₹u	to the state of th	3,111.)	
	Total program service expenses ► 167,699.		
		Form 99	0 (2015)
53200 12-16			, ,

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	- <u>-</u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
u	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			х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		_	
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		_	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	Х	
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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		<u>, </u>	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	ا پر ا	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Х	
13	complete Schedule G, Part III	40		Х
	Compared Services Sept. With III	19 Form	990 /	2015)
		Onn	550 ((دا نے

Form 990 (2015) THE FAWCO FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	ĺ		
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		— — — —	agn /	0045

THE FAWCO FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2015) **Part V** Sta Check if Schedule O contains a response or note to any line in this Part V

				_ <u></u>
			Yes	No
1a		4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the agreement of some state of the source of	1		}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	١.	-	
0-	(gambling) winnings to prize winners?	1c		
za	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		ĺ	
_		1	-	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	 	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
Ü	If "Yes," enter the name of the foreign country.			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u>-</u> -		$\widetilde{\mathbf{x}}$
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		l .	х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
J	were not tax deductible?	Ch.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
, a	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		$ \overline{\mathbf{x}} ^2$
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		ļ
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		 -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a	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 the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			ļ.,_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

532005 12-16-15

Form 990 (2015) THE FAWCO FOUNDATION 43-6075073 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions							
_	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
		_	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year [1a] 6							
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b			l .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			İ				
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a		١Ů						
, -	more members of the governing body?	7a	х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, <u>a</u>						
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5	-					
	The governing body?		$\vec{\mathbf{X}}$	-				
	Each committee with authority to act on behalf of the governing body?	8a 8b	X					
		- ab						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х				
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9						
566	tion b. Policies (This Section B requests information about policies not required by the internal Revenue Code)		V	NI.				
100	Did the example to be local chapters, branches, or efficience?	40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	х	ı				
12a								
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v					
40	In Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
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 and approval by independent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ū				
	The organization's CEO, Executive Director, or top management official	15a		X				
ø	Other officers or key employees of the organization	15b		X				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			υř				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
C	exempt status with respect to such arrangements?	16b						
	List the states with which a copy of this Form 990 is required to be filed NONE							
17								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) and 500-T (Sec	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
40	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	JODI GENTILOZZI ~ 847-234-7576							
	433 S. RIDGE RD., LAKE FOREST, IL 60045		000	/aa :=:				
53200	5 12-16-15 C	Form	990	(2015)				
	6							

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (Ď), (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 (A)	(B)	Γ			C)			(D)	(E)	(F)	
Name and Title	Average	,,,	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	i, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of other	
	week	⊢	cer ar	io a o	irecto	or/trus	tee)	from	from related		
	(list any hours for	lrecto						the organization	organizations	compensation from the	
	related	9 9 0	stee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	organizations	truste	al trus		ask	n ber	١.	(** =/ *********************************		and related	
	below	Individual trustee or director	Institutional trustee	ia;	Key employee	Highest compensated employee	ner			organizations	
	line)	를	I st	Officer	Ş.	물등	Former				
(1) PATRICIA MEEK	25.00										
PRESIDENT	2 00	Х	<u> </u>	Х	_	ļ		0.	0.	0	
(2) JANET DAVIS	2.00	١.,		١,,							
VP COMMUNICATIONS	20 00	Х	_	Х		<u> </u>		0.	0.	0	
(3) JODI GENTILOZZI	30.00	x		١,,						_	
TREASURER (4) LIZ JANSON	4.00	<u> </u>	_	X	_	┡		0.	0.	0	
SECRETARY	4.00	X		X		l		0.	0.	٨	
(5) MARY ADAMS	40.00	^	_	₽	-			0.	0.	0	
VP FUNDRAISING	40.00	х		х				0.	0.	0	
(6) TRACY MOEDE	3.00	^		-				0.	0.		
VP PROGRAMS	3.00	X		Х				0.	0.	0.	
(7) SUZANNE WHEELER	8.00	t			<u> </u>						
PARLIAMENTARIAN		X						0.	0.	0 .	
					 	┢					
		1									
		1									
		L									
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					\vdash	\vdash					
		1	I		l	1					

Form 990 (2015)

Page 7

(A) Name and	(A) Name and title		I (do not check more than one						(D) (E) Reportable Reportal compensation compensa		le Estim tion amou		(F) stimate nount	of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	fr org an	other upensa rom th uanizat d relat anizat	ation ie tion ted
														
				_			_							
								L	<u> </u>					
		-												
1b Sub-total								<u> </u>	0.		0.			0.
c Total from continuation d Total (add lines 1b an		I, Section A						>	0.		0.			0.
	duals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100),000 of reportabl	T 1			0
			ıste	e, ke	y en	nplo	yee	, or l	highest compensated e	mployee on	[Yes	No X
line 1a? If "Yes," compFor any individual lister and related organization	d on line 1a, is the su	ım of reportab							her compensation from	the organization		3		X
	on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/		ed organization or indiv	idual for services	,	5		×
Section B. Independent Co	ontractors													
	-								hat received more than the organization's tax		pens	ation t	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C ompe		n -
							_						_	
2 Total number of indepe	endent contractors (ncludina but n	ot III	mite	d to	the	se lu	sted	above) who received n	ore than				
\$100,000 of compensa							0					Fa	000	2015
532008 12-16-15												Form	JJU (∠∪15)

Form 990 (2015) THE FAWCO FOUNDATION
Part VIII | Statement of Revenue

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
		Officer if Gorleadic O costi	aresponse	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran						
Contribut and Other	g	similar amounts not included abo Noncash contributions included in tines Total. Add lines 1a-1f	ve 1f	197,180.	197,180.			
		Total: Add lines 1a 11		Business Code				
Program Service Revenue	2 a							
Ser	b c							
an evel	d							
ge.	e							1
<u>~</u>	f	All other program service reve	enue					
\rightarrow	g	Total. Add lines 2a-2f		•				'
	3	Investment income (including other similar amounts)		▶	1,799.	1,799.		
	4	Income from investment of ta	x-exempt bond p	proceeds				-
	5	Royalties	(ı) Real	(II) Personal			· · · · · · · · · · · · · · · · · · ·	
l	6 a	Gross rents	(i) Hear	(ii) i ersoriai				1
		Less. rental expenses						
ļ		Rental income or (loss)						1
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	14,717.					
l	b	Less: cost or other basis	8,181.					
İ		and sales expenses Gain or (loss)	6,536.	 				
		Net gain or (loss)	0,330.	<u> </u>	6,536.	6,536.		
venue		Gross income from fundraisin	-		, , , , , , ,	- 0,000		1
Other Rever	h	contributions reported on line Part IV, line 18 Less: direct expenses	of a 1c) See a b	10 (50	·			
ŏ		Net income or (loss) from fund		D	55,876.			55,876.
		Gross income from gaming ad	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gan	-	>				ļ
	10 a	Gross sales of inventory, less and allowances	returns a			İ		
	b	Less cost of goods sold	b					
l	С	Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Revenu	ıe	Business Code	4 040			
	11 a	MISCELLANEOUS		611710	1,312.	1,312.		
	b				 			
	c d	All other revenue						
		Total. Add lines 11a-11d			1,312.		·	
	12	Total revenue. See instructions.			262,703.	9,647.	0	. 55,876.
								Form QQQ (2015)

532009 12-16-15

Form **990** (2015)

Form 990 (2015) THE FAWCO FOU.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respor		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, 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			T	
	and domestic governments. See Part IV, line 21	82,097.	82,097.		·····
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	25,000.	25,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	20 004	22 224		
	individuals. See Part IV, lines 15 and 16	39,834.	39,834.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management				· · · · · · · · · · · · · · · · · · ·
b	Legal	1 050		1 050	- .
С.	Accounting	1,850.		1,850.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	517.	517.		
15	Royalties				<u></u>
16	Occupancy	4 2 4 2 2			
17	Travel	18,170.	18,170.		
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,081.	2,081.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADMINISTRATION EXPENSES	1,532.		1,532.	
b	BANK FEES	662.		662.	_
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	171,743.	167,699.	4,044.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			· 		E 000 (004.5)

Cash - non-interest-bearing			Check if Schedule O contains a response or not	e to any line in this Part X					
Pleages and grants receivable, net Accounts receivable, net Accounts receivable, net Loars and other receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Compensated employees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and sponsoring organizations of section 54956(c)(3)(B), and contributing amployees and feature of section 54956(c)(3)(B), and contributing amployees and feature of section 54956(c)(3)(B), and contributing amployees and feature of section 54956(c)(3)(B), and contributing amployees and feature of section 54956(c)(3)(B), and contributing amployees and feature of section 5496(c)(B) and the section 5496(c)(B) and the section 549 (c) (B) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					Beginning of year		End of year		
3 Pledges and grants receivable, net 3 3		1	Cash - non-interest-bearing			1			
4 Accounts receivable, net 5 Lears and other receivables from current and former officers, directors, trusteas, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Lears and other receivables from other disqualified persons (as defined under section 4958fi(17)), persons described in section 4958fi(3)(3) and contributing employers and apposing organizations of section 501(c)(9) voluntary employees 'beneficiary organizations (see instr), Complete Part II of Sch L. 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Preparal expenses and deferred charges 10a Land, buildings, and equipment cost or other basis, Complete Part IV of Schedule D b Less accumulated depreciation 11 Investments - prolipity traded securities 12 Investments - cother securities, See Part IV, line 11 13 Investments - cother securities, See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred reverue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Complete Part II of Schedule L 23 Secured mortageas and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Add lines 17 through 25 26 Total liabilities, Add lines 17 through 25 27 Complete Inex 27 through 29, and lines 33 and 34. 28 Permanently restricted net assets 29 Granizations that 6 on through 24, 31 Pards nor capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total labilities, and other lassets or fund balances 421, 803, 33 512, 763, 421, 803, 34 512, 763, 43 Total labilities and seasestaffund blainces 421, 803, 34 512, 763, 43 Total labilities and seasestaffund blainces 421, 803, 34 512, 763, 43 Total labilities and 51 seasestaffund blainces		2	Savings and temporary cash investments		246,026.	2	346,807.		
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(ff)(II), persons described in section 4958(6)(II), persons described in section 501(c)(II) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10 Less accumulated depreciation 10 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangule assets 15 Other assets See Part IV, line 11 16 Total assets, Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred reverue 20 Tax-exempt bond liabilities 21 Earow or custodal account liability. Complete Part IV of Schedule D 21 Earow or custodal account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here II and complete lines 27 through 29. 27 Unrestricted net assets 28 Temporarby restricted net assets 29 Personarethy restricted net assets 30 Capital stock or trust principle, or current funds 31 Total liabilities. And control bilabilies and complete lines 30 through 34. 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 421, 803, 33 512, 763. 34 Total liabilities. And sessets/full bilabilies and 51, 27, 63. 35 Total liabilities. And sessets/full bilabilities and 51, 27, 63. 36 Total liabilities and sessets/full bilabilities and 51, 27, 63. 37 Total lia		3	Pledges and grants receivable, net			3			
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6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(8), and contributing employees beneficiary organizations of section 501(6)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for alle or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Interstments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Grants payable 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, frustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Sacured mortgages and notes payable to unrelated third parties 23 Cother liabilities. Add lines 17 through 25 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Through 29. 28 Temporary restricted net assets 133 1.778 28 245, 483. 29 Permanently restricted net assets 133 1.778 29 9, 791. 245, 483. 30 Capital stock or trust principal, or current funds 31 Paction or capital surplus, or and, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Tation or capital surplus, or and, building, or equipment fund 32 Tetained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 421, 803, 33 512, 763.			trustees, key employees, and highest compensa	ted employees. Complete					
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### ### ### ### ### ### ### ### ### ##			section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		Ì			
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13		12							
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33 Total net assets or fund balances 421,803.33 512,763. 34 Total liabilities and net assets/fund balances 421,803.34 512,763.	et,	32	Retained earnings, endowment, accumulated inc	come, or other funds		32			
	Z	33	Total net assets or fund balances						
		34	Total liabilities and net assets/fund balances	 -	421,803.	34	512,763.		

Form	1990 (2015) THE FAWCO FOUNDATION	43-60	75073	Pag	_{je} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	262	<u>2,7</u>	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,7	
3	Revenue less expenses Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	421	L,8	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	512	2,7	<u>63.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			;
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			-	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			1
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				į.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			== '
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	9 90 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Internal Revenue Service

Open to Public Inspection

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

Maii	ie oi i	ile organization						Linpidyci	identification number
			FAWCO FOUN						3-6075073
Pa	rt T	Reason for Public	Charity Status (/	All organizations must co	mplete th	s part) Se	e instruction	s.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	heck only	one box)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anizatıon described in s e	ction 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	ovemmental i	unit describ	ed in
		section 170(b)(1)(A)(ıv). (C	Complete Part II.)						
6		A federal, state, or local gov	vemment or governn	nental unit described in s	section 17	'0(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	: II.)				
9	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the oi	ganızatıon	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10	Щ	An organization organized a		•	•				
11		An organization organized a							
		more publicly supported or	ganızatıons describe	ed in section 509(a)(1) o	r section (509(a)(2). S	See section (5 09(a)(3). C	heck the box in
		lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	iplete lines	11e, 11f, an	d 11g.	
а	L	☐ Type I. A supporting orga	•	•	-	-			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority of	of the direc	ctors or truste	ees of the s	upporting
		organization. You must o	•						
b		Type II. A supporting org							
		control or management o			ame perso	ons that co	ntrol or mana	age the sup	ported
		organization(s). You mus							
С			-					lly integrate	ed with,
		its supported organizatio						.4	
d		☐ Type III non-functionally							
		that is not functionally int	-	= -	-			u an alleni	veness
_		requirement (see instruct Check this box if the orga						II Type III	
е		functionally integrated, or					Type i, Type	ii, type iii	
	Ente	er the number of supported		many integrated support	ing Organiz	Lation.			
,		vide the following information		ed organization(s)					
9		i) Name of supported	(II) EIN		(iv) Is the o		(v) Amount o	f monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i governing d		support		other support (see
				above (see instructions))	Yes	No	ınstruct	ions)	instructions)
		. <u> </u>							
_									
							1		
			<u> </u>				<u> </u>		
T-•	.1								
Tota	41		ı	1	1		ì		i

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 THE FAWCO FOUNDATION 43-6075073 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		İ			1	
	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					ì	
	supported organization) included					1	
	on line 1 that exceeds 2% of the					-	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						1
	or loss from the sale of capital						1
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
C = .	organization, check this box and stor	here					<u> </u>
	ction C. Computation of Publ					T T	
	Public support percentage for 2015 (column (f))		14	%
	Public support percentage from 2014					15	
16a	33 1/3% support test - 2015. If the o				14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies		-				▶∟」
О	33 1/3% support test - 2014. If the c	-			uine 15 is 33 1/39	or more, check t	nis dox
47.	and stop here. The organization qual		, ,		- 10 16 16b	and line 14 is 100/	P
17a	10% -facts-and-circumstances tes	=					
	and if the organization meets the "factoring and circumstances"				•	art viriow the orga	IIIZALIOII
h	meets the "facts-and-circumstances"	-	•		•	17a and line 15 in	10% or
Ü	 10% -facts-and-circumstances tes more, and if the organization meets the 	=					
	organization meets the "facts-and-cire				= =		▶ □
18	Private foundation. If the organization		-	•			
	iodilodiloni ii iio organizatio	did flot offcok a	SOX OF INIC 10, 10	50, 100, 17a, 01 17		edule A (Form 99	
					50	,,	

Schedule A (Form 990 or 990-EZ) 2015 THE FAWCO FOUNDATION 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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(0) 2015	/f) Total	
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
ו	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	192,539.	174,035.	173,995.	181,859.	197,180.	919,608.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,549.	2,897.	3,838.	33,205.	81,251.	123,740.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge		4.5.4.4.4				1010010	
6	Total. Add lines 1 through 5	195,088.	176,932.	177,833.	215,064.	278,431.	1043348.	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons		:				0.	
t	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.	
	Add lines 7a and 7b				<u> </u>		0.	
	Public support. (Subtract line 7c from line 6)						1043348.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
9	Amounts from line 6	195,088.	176,932.	177,833.	215,064.	278,431.	1043348.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,211.	815.	884.	221.	1,799.	4,930.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
,	Add lines 10a and 10b	1,211.	815.	884.	221.	1,799.	4,930.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,222	0231	0011	2211	277334	1,5501	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	950.	525.	825.	960.	1,799.	5,059.	
13	Total support. (Add lines 9, 10c, 11, and 12)	197,249.	178,272.	179,542.	216,245.	282,029.	1053337.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here						▶ □	
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2015 (I	ine 8, column (f) di	ıvıded by lıne 13, c	olumn (f))		15	99.05 %	
16	Public support percentage from 2014					16	%	
Se	ction D. Computation of Inves	stment Incom	e Percentage				48	
17	Investment income percentage for 20	1 15 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.47 %	
18	Investment income percentage from 2	2014 Schedule A,	Part III, line 17			18	%	
19a	33 1/3% support tests - 2015. If the	•				· ·		
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the	•	•	•	•		▶ 【X	
•	b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization					-		
	23 09-23-15					edule A (Form 990	or 990-EZ) 2015	
				15		-	•	

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)

	Organizations

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			1
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			ŀ
	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			١.
	organization was described in section 509(a)(1) or (2)	2_		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			_
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		_ ـ	
	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		<u> </u>
þ	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	-	<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			-
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		}	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
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.	9c	-	ļ
ua	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	40-		
	supporting organizations)? If "Yes," answer 10b below	10a	1	I

532024 09-23-15

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Sche		7307	J F	age 3
Pa	rt IV Supporting Organizations (continued)		Τ.,	·
44	Here the accompanies accounted a coft or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		-
h	below, the governing body of a supported organization? A family member of a person described in (a) above?			-
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	etion B. Type I Supporting Organizations	LIIC	L	1
000	nion b. Type i supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
٠	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	t	
2	Did the organization operate for the benefit of any supported organization other than the supported		 	-
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sac	stion C. Type II Supporting Organizations			<u> </u>
Sec	tion of Type it Supporting Organizations		Yes	No
4	Mare a majority of the argenization's dispeters or trustees during the tax year also a majority of the dispeters		165	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)		-	l
Sec	tion D. All Type III Supporting Organizations			<u> </u>
	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			İ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	1	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearsee Instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	tructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				İ
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	1	
b			Ì	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1						
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.				
Sect	Section A - Adjusted Net Income (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recovenes 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					
	ion 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					
	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					
Sect	ion 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-functional	ly-ıntegr	ated Type III supporting org	janization (see			
	instructions)	_					

Schedule A (Form 990 or 990-EZ) 2015

Га	1 ype III Non-Functionally Integrated 50s	e(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
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 t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(ni)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount		50.10 1 J	
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	······································			
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 THE I	FAWCO FOUNDATI	ON		43-6075073 Pa
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part (See instructions.)	4b, 4c, 5a, 6, 9a, 9b, 9c, 1 3, Part IV, Section E, lines	1a, 11b, and 11c, Pa 1c, 2a, 2b, 3a and 3	ırt IV, Section B, lines 1 b, Part V, line 1, Part V	l and 2, Part IV, Section C ', Section B, line 1e, Part V
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32028 09-23-	15			Schedul	e A (Form 990 or 990-EZ
		0015 05000	20		
31114	793308 257	Z012.02000	THE FAWCO	FOUNDATION	257

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE FAWCO FOUNDATION

Employer identification number 43-6075073

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization is property, subject to the organization's exclusive legal control? Did the organization is property, subject to the organization's exclusive legal control? Did the organization in grantses, others, and donor advisors in writing that the assets held in donor advised funds are the organization for grantses, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit of the organization (check all that apply). Perservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of pash place ganization held a qualified conservation on a conservation easement in the last day of the tax year Tell full number of conservation easements and certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (a) 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 Number of conservation easement	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts.Complete if the
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \]	2	_		al gain, provide
b Assets included in Form 990, Part X			116 (ASC 958) relating to these items	
		·		\$
		Assets included in Form 990, Part X		\$ Schadula D (Form 990) 2015

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532052 09-21-15

Schedule D (Form 990) 2015 THE FAWCO	FOUNDATION		43-6075073 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	<u>.</u>		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of va	lluation Cost or end-of-year market value
<u>(1)</u>			
(2)			- · - · · · · · · · · · · · · · · · · ·
(3)			
(5)	1		
(6)		<u></u>	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		ne 11d. See Form 990, F	
) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	451		
Total. (Column (b) must equal Form 990, Part X, col (B) III Part X Other Liabilities.	ne 15)		> L
<u></u>			000 B 1V 1 05
Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, II	(b) Book value	1990, Part X, line 25.
		(b) BOOK Value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)	_		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) III	······		
2. Liability for uncertain tax positions. In Part XIII, provide			-
organization's liability for uncertain tax positions unde	er FIN 48 (ASC 740). Che	eck here if the text of the	footnote has been provided in Part XIII 📖

532053 09-21-15

Schedule D (Form 990) 2015

chedule D (Form 990) 2015 THE FAWCO FOUNDATION		43-6075073 Pa
Part XI Reconciliation of Revenue per Audited Financial St		e per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 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	ا ما	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c 2d	
d Other (Describe in Part XIII) e Add lines 2a through 2d	_ Zu	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	I
e 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	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line: 	10.	4c 5
nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information	
		
12054 21-15		Schedule D (Form 990)
2	9 E FAWCO FOUNDAT	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open to Public Inspection

THE FAWCO FOUND	ATION				43-60750	73
		ctivities Ou	tside the United States. Comple	te if the organ	ization answered	"Yes" on
Form 990, Part IV	/, lıne 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	ıstance? LX	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
3 Activities per Region. (TI	he following Part	I, line 3 table c	an be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	ıs a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	EDUCATION AWARDS-INDIVIDUALS			8,450.
			,			
MIDDLE EAST AND						
NORTH AFRICA	0	0	DEVELOPMENT GRANTS			4,500.
SOUTH AMERICA	0	0	DEVELOPMENT GRANTS			4,500.
SUB-SAHARAN AFRICA	0	0	DEVELOPMENT GRANTS			9,000.
EAST ASIA & THE	0	0	DEVELOPMENT GRANTS			4,450.
EUROPE	0	0	DEVELOPMENT			4,500.
EUROPE	0	0	CONFERENCE CHARITY CONTRIBUTION			4,384.
EUROPE	0	<u> </u>	FUNDRAISING			0.
3 a Sub-total	0	0				39,784.
b Total from continuation sheets to Part I	,	0				0.
c Totals (add lines 3a	 		 			
and 3b)	0	0				39,784.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2015
-	•					

532071 10-01-15

43-6075073

Page 2

THE FAWCO FOUNDATION

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(I) Method of valuation (book, FMV, appraisal, other)					0	Schedule F (Form 990) 2015
(n) Description of non-cash assistance						Schec
(g) Amount of non-cash assistance					xempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					foreign country,	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other parametrions or entities.	
(c) Region					Enter total number of recipient organizations listed above that are nother IRS, or for which the grantee or counsel has provided a section Enter total number of other organizations or entities.	COUNTY
(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counsel	
(a) Name of organization					2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has programmed as Enter total number of other parameters or other parameters.	1

31

532072 10-01-15

THE FAWCO FOUNDATION

Page 3

43-6075073

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance 0 (e) Manner of cash disbursement 8,450,CHECK (d) Amount of cash grant (c) Number of recipients ~ Part III can be duplicated if additional space is needed (b) Region EUROPE (a) Type of grant or assistance EDUCATION AWARDS

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No.

6

DECIDED BY VOTE BY THE FAWCO'S MEMBER CLUBS.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2

DEVELOPMENT GRANTEES (INCLUDING NEEED AND THE CONFERENCE CHARITY) ARE

VETTED AND MUST HAVE HAD A WORKING RELATIONSHIP FOR A MINIMUM OF ONE

YEAR WITH A FAWCO MEMBER CLUB BEFORE BEING INCLUDED FOR CONSIDERATION.

EACH NOMINATED ORGANIZATION IS VETTED TO ENSURE THAT CERTAIN

ELIGIBILITY REQUIREMENTS ARE MET AND THE FINAL GRANT RECIPIENT IS

A FORMAL CONTRACT IS SIGNED BETWEEN THE FOUNDATION AND THE GRANT RECIPIENT.

THE GRANT RECIPIENT IS REQUIRED TO FILE TWO REPORTS DOCUMENTING THE USE OF THE GRANT MONEY IN THE YEAR FOLLOWING THE GRANT MONEY DISBURSEMENT.

EDUCATION AWARD RECIPIENTS ARE FAWCO MEMBERS AND CHILDREN AND GRANDCHILDREN OF FAWCO MEMBERS.

THE INDIVIDUAL APPLICATIONS MUST BE APPROVED BY THE MEMBER CLUB BEFORE BEING SUBMITTED TO THE FAWCO FOUNDATION.

A FORMAL CONTRACT IS SIGNED BETWEEN THE AWARD RECIPIENT AND THE FOUNDATION.

RECIPIENTS MUST SHOW PROOF OF ENROLLMENT IN THEIR PROGRAM FROM THE INSITITUTION TO BEFORE AWARD MONEY IS DISBURSED.

EACH APPLICATION IS VETTED TO ENSURE THAT CERTAIN ELIGIBILITY

REQUIREMENTS ARE MET AND THE FINAL AWARD RECIPIENT IS DECIDED BY

VOLUNTEER SELECTION COMMITTEES MADE UP OF NEUTRAL FAWCO MEMBERS.

ONE SPECIFIC MEMBER CLUB'S ACADEMIC AWARD IS ADMINISTERED BY THE
FOUNDATION. THE FINANCIAL SUPPORT IS PROVIDED SOLELY BY THIS SPECIFIC
MEMBER CLUB.

532075 10-01-15

Schedule F	(Form 990) 2015 THE FAWCO FOUNDATION	43-6075073	Page 5
Part V	Supplemental Information		- Lugo C
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accoun		
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation.	
			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

	bout Schedule G (Form 990 or 990-EZ	and it	instru	uctions is at www.irs.	ov/form990.	Inspection
Name of the organization	GO DOIDIDIMION				' -	r identification number
	CO FOUNDATION					75073
Part I Fundraising Activities required to complete this part	 Complete if the organization answer t. 	ered "Y	'es" o	n Form 990, Part IV,	line 17 Form 99	0-EZ filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a [] Mail solicitations	e Solicita	tion of	non-g	overnment grants		
b Internet and email solicitations	s f 💹 Solicitat	tion of	gover	nment grants		
c Phone solicitations	g L Special	fundra	ıısıng	events		
d in-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(ınclu	ding o	fficers, directors, tru	stees or	
key employees listed in Form 990, P	-					Yes L No
b If "Yes," list the ten highest paid indi		uant to	agre	ements under which	the fundraiser i	s to be
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount pa	aid () A
(i) Name and address of individual	(ii) Activity	(iii) fundr have c or con	aiser ustodv	(IV) Gross receipts	to (or retained	by) to (or retained by)
or entity (fundraiser)	(,,	or con	trol of utions?	from activity	fundraiser listed in col (organization
		\				'
		Yes	No			
	<u> </u>	<u> </u>				
						_
		-				
		-			·	
	<u> </u>	1				
Total			•			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt fro	om registration
or licensing					,_	g
LHA For Paperwork Reduction Act Not	ica coa the Instructions for Form	990 ~	900	E7 4	Schodula G /Ea	rm 990 or 990-EZ) 2015
LIN TO PAPELWOIN REGULATION ACTIVOL	ice, ace the manuchona for Form	JJU UI	230-		Joinedule G (FO	330 or 330-E2, 20 13

532081 09-14-15

Pa	ırt	Fundraising Events. Complete if the of fundraising event contributions and gi				
	-		(a) Event #1 GALA BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col. (c))
ЭП			(0.0	(6,6,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	(12.12.1.1.2.1.1.2.1.7	
Revenue	1	Gross receipts	66,534.			66,534.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	66,534.			66,534.
	4	Cash prizes				
ģ	5	Noncash prizes			- "	
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	-			
۵	8	Entertainment				
	9	Other direct expenses	10,658.			10,658.
	10			<u> </u>	>	10,658.
	l	Net income summary. Subtract line 10 from				55,876.
Pa	irt	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Rev	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Orect E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		<u> </u>	
á	ı ls	ter the state(s) in which the organization cond the organization licensed to conduct gaming a	activities in each of these			Yes No
ł	' If c	No," explain	<u> </u>			
		ere any of the organization's gaming licenses i		-	=	Yes No
ŀ) If '	'Yes," explain:				
_	_					
5320	82 0	9-14-15			Schedule G (Fo	orm 990 or 990-EZ) 201

Sch	edule G (Form 990 or 990-EZ) 2015 THE FAWCO	FOUNDATION	43-6075073 Page 3
	Does the organization conduct gaming activities with ne		Yes No
12	Is the organization a grantor, beneficiary or trustee of a	trust or a member of a partnership or other entity formed	
	to administer charitable gaming?		Yes N
13	Indicate the percentage of gaming activity conducted in	า	1 (
а	The organization's facility		13a
b	An outside facility		13b
14	Enter the name and address of the person who prepare	es the organization's gaming/special events books and record	ls
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party	r from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received	by the organization ▶\$ and the amou	nt
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation \$	<u> </u>	
	Description of services provided ▶		
			<u> </u>
	Director/officer Employee	Independent contractor	
	Mandatory distributions		
а	Is the organization required under state law to make ch	aritable distributions from the gaming proceeds to	
	retain the state gaming license?		Yes L No
b		aw to be distributed to other exempt organizations or spent if	n the
<u> </u>	organization's own exempt activities during the tax yea		
Ра		nations required by Part I, line 2b, columns (iii) and (v), and P	art III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable Also provide	any additional information (see instructions).	
			
5320	33 09-14-15		G (Form 990 or 990-EZ) 20
		38	
331	L114 793308 257 20	15.05000 THE FAWCO FOUNDATION	2571

Schedule G (Form 990 or 990-EZ) THE FAWCO FOUNDATION	43-6075073 Page 4
Schedule G (Form 990 or 990-EZ) THE FAWCO FOUNDATION Part IV Supplemental Information (continued)	
<u> </u>	
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SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2015	Open to Public	
	1	
	2015	

Employer identification number 43-6075073 Inspection

2 Schedule I (Form 990) (2015) INFRASTRUCTURE SUPPORT (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any EDUCATION 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (f) Method of ö 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 911, 20,186 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 61, (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table THE FAWCO FOUNDATION 52-2070442 27-2454072 Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FAMILY OFFICE - 191 UNIVERSITY FREE THE GIRLS C/O CONFLUENCE or government CO 80206 FRIENDS OF BURKINA FASO CHESTER, CA 96020 BLVD - DENVER, P.O.BOX 345

Page 2

43-6075073

THE FAWCO FOUNDATION

Schedule 1 (Form 990) (2015)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. COMPLETE A LETTER OF AGREEMENT WHICH INCLUDES PROOF OF ENROLLMENT IN HOW THE AWARD EDUCATION AWARD APPLICANTS ARE FIRST APPROVED BY THEIR MEMBER CLUBS. THE APPLICATIONS ARE THEN VETTED BY COMMITTEE AND THE AWARDEES MUST THEIR PROGRAM AS INDICATED ON THEIR APPLICATION. AT THE END OF THE (d) Amount of non-cash assistance 0 Ö Ö ċ OF 3,500. 4.000 FISCAL YEAR OF THE AWARD, THEY MUST SUBMIT A REPORT 3,000, 4,000, 3,500, (c) Amount of cash grant (b) Number of recipients HAS HELPED THEM WITH THEIR STUDIES. (a) Type of grant or assistance WOMEN IN TECHNOLOGY AWARD SKILLS ENHANCEMENT AWARD DUAL CULTURAL AWARD SCIENCE AWARD PART IV ARTS AWARD

Schedule I (Form 990) THE FAWCO FOUNDATION Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	NATION duals in the Unite	ed States (Schedule	(Form 990), Part II	(2)	43-6075073 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HALLOCK AWARDS	2.	7,000.	.0		
		•			
					Schedule I (Form 990)

04-01-15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE FAWCO FOUNDATION

Employer identification number 43-6075073

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY BY SPECIFICALLY AIDING CHARITABLE, SCIENTIFIC AND EDUCATIONAL
PROGRAMS AND SUPPORTING THE RIGHTS OF WOMEN AND CHILDREN THROUGHOUT THE
WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOUNDATION GRANTS
EXPENSES \$ 45,338. INCLUDING GRANTS OF \$ 24,570. REVENUE \$ 3,111.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF FAWCO ELECT THE BOARD OF DIRECTORS OF THE FAWCO FOUNDATION.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 AND ITS SCHEDULES ARE OFFERED FOR REVIEW TO ALL ITS BOARD
MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS IN THE BY-LAWS AND ADMINISTRATIVE GUIDELINES
THAT ARE REIEWED EACH YEAR. FOR GRANTEES, A CHECK IS MADE TO ENSURE THAT
THERE ARE NO CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
FAWCO MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATES AVAILABLE TO THE PUBLIC THROUGH REQUEST TO THE BOARD OF
DIRECTORS.