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Form 990

Department of the Treasury 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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	2015 cal	endar year, or tax year beginning 01-01-2015 , and ending 12-31-2019			
		pplicable	C Name of organization THE WAWA FOUNDATION INC	DE	mployer ide	entification number
	dress ch	_		4	6-402100	3
Na	me char	nge	Doing business as SAME AS ABOVE			
☐ Inr	tıal retur	rn		E T6	elephone num	nber
Fir	al urn/tern	nunatad	Number and street (or P O box if mail is not delivered to street address) Room/suit 260 W BALTIMORE PIKE	e		
				(6	310)358-8	3130
	iended r plication	return ı pendıng	City or town, state or province, country, and ZIP or foreign postal code WAWA, PA 19063	G G	ross receipts	\$ 7,739,541
			F Name and address of principal officer	H(a) Is this a g	roup roturn	, for
			JARED CULOTTA	subordina		TYes ▼No
			260 W BALTIMORE PIKE WAWA,PA 19063	H(b) Are all sub	ordinates	□Yes □No
			WAWA,FA 19003	ıncluded?		
T Ta	x-exem	pt status	▼ 501(c)(3)			(see instructions)
		<u> </u>	v thewawafoundation org/	H(c) Group exe	emption nu	mber ►
K For	m of org	ganization	✓ Corporation Trust Association Other ►	L Year of formatio	n 2013 M	State of legal domicile PA
Pa	rt I	Sumi	mary	•		
Governance	<u>hu</u>	inger, an	ation will make grants to Section 501(c)3 charitable organizations whos d benefitting everyday heroes which are located in the geographic area	where the Founda	tion's fund	raising occurs
	١				۱ -	l
8	1		f voting members of the governing body (Part VI, line 1a)		3	15
Ě	1		of independent voting members of the governing body (Part VI, line 1b)		4	15
Activities &			hber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	0
Q.	I		nber of volunteers (estimate if necessary)		6	0
			elated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34		7a 7b	0
	B IVE	et umeia	ted business taxable income nonitrottin 990-1, line 54	Prior Yea		Current Year
	8	Control	butions and grants (Part VIII, line 1h)		375,454	7,739,207
क	9		m service revenue (Part VIII, line 2g)	3,0	0	7,733,207
Revenue	10	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		0	334
歪	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		- 1	
	**	12)		3,8	375,454	7,739,541
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	1,2	281,450	5,307,604
	14	Benefit	ts paid to or for members (Part IX, column (A), line 4)		0	0
8	15	Salarıe 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		0	0
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0
춫	ь	Total fur	ndraising expenses (Part IX, column (D), line 25) 📂			
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		498	1,370
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,2	281,948	5,308,974
	19		ue less expenses Subtract line 18 from line 12	. 2,5	93,506	2,430,567
Net Assets or Fund Balances				Beginning of Cur	rent Year	End of Year
age Res	20	Totala	assets (Part X, line 16)	2.5	593,506	5,764,206
1.45 14.8	21		iabilities (Part X, line 26)		0	740,133
\$ <u>5</u>	22		sets or fund balances Subtract line 21 from line 20	2.5	593,506	5,024,073
	1311		ature Block			, ,
Unde my k	r pena nowled	ilties of p	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the			
		****	**	2016-08	-16	
Siar		Signa	ture of officer	Date		

Paid Preparer Use Only Print/Type preparer's name
JOHN J NIHILL CPA

Preparer's signature
JOHN J NIHILL CPA

Prim's name

Wipfli LLP

Firm's address ► 2 West Baltimore Ave Suite 210

Media, PA 19063

Preparer's signature
JOHN J NIHILL CPA

Date
2016-08-11
Self-employed
Pirm's EIN ► 39-0758449

Phone no (610) 565-3930

Forn	n 990 (2015)					Page :
Par	t IIII Stateme	ent of Program Servi	ice Accomp	olishments		
	Check if S	Schedule O contains a resp	onse or note	to any line in this Part I	II	
1	Briefly describe	the organization's mission				
		ke grants to Section 501(c eroes which are located in			cus is health related issues, c ation's fundraising occurs	ombating hunger, and
_						
2	Did the organizate the prior Form 99	tion undertake any signific 90 or 990-EZ?	ant program s	• ,	which were not listed on	TYes ✓ No
	If "Yes," describ	e these new services on S	chedule O			
3	_	tion cease conducting, or r	_	_	nducts, any program	⊤Yes ▼No
	If "Yes," describ	e these changes on Sched	ule O			
4	expenses Section) organization	s are required to report	ee largest program services, a the amount of grants and allo	•
4a	(Code) (Expenses \$	4,303,717	ıncludıng grants of \$	4,303,717) (Revenue \$)
					saving and improving lives in the co las of operation For info on Wawa, Ir	
	(Code) (Expenses \$	496,349	ıncluding grants of \$	496,349) (Revenue \$	```
4D	•	ation provided \$496,349 of assis	•		elief in the communities Wawa serve	s, including regional suppliers
	(Code) (Expenses \$	507,538	including grants of \$	507,538) (Revenue \$)
	In 2015, the Found and veterans	dation provided \$507,538 of assis	stance to organiza		ng organizations such as crisis respor	nders, members of the military

4d

Other program services (Describe in Schedule O)

art TV	Checklist	of Required	Schedule
	CHECKHISE	oi Keuuli eu	Scriedule

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😼	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	20-		N. a
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
c	Part IV	28b		No
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		No
		29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	39	Yes	

	990 (2015)					Page			
Pai	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			г			
	Check if Schedule o contains a response of note to any line in this	rait	<u> </u>	•	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0						
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0						
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	oloym	ent tax returns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during			3a		Νo			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	_		3b		110			
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	b If "Yes," enter the name of the foreign country ►								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited in the party of the organization of the party of the party of the organization of the party of the party of the organization of the party of the party of the organization of the party	tax sh	elter transaction?	5b		Νo			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		No			
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?		d partly for goods and	7a		No			
b	f b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	rty for •	which it was required to	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No			
	If the organization received a contribution of qualified intellectual property, did the o								
_	required?			7g					
	Form 1098-C?	•		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bu during the year?	sınes	s holdings at any time						
_		•		8					
	Did the sponsoring organization make any taxable distributions under section 4966			9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or relative Foliar Foliar Section Foliar	ated p	erson/	9b					
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b							
	facilities	100							
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)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) ın lıe	eu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? Nadditional information the organization must report on Schedule O	lote. S	See the instructions for	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax	k year	?	14a		Νo			
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explana	ation ii	s Schedule O	14h					

Part VI Governance, Management, and Disclosure

	ection A. Governing Body and Management		V	N.
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?	70		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
12a		12a 12b	Yes	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13			
12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes	
12a b c 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes	
12a b c 13	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	
12a b c 13 14	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes Yes Yes	No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes	No No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes Yes Yes	No
12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes	No
12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes	No
12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes	No

State the name, address, and telephone number of the person who possesses the organization's books and records THE WAWA FOUNDATION INC 260 W BALTIMORE PIKE WAWA, PA 19063 (610) 358-8130 Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	check , unle n office rustee	ess er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) JARED CULOTTA	12 00	x		х				0	0	(
PRESIDENT	37 50	_ ^		^				0	0		
(2) RICHARD WOOD VICE PRESIDENT	2 00	х		х				0	0	(
(3) TERRENCE HERLING	3 00			<u> </u>							
VICE PRESIDENT	37 50	×		X				0	0	(
(4) MARIA KALOGREDIS WEEDE VICE PRESIDENT & SECRETARY	2 00	х		х				0	0	(
(5) THOMAS RACHUBINSKI	37 50 6 00										
VICE PRESIDENT & TREASURER	37 50	×		х				0	0	(
(6) LORI BRUCE	10 00	х						0	0	(
(7) MARC TREDANARI	1 50	х						0	0	(
(8) STEPHANY MOONINGHAM	1 00										
DIRECTOR	37 50	×						0	0	(
(9) KAREN GENELLO	4 00										
DIRECTOR	37 50	×						0	0	(
(10) ADAM SCHALL DIRECTOR	9 00	х						0	0	(
(11) MENDY MERIWETHER	3 00										
DIRECTOR	37 50	×						0	0	(
(12) STEVEN GAMBLE	2 00	,,						0	0	,	
DIRECTOR	37 50	X						0	0	(
(13) PATRICIA CAHILL DIRECTOR	3 00	х						0	0	(
(14) TERRI MICKLIN	1 50	х						0	0		
DIRECTOR	37 50				_						
				\vdash	\vdash	-	\vdash				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) DIREC	CHARLENE MARKO-HEIM	1 00 37 50	х						(0	0 0
1b c	Sub-Total	VII, Section A		· •	<u> </u>	<u> </u> ▶			0	0	0
d 2	Total (add lines 1b and 1c) Total number of individuals (including b \$100,000 of reportable compensation)		those	liste	ed al	bove	e) who	rec		<u> </u>	0
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>					nplo	yee, o	r hıg	ghest compensate		Yes No
4	For any individual listed on line 1a, is the organization and related organizations of individual										4 No
5	Did any person listed on line 1a receive services rendered to the organization?										5 No
Se	ection B. Independent Contracto	ors									
1	Complete this table for your five highes compensation from the organization Re	port compensa								the organization	ı's tax year
		(A) usiness address							Descript	(B) non of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Form 99		015)						Page 9
Part V	/III	Statement o						_
		Check it Scheal	ule O contains a respoi	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के ह	1a	Federated camp						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es 1b					
A.G	С	Fundraising eve	ents 1c					
Si∰a Tar	d	Related organiz	rations 1d	4,616,087				
ii š	e	Government grants	s (contributions) 1e					
tior sr S	f	All other contribution	ons, gifts, grants, and 1f	3,123,120				
휼	g	Noncash contribution	ons included in lines					
onti nd (h	1a-1f \$ Total. Add lines	: 1a-1f		7,739,207			
<u>ਹ ਜ਼</u>	<u> </u>	Total. Add illies	5 1 4 - 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
E E	2a			Business Code				
Program Serwce Revenue	Ь							
e H	c							
ja Ž	d							
S ∈	e							
2 2	f	All other progra	am service revenue					
<u>Ā</u>	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen ar amounts)		334			334
	4		tment of tax-exempt bond					
	5	Royalties		🕨				
	62	Gross rents	(ı) Real	(II) Personal				
	Oa							
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	c d	Gain or (loss)						
άs		Gross income fi	s)					
Other Revenue		events (not incl						
č		See Part IV, lin						
the	<u>_</u>	1000	a noncos					
0			penses b (loss) from fundraising					
			rom gaming activities ie 19	·				
	L	1 000 dima-t-	a noncos b					
	b c		penses b (loss) from gamıng actı					
		Gross sales of	inventory, less	·				
		returns and allo	owances . a					
	ь	Less cost of go	oods sold b					
	С		(loss) from sales of inv					
		Miscellaneous	s Revenue	Business Code				
	11a							
	b c							
	d	All other revenu	ue					
	e	Total. Add lines						
	12	Total revenue.	See Instructions .	🛌	7 720 541		-	0.5

7,739,541

Part IX Statement of Functional Expenses

Sectio	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	ıs Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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 and domestic governments See Part IV, line 21	5,307,604	5,307,604		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
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)				
а	Management				
b	Legal				
c	Accounting				
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 Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,370		1,370	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 O)				
а					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,308,974	5,307,604	1,370	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1.693.506 1 5,764,206 Cash-non-interest-bearing 2 Savings and temporary cash investments . 2 900,000 3 3 0 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use . . . 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a **10**c b Less accumulated depreciation . 10b 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 **15** 15 16 2,593,506 16 5,764,206 **Total assets.**Add lines 1 through 15 (must equal line 34) . . 17 17 Accounts payable and accrued expenses . 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 740,133 o 740.133 26 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶

 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 1,693,506 5,024,073 Unrestricted net assets 27 28 900,000 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 2,593,506 5,024,073 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 2.593.506 34 5,764,206

Da	t XI Reconcilliation of Net Assets			<u>'</u>	age ==
Par	Check if Schedule O contains a response or note to any line in this Part XI				_
	Check it Schedule of Contains a response of note to any line in this fatch		•		• 1
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal Fait VIII, column (A), me 12)	1		7,7	39,541
2	Total expenses (must equal Part IX, column (A), line 25)				
	-	2		5,3	308,974
3	Revenue less expenses Subtract line 2 from line 1	3		2.4	30,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
-	L	4		2,5	93,506
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)	$\overset{\circ}{+}$			
,	other changes in het assets of faila barances (explain in schedule o)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		5,0	24,073
Par	TXII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
		!			
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ved on			
	a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1			
2-	Schedule O				
<i>3</i> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3	За		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		ne organization OUNDATION INC					Employer identifica	ntion number
							46-4021003	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ons.
The	organı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(o)(1)(A)(i).	
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	1990 or 990-E	(Z))	
3	Г	A hospital or a cooper						
4	Γ	A medical research or hospital's name, city,	ganızatıon ope). Enter the
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	lescribed in section
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	l)(A)(v).	
7	<u></u> -	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	_	ental unit or from the g	eneral public
8		A community trust de						
9	Γ	receipts from activition from gross investmen	es related to it nt income and	ves (1) more than 33 is exempt functions—s unrelated business tall eesection 509(a)(2).	subject to certai xable income (le	in exceptions, ess section 51	and (2) no more than	331/3% of its suppor
10	Γ	An organization organ	•		•	•	า 509(a)(4).	
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a))(1) or section	509(a)(2) See sect ic	n 509(a)(3). Check
а	Γ	Type I. A supporting of supported organization	organization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganizatıon(s), typıcal	ly by giving the
b	Γ	organization You mus Type II. A supporting management of the su	organization s ipporting organ	upervised or controlle	d in connection			=
	_	must complete Part I					16	
С	ı	Type III functionally supported organization						grated with, its
d	Г	Type III non-function						anızatıon(s) that ıs
	·	not functionally integr						
	_	(see instructions) Yo						
е	ı	Check this box if the contegrated, or Type II					s a Type I, Type II, T	ype III functionally
f	Ente	r the number of support				11		
g	Linco	Provide the following i	_					
9			ormation ab	out the supported orga	24 (10)(0)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Naı	me of s	supported organization		Type of organization (described on lines 1- 9 above (see instructions))	Is the orgai listed in your docume	nization governing	A mount of monetary support (see instructions)	A mount of other support (see instructions)
					Yes	No		

Sch	edule A (Form 990 or 990-EZ) 201	5					Page 2
Pa	Support Schedule for (Complete only if you Part III. If the organiz	checked the b	ox on line 5, 7	, or 8 of Part I	or if the organiza	ation failed to qu	
S	ection A. Public Support	tation rails to q	dailiy dilder til	e tests listed by	clow, picase con	ipiete rait III.	
	Calendar year	(-)2011	(b)2012	(-)2012	(4)2014	(a)201F	(f) Total
(or	fiscal year beginning in) 🟲	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(I) I otal
1	Gifts, grants, contributions, and				2.075.454	7 720 207	11 614 661
	membership fees received (Do not include any unusual grants)				3,875,454	7,739,207	11,614,661
2	Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3				3,875,454	7,739,207	11,614,661
5	The portion of total contributions				-,,	.,,	
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						8,256,741
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						2 257 020
	from line 4						3,357,920
S	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
	fiscal year beginning in) 🕨	(4)2012	(5)2322	(5)2313	1		
7	A mounts from line 4				3,875,454	7,739,207	11,614,661
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties					334	334
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capıtal assets (Explaın ın Part						
	VI)						
11	Total support. Add lines 7 through 10						11,614,995
12	Gross receipts from related activity	ties.etc (see ins	structions)			12	
13	First five years. If the Form 990 is		· ·	nd third fourth o	r fifth tay vear as a		organization
	check this box and stop here						organización,
S	ection C. Computation of Pu						
14	Public support percentage for 201	.5 (lıne 6, columr	ı (f) dıvıded by lıı	ne 11, column (f)))	14	
15	Public support percentage for 201	4 Schedule A , P	art II, line 14			15	
16a	33 1/3% support test-2015.If the	e organization did	I not check the b	ox on line 13, and	d line 14 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qu						▶ ┌
b	33 1/3% support test—2014.If the				a, and line 15 is 33	3 1/3% or more, ch	
170	box and stop here. The organization 10%-facts-and-circumstances test				una 12 162 ar 161	a and line 14	▶□
1/4	is 10% or more, and if the organiz						
	in Part VI how the organization me						rted
	organization			3		. , , , , , , , , , , , , , , , , , , ,	▶ □
b	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organization						.,
	Explain in Part VI how the organiz supported organization	ation meets the	iacis-and-circu	mstances test I	ne organization qu	annes as a publici	y ► □
18	Private foundation. If the organiza	tion did not chec	k a box on line 1	3,16a,16b.17a	, or 17b, check this	box and see	-1
	instructions			. , ,	,		▶ ┌

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	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		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. 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.	4 c		
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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) 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		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	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) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	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.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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		
2	Did the organization operate for the benefit of any supported organization other than the supported 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		
Se	ection C. Type II Supporting Organizations			
			Yes	No
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).	1		
Se	ection D. All Type III 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 organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 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			
c 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 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493229005096

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** THE WAWA FOUNDATION INC 46-4021003 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	*****	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal	Treas	ures, o	or O	ther S	imilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ssion, and other rec	ords, cl	heck a						nificant us	e of its	
а	ГР	ublic exhibition		d	Γ	Loa	norex	change p	orogra	ams			
b	┌ s	cholarly research		е	Γ	Oth	er						
c	ГР	reservation for future generations											
4	Provid Part X	de a description of the organization's III	collections and exp	olaın ho	w they	y furt	her the	organıza	atıon'	s exemp	t purpose	ın	
5		g the year, did the organization solic									_	_	
Do		s to be sold to raise funds rather tha		as part	of the	orga	nızatıo	n's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arrae Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, lı	ne 9, or	r rep	orted a	n amour	nt on Forn	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interi	mediary	/ for c	ontrı	butions	orother	rass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	rt XIII and complete	e the fo	llowin	g tab	le				Am	ount	
C	Beg	Jinning balance							1 c				
d	Add	ditions during the year							1d				
е	Dıs	tributions during the year							1e				
f	End	ling balance						L	1f				
2a	Dıd th	e organization include an amount or	n Form 990, Part X, I	ıne 21,	for es	crov	orcus	todial ac	cour	ıt lıabılıt	y? ┌ Yes	┌ No	
Ь		s," explain the arrangement in Part											Г
Pa	rt V	Endowment Funds. Complet	(a)Current year		nor yea						, line 10 years back	(e) Four ye	are back
1a	Regin	ning of year balance	(a)Current year	(0)	nor yea	11	B (C)11	wo years b	Jack	(d)Tillee	years back	(e)Four ye	ars back
b	_	ributions							+				
С	losse												
d		s or scholarships											
e		rexpenditures for facilities rograms											
f	A dmı	nistrative expenses											
g		fyear balance											
2	Provid	Ie the estimated percentage of the c	urrent year end bala	nce (lır	ne 1g,	colu	ımn (a)) held as					
а	Board	designated or quasi-endowment 🕨											
b	Perma	nent endowment ►											
c		orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should equal 100%										
За	Are th	ere endowment funds not in the pos zation by	session of the organ				eld and	admınıs	tered	for the		Yes	No
		related organizations						•				(i)	
b		lated organizations s" on 3a(ii), are the related organiza										(ii) Bb	
4	Descr	ibe in Part XIII the intended uses o		endowm	nent fu	ınds							
Par	t VI	Land, Buildings, and Equipa Complete if the organization a		Form 0	יטט ד) n r+ '	TV lun	o 115 C		orm 00	O Dart V	/ line 10	
		Description of property	iiswereu res to i			or oth	er basıs	(b) Cost or ot (oth) her ba		Accumulated depreciation	d (d) Bo	ok value
1a	Land			.									
b	Buildin	gs		[
c	Leaseh	old improvements		. [
d	Equipm	nent											
Tota	I. A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	t X, colu	mn (B	3), lin	e 10(c).	<i>)</i>	•			D (Form 9	0

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organ	ızatıon answered 'Ye	es' on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value		Method of valuation end-of-year market value
(1)Financial derivatives				,
(2)Closely-held equity interests (3)Other				
(0,0 s				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	p			
Part Will Investments—Program Related				
Complete if the organization answered "	Yes' on Form 990	, Part IV, line 11c. _S		
(a) Description of investment		(b) Book value		Method of valuation end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>			
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	11d See Forn	
(a) Descrip	otion			(b) Book value
				_
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.				
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answered	'Yes' on Form 990,	Part IV, line	e 11e or 11f.
1. (a) Description of liability	(b) Book value			
Federal income taxes				
Labeleta to National Doubleaus	740.1	33		
Liability to National Partners	740,1	33		
		_		
		_		
		\dashv		
		\dashv		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	740,1	33		
2. Liability for uncertain tax positions. In Part XIII. provide			's financial st	atements that reports the

С	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retui	'n
1	Total revenue, gains, and other support per audited financial statements	1	8,107,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	367,505
3	Subtract line 2e from line 1	3	7,739,541
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
_			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,739,541
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	-	•
5	Reconciliation of Expenses per Audited Financial Statements With Expense	-	•
5 Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Ret	urn.
5 Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	urn.
5 Part 1 2	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	urn.
Part 1 2 a	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	urn.
5 Part 1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	urn.
Pari 1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	urn.
Pari 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	5 ,676,479
Part 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	5,676,479 367,505
Part 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	5,676,479 367,505
5 Part 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	5,676,479 367,505
5 Part 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per Ret	5,676,479 367,505

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part X, Line 2	Income Taxes - The Fund is exempt from federal income tax under provisions of Section 501(c)(3) of the Internal Revenue Code The foundation's tax filingS for 2013 AND 2014 ARE subject to examination, generally for three years after it was filed

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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

DLN: 93493229005096

Open to Public

OMB No 1545-0047

Schedule I (Form 990)

Department of the

Treasury

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

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.

Inspection

nternal Revenue Service							
ame of the organization HE WAWA FOUNDATION INC						Employer identification	on number
HE WAWA FOUNDATION INC						46-4021003	
Part I General Information	on Grants and	l Assistance				•	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat 	ard the grants or as	sıstance?				tance, and	✓ Yes
Part III Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50:	1(c)(3) and governi	ment organizations lis	sted in the line 1 table .			•	87
3 Enter total number of other organ	uzations listed in th	ie line 1 table					0

Schedule I	(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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
Part IV Supplemental Informa	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										

Return Reference	Explanation
,	The making of grants is under the control and discretion of the members of the Foundation's board. The Board shall review all request for funds and shall require that such requests specify the uses to which the funds will be spent. If the Board approves the request, they shall authorize payment of such funds to the approved grantees. The Board may require that the grantees furnish a periodic accounting to show that the funds were expended for the purposes approved by the Board.

Schedule I (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 46-4021003

Name: THE WAWA FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alex's Lemonade Stand Foundation 333 East Lancaster Avenue 414 Wynnewood, PA 19096	56-2496146	501(c)3	25,500				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES
American Cancer Society 1626 Locust Street Philadelphia, PA 19103	13-1788491	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES
A merican Diabetes Association 1160 US 22 103 Bridgewater, NJ 08807	13-1623888	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
American Heart Association 1617 John F Kennedy Blvd Suite 700 Philadelphia, PA 19103	13-5613797	501(c)3	35,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
American Red Cross 2221 Chestnut Street Philadelphia, PA 19103	53-0196605	501(c)3	255,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
American Red Cross South Florida chapter 335 SW 27th Ave Miami,FL 33135	53-0196605	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Bancroft - Cherry Hill NJ 1255 Caldwell Road Cherry Hill, NJ 08034	21-0672770	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Be Proud Foundation 600 N Jackson Street Ste 9 Media,PA 19063	23-2712821	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Big Brothers Big Sisters Southeastern PA 123 S Broad Street Suite 1050 Philadelphia, PA 19109	23-1352034	501(c)3	30,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	* *	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Boys & Girls Club Philadelphia 1518 Walnut St Ste 712 Philadelphia, PA 19102	23-1966756	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Boys & Girls Clubs of Delaware 669 S Union Street Wilmington, DE 19805	51-0068712	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Boys & Girls Clubs of Harford County PO Box 1106 Aberdeen,MD 21001	52-1701612	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Catholic Charities Inc 2601 W 4th Street Wilmington, DE 19805	51-0065685	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Community FoodBank of New Jersey 31 Evans Terminal Hillside,NJ 07205	22-2423882	501(c)3	178,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Children & Families First 2005 Baynard Boulevard Wilmington, DE 19802	51-0065731	501(c)3	11,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
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Children's Miracle Network Hospitals 205 West 700 South Salt Lake City, UT 84101	87-0387205	501(c)3	18,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Christiana Care Health System PO Box 1668 Wilmington, DE 198991668	52-1479538	501(c)3	30,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
City Year Philadelphia 2221 Chestnut Street Philadelphia, PA 19103	22-2882549	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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Comfort Zone Camp 7201 Glen Forest Drive Ste 301 Richmond, VA 23226	54-1916517	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Community Treatment Solutions 236 W Route 38 Ste 100 Moorestown,NJ 08057	22-3042664	501(c)3	25,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
ConKerr Cancer Organization 295 E Swedesford Road 396 Wayne, PA 19087	86-1173750	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Cristo Rey Philadelphia High School 5218 N Broad Philadelphia, PA 19141	27-3106321	501(c)3	7,500				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Deborah Hospital Foundation 212 Trenton Road Browns Mills, NJ 08015	22-2049500	501(c)3	150,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Devereux 444 Devereux Drive Villanova,PA 19085	23-1390618	501(c)3	250,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Domestic Abuse Project of Delaware County Inc 14 West Second Street Media,PA 19063	23-2053144	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Eden Autism Services 2 Merwick Road Princeton, NJ 08540	22-4215005	501(c)3	60,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Fame Fire Company of West Chester 200 E Rosedale Avenue West Chester, PA 19382	23-1256858	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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Feeding South Florida 2501 SW 32 Terrace Pembroke Park,FL 33023	59-2097520	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Fox Chase Cancer Center dba American Oncologic Hospital 333 Cottman Avenue Philadelphia, PA 19111	23-1352156	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Gilda's Club South Jersey 700 New Road Linwood,NJ 08221	04-3639550	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Good Works Inc PO Box 1441 Coatesville, PA 19320	23-2513834	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Grand View Health Foundation 700 Lawn Avenue Sellersville,PA 18960	23-2622621	501(c)3	5,000		_		TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
H Lee Moffitt Cancer Center & Research Institute Foundation Inc 12902 Magnolia Dr MBC- FOU Tampa,FL 33612	59-3238636	501(c)3	20,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Harry Chapin Food Bank of Southwest Florida Inc 3760 Fowler Street Ft Myers,FL 33901	59-2332120	501(c)3	20,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
HEADstrong Foundation 232 Green Avenue Holmes,PA 19043	26-0283021	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Homeless Coalition of Palm Beach County 810 Datura St West Palm Beach, FL 33401	65-0125852	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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IGA Nephropathy Foundation of America Inc 2535 Mahogany Trail Manasquan, NJ 08736	20-1155709	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Johns Hopkins Children's Center 1800 Orleans Street Baltimore, MD 21287	52-0595110	501(c)3	130,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Kennedy Krieger Institute 707 North Broadway Baltimore, MD 21205	52-1524965	501(c)3	16,050				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Kidsbridge 4556 South Broad St 2nd Fl Trenton, NJ 08620	22-3438541	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Laurel House PO Box 764 Norristown,PA 19404	23-2172743	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Leukemia and Lymphoma Society 555 North Lane Conshohocken,PA 19428	13-5644916	501(c)3	60,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Make-A-Wish New Jersey 1347 Perrineville Road Monroe Township, NJ 08831	22-2488495	501(c)3	30,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Manna on Main Street 713 W Main Street Lansdale,PA 19446	23-2287252	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
March of Dimes Pennsylvania Chapter 435 Devon Park Drive Suite 300 Wayne, PA 19087	13-1846366	501(c)3	25,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Mercy Medical Center 345 St Paul Place Baltimore, MD 21202	52-0591658	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
National Adoption Center 1500 Walnut Street Suite 701 Philadelphia, PA 19102	23-1966667	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
New Jersey Coalition for Battered Women 1670 Whitehorse-Hamilton Sq Rd Trenton, NJ 08690	22-2370010	501(c)3	100,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Nicklaus Children's Hospital co Miami Children's Health System Foundation 3100 SW 62nd Avenue Miami,FL 33155	46-1784918	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Ocean of Love 1709 Highway 37 East Toms River, NJ 08753	22-2940034	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Operation Warm Inc 6 Dickinson Drive Ste 314 Chadds Ford, PA 19317	38-3663310	501(c)3	20,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Opportunity Builders Inc 8855 Veterans Highway Millersville, MD 21108	52-0743369	501(c)3	5,763				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES				
PALS Programs 12 Dow Drive Hillsborough, NJ 08844	35-2334489	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES				
Philabundance 3616 South Galloway Street Philadelphia, PA 19148	23-2290505	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES				

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Philadelphia READS 325 CHESTNUT ST Ste 903 Philadelphia, PA 191062609	27-1723052	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Pocono Health Foundation 206 East Brown Street East Stroudsburg, PA 18301	23-2516451	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Police Athletic League of Philadelphia 2524 E Clearfield Street Philadelphia, PA 19134	23-1507837	501(c)3	65,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Project HOME 1515 Fairmount Avenue Philadelphia, PA 19130	23-2555950	501(c)3	27,500				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Riddle Hospital 1068 West Baltimore Pike Media,PA 19063	23-1529076	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			
Robert Irvine Foundation 1227 N Franklin Street Tampa,FL 33602	46-5420676	501(c)3	25,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES			

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Rocky Run YMCA 1299 W Baltimore Pike Media,PA 19063	23-1243965	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Russell Byers Charter School 1911 Arch Street Philadelphia, PA 19103	25-1867604	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Sandy Rollman Ovarian Cancer Foundation 2010 West Chester Pike Ste 410 Havertown, PA 19083	23-3068732	501(c)3	12,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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Save The Children 501 Kings Highway East Suite 400 Fairfield, CT 06825	06-0726487	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Senior Community Services 600 Swarthmore Ave Folsom, PA 19033	23-2036247	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Soldier Socks Inc 1127 High Ridge Road ste 124 Stamford, CT 06905	46-2142225	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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Special Olympics New Jersey 1 Eunice Kennedy Shriver Way Lawrenceville, NJ 08648	23-7448729	501(c)3	15,192				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Special Olympics Virginia Inc 3212 Skipwith Road Suite 100 Richmond, VA 23294	54-1013637	501(c)3	30,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
State Theatre Regional Arts Center At New Brunswick Inc 15 Livingston Avenue New Brunswick, NJ 08901	16-1616384	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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Sunshine Foundation 1041 Mill Creek Dr Feasterville, PA 19053	23-2044056	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Susan G Komen Philadelphia 125 S 9th Street Ste 202 Philadelphia,PA 19107	75-2949264	501(c)3	75,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The Arc Alliance 3075 Ridge Pike Eagleville, PA 194031538	31-1592547	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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The B (Be Positive) Foundation 101 Rockland Circle Wilmington, DE 19803	42-1741037	501(c)3	25,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The Children's Hospital of Philadelphia PO Box 40930 Philadelphia, PA 19107	23-2237932	501(c)3	2,000,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The FoodBank of Monmouth and Ocean Counties 3300 Route 66 Neptune, NJ 07753	22-2622522	501(c)3	10,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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The House of Ruth Maryland 2201 Argonne Drive Baltimore, MD 21218	52-1100236	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The John R Elliott HERO Campaign for Designated Drivers PO Box 700 Somers Point, NJ 08234	22-3710241	501(c)3	40,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The Kinney Center for Autism Education and Support at Saint Joseph's Univer 5600 City Avenue Philadelphia, PA 19131	23-1352674	501(c)3	100,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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The Salvation Army 701 N Broad St Philadelphia, PA 19123	13-5562351	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The Salvation Army 575 E State Street Trenton, NJ 08619	13-5562351	501(c)3	7,500				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
The Veterans Group 3209 Baring Street Philadelphia, PA 19104	26-1323081	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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The Volunteer Way Inc 8061 Congress street Port Richey,FL 34668	59-3555687	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
United Way of Broward County Inc 1300 S Andrews Ave Fort Lauderdale, FL 33316	59-0624402	501(c)3	5,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
United Way of Greater Philadelphia and Southern New Jersey 1709 Benjamin Franklin Parkway Philadelphia, PA 191031294	23-1556045	501(c)3	15,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` -	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
USO of Metropolitan New York 1601 Broadway 11th Floor New York, NY 10019	13-2500122	501(c)3	50,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
Variety - The Children's Charity 100 N 18th Street Suite 300 Philadelphia, PA 19103	23-6392728	501(c)3	150,000				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		
YMCA Camp Ockanickon Inc 1303 Stokes Road Medford,NJ 08055	21-0635054	501(c)3	7,500				TO SUPPORT THE FOUNDATION PROGRAM INITIATIVES		

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

DLN: 93493229005096

SCHEDULE 0 (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 WAWA FOUNDATION INC	Employer identification number
THE WARM SOND ME	46-4021003

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	ALL OFFICERS & DIRECTORS ARE EITHER EMPLOYEES AND/OR DIRECTORS OF WAWA, INC. AND/OR ITS RELATED ENTITIES
Form 990, Part VI, Section B, line 11	the form 990 was provided to each voting member of the governing body and approved prior to filing
Form 990, Part VI, Section B, line 12c	Directors are required to disclose conflicts of interest and sign a conflict of interest policy annually
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC upon request

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

DLN: 93493229005096

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

2015

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE R

► Attach to Form 990.

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

Name of the organization THE WAWA FOUNDATION INC				Employer 1		ation number			
Part I Identification of Disregarded Entities Complete	ıf the organization	answered "Yes" or	n Form 990, Part	•	703				
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) End-of-year assets		(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		 the organization an	swered "Yes" on	Form 990, Pa	l irt IV, li	ne 34 because it	had on	ie	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	(g) Section 512((13) controll entity?	
							Yes	No	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) :	2015	

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part	IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	controlling ind entity e	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		Disproprtionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or aging ner?	(k) Percentage ownership
				,			Yes	No		Yes	No											
	•				•	•			"													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(b)(:	(i) Section 512 (b)(13) controlled	
		country)		or trust)				entit	y?	
(1)WAWAINC	CONVENIENCE STORE	NJ	N/A	S				Yes	No No	
	CONVENIENCE STORE	L IND	IN/A	3					NO	
260 WEST BALTIMORE PIKE MEDIA, PA 19063 21-0515330										

Part V	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more i	elated organizations li	sted in Parts II-IV?				
a Rec	eipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No
b Gift	grant, or capital contribution to related organization(s)				1b		No
c Gıft,	grant, or capital contribution from related organization(s)				1 c	Yes	
d Loa	s or loan guarantees to or for related organization(s)				1d		No
e Loa	s or loan guarantees by related organization(s)				1e		No
f Divi	dends from related organization(s)				1f		No
g Sale	of assets to related organization(s)				1 g		No
h Pur	hase of assets from related organization(s)				1h		No
i Excl	ange of assets with related organization(s)				1i		No
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j		No
k Lea	e of facilities, equipment, or other assets from related organization(s)				1k		No
l Perf	rmance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perf	rmance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Shar	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sha	ring of paid employees with related organization(s)				10	Yes	
p Reir	bursement paid to related organization(s) for expenses				1 p		No
q Reir	bursement paid by related organization(s) for expenses				1q	Yes	
r Oth	r transfer of cash or property to related organization(s)				1r		No
s Oth	r transfer of cash or property from related organization(s)				1s		No
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity Rity Primary activity (c) Legal domicile (state or foreign country) Country) (c) Predominant income (related, unrelated, excluded from tax under sections 512-		section 501(c)(3) ganizations?	(f) (g) Share of total income assets		(h) Disproprtionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership		
			514)	Yes	No			Yes	No		Yes	No	
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			<u> </u>	_			1	I	_	<u> </u>			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015