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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**A** For the 2015 calendar year, or tax year beginning

, 2015, and ending

, 20

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

PHI Community Foundation

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

701 Ninth St N W

City or town, state or province, country, and ZIP or foreign postal code

Washington, DC 20068-0001

**F** Name and address of principal officer

Pamela Holman, 701 Ninth St., N.W., DC 20068

**D** Employer identification number

51-0367729

**E** Telephone number

202 872-3488

**G** Gross receipts \$

711,210.00

**H(a)** Is this a group return for subordinates?☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No" attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status☒

501(c)(3)

☐

501(c)( )

(insert no)

4947(a)(1) or

527

**J** Website ▶ N/A**K** Form of organization☐ Corporation☐ Trust☐ Association☒

Other ▶ Foundation

**L** Year of formation 2002**M** State of legal domicile DC**Part I** Summary

|                             |                                                                |                                                                                                                                                                                                                                               |            |            |
|-----------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| Activities & Governance     | 1                                                              | Briefly describe the organization's mission or most significant activities. The mission of this foundation is to promote charitable activities that address community issues of health, youth development, educational support, and finances. |            |            |
|                             | 2                                                              | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                                                       |            |            |
|                             | 3                                                              | Number of voting members of the governing body (Part VI line 1a)                                                                                                                                                                              | 3          | 4          |
|                             | 4                                                              | Number of independent voting members of the governing body (Part VI line 1b)                                                                                                                                                                  | 4          | 0          |
|                             | 5                                                              | Total number of individuals employed in calendar year 2015 (Part V, line 2a)                                                                                                                                                                  | 5          | 0          |
|                             | 6                                                              | Total number of volunteers (estimate if necessary)                                                                                                                                                                                            | 6          | 8          |
|                             | 7a                                                             | Total unrelated business revenue from Part VIII, column (C) line 12                                                                                                                                                                           | 7a         | 0.00       |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34 | 7b                                                                                                                                                                                                                                            | 0.00       |            |
| Revenue                     | 8                                                              | Contributions and grants (Part VIII line 1h)                                                                                                                                                                                                  |            |            |
|                             | 9                                                              | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                  |            |            |
|                             | 10                                                             | Investment income (Part VIII, column (A) lines 3, 4, and 7d)                                                                                                                                                                                  |            |            |
|                             | 11                                                             | Other revenue (Part VIII column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                        | 620,784.75 | 672,276.08 |
|                             | 12                                                             | Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)                                                                                                                                                             | 620,784.75 | 672,276.08 |
|                             | 13                                                             | Grants and similar amounts paid (Part IX column (A), lines 1-3)                                                                                                                                                                               | 450,000.00 | 458,635.61 |
|                             | 14                                                             | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                 |            |            |
|                             | 15                                                             | Salaries, other compensation employee benefits (Part IX column (A), lines 5-10)                                                                                                                                                               |            |            |
|                             | 16a                                                            | Professional fundraising fees (Part IX column (A) line 11e)                                                                                                                                                                                   |            |            |
|                             | 16b                                                            | Total fundraising expenses (Part IX, column (D) line 25) ▶                                                                                                                                                                                    |            |            |
| Expenses                    | 17                                                             | Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e)                                                                                                                                                                                   | 192,163.15 | 205,336.80 |
|                             | 18                                                             | Total expenses - Add lines 13-17 (must equal Part IX, column (A) line 25)                                                                                                                                                                     | 642,163.15 | 663,972.41 |
|                             | 19                                                             | Revenue less expenses - Subtract line 18 from line 12                                                                                                                                                                                         | -21,378.40 | 8,303.67   |
|                             | 20                                                             | Total assets (Part X line 18)                                                                                                                                                                                                                 | 16,895.39  | 25,199.06  |
| Net Assets or Fund Balances | 21                                                             | Total liabilities (Part X line 26)                                                                                                                                                                                                            |            |            |
|                             | 22                                                             | Net assets or fund balances - Subtract line 21 from line 20                                                                                                                                                                                   | 16,895.39  | 25,199.06  |

**Part II** Signature Block

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |                                 |                      |      |                                                 |      |
|------------------------|---------------------------------|----------------------|------|-------------------------------------------------|------|
| Sign Here              | Signature of officer            | Date                 |      |                                                 |      |
|                        | Gary R. Stockbridge - President | 11/15/16             |      |                                                 |      |
| Paid Preparer Use Only | Print/Type preparer's name      | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                        | Firm's name ▶                   | Firm's EIN ▶         |      |                                                 |      |
|                        | Firm's address ▶                | Phone no             |      |                                                 |      |

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

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2015)

922 4

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

See Attachment 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code           ) (Expenses \$ 663,972.41 including grants of \$ 458,635.61) (Revenue \$ 711,210.00)

This organization was able to provide numerous donations to various non-profit community organizations within DC, MD, DE, NJ, and PA, to promote community issues of health, education, advocacy, etc.

**4b** (Code           ) (Expenses \$            including grants of \$           ) (Revenue \$           )**4c** (Code           ) (Expenses \$            including grants of \$           ) (Revenue \$           )**4d** Other program services (Describe in Schedule O )(Expenses \$            including grants of \$           ) (Revenue \$           )**4e** Total program service expenses **▶** 663,972.41

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                             | Yes         | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .                                                                                                                                                                         | <b>1</b> x  |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                        | <b>2</b> x  |    |
| <b>3</b> 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. . . . .                                                                                                                      | <b>3</b>    | x  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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. . . . .                                                                                                       | <b>4</b>    | x  |
| <b>5</b> 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. . . . .                                                                               | <b>5</b>    | x  |
| <b>6</b> 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. . . . .                                                    | <b>6</b>    | x  |
| <b>7</b> 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. . . . .                                                                                            | <b>7</b>    | x  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .                                                                                                                                                         | <b>8</b>    | x  |
| <b>9</b> 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. . . . .            | <b>9</b>    | x  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .                                                                                                     | <b>10</b>   | x  |
| <b>11</b> 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                                                                                                                                                                    |             |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .                                                                                                                                                                       | <b>11a</b>  | x  |
| <b>b</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. . . . .                                                                                                     | <b>11b</b>  | x  |
| <b>c</b> 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. . . . .                                                                                                     | <b>11c</b>  | x  |
| <b>d</b> 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. . . . .                                                                                                                      | <b>11d</b>  | x  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .                                                                                                                                                                                     | <b>11e</b>  | x  |
| <b>f</b> 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. . . . .                                                            | <b>11f</b>  | x  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .                                                                                                                                                        | <b>12a</b>  | x  |
| <b>b</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. . . . .                                                                           | <b>12b</b>  | x  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .                                                                                                                                                                                                        | <b>13</b>   | x  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                            | <b>14a</b>  | x  |
| <b>b</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. . . . . | <b>14b</b>  | x  |
| <b>15</b> 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. . . . .                                                                                                           | <b>15</b>   | x  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .                                                                                                     | <b>16</b>   | x  |
| <b>17</b> 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). . . . .                                                                                            | <b>17</b>   | x  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .                                                                                                                           | <b>18</b> x |    |
| <b>19</b> 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. . . . .                                                                                                                                                     | <b>19</b>   | x  |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .                                                                                                                                                                                                              |     | x  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              |     | x  |
| <b>21</b> 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. . . . .                                                                                             | x   |    |
| <b>22</b> 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. . . . .                                                                                                                 |     | x  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .                                                      |     | x  |
| <b>24a</b> 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. . . . .                           |     | x  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                         |     | x  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                |     | x  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                   |     | x  |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .                                                                                        |     | x  |
| <b>b</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. . . . .                                        |     | x  |
| <b>26</b> 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. . . . .                                 |     | x  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . . |     | x  |
| <b>28</b> 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)                                                                                                                       |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .                                                                                                                                                                                                    |     | x  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .                                                                                                                                                                                 |     | x  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .                                                                                     |     | x  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .                                                                                                                                                                                                  |     | x  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .                                                                                                                                  |     | x  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .                                                                                                                                                                                        |     | x  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .                                                                                                                                                                      |     | x  |
| <b>33</b> 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. . . . .                                                                                                                      |     | x  |
| <b>34</b> 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. . . . .                                                                                                                                                                  |     | x  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                 |     | x  |
| <b>b</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. . . . .                                                                                          |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .                                                                                                                           |     | x  |
| <b>37</b> 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. . . . .                                                                             |     | x  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                       | x   |    |

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

JSA  
5E1040 1 000

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

|    |                                                                                                                                                                                                                                | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . 4                                                                                                                                |     |    |
|    | 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 . . . . . 0                                                                                                                                 |     |    |
| 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? . . . . .                                                |     | x  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . |     | x  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                     |     | x  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                           |     | x  |
| 6  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                   |     | x  |
| 7a | 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? . . . . .                                                                   |     | x  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                            |     | x  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                               |     |    |
| a  | The governing body? . . . . .                                                                                                                                                                                                  | x   |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                | x   |    |
| 9  | 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 . . . . .         |     | x  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|     | Yes | No |
|-----|-----|----|
| 10a |     | x  |
| b   |     |    |
| 11a | x   |    |
| b   |     |    |
| 12a | x   |    |
| b   | x   |    |
| c   | x   |    |
| 13  |     | x  |
| 14  | x   |    |
| 15  |     |    |
| a   |     | x  |
| b   |     | x  |
| 16a |     | x  |
| b   |     |    |

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **District of Columbia**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **Pamela Holman, 701 Ninth St., N.W., DC 20068 202.872-3488**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Gary R. Stockbridge<br>President  | various                                                                                    |                                                                                                              |                       | x       |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (2) Donna M. Cooper<br>Vice President | various                                                                                    |                                                                                                              |                       | x       |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (3) Vicent Malone<br>Secretary        | various                                                                                    |                                                                                                              |                       | x       |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (4) Pamela D. Holman<br>Treasurer     | various                                                                                    |                                                                                                              |                       | x       |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (5) Debbi L. Jarvis<br>Director       | various                                                                                    | x                                                                                                            |                       |         |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (6) Glenn A. Moore<br>Director        | various                                                                                    | x                                                                                                            |                       |         |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (7) Jerry Pasternak<br>Director       | various                                                                                    | x                                                                                                            |                       |         |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (8) Charles A. Wimberg<br>Director    | various                                                                                    | x                                                                                                            |                       |         |              |                              |        | 0.00                                                                 | 0.00                                                                      | 0.00                                                                                          |
| (9)                                   |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (10)                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (11)                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (12)                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (13)                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14)                                  |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (17)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                                 |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b> .....                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

- |                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. ....                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|                                                                   |                                                                    |                                                                                                                                                |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|-------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a                                                                 | Federated campaigns . . . . .                                                                                                                  | 1a             |                      |                                                    |                                         |                                                                  |
|                                                                   | b                                                                  | Membership dues . . . . .                                                                                                                      | 1b             |                      |                                                    |                                         |                                                                  |
|                                                                   | c                                                                  | Fundraising events . . . . .                                                                                                                   | 1c             |                      |                                                    |                                         |                                                                  |
|                                                                   | d                                                                  | Related organizations . . . . .                                                                                                                | 1d             |                      |                                                    |                                         |                                                                  |
|                                                                   | e                                                                  | Government grants (contributions) . . . . .                                                                                                    | 1e             |                      |                                                    |                                         |                                                                  |
|                                                                   | f                                                                  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .                                                    | 1f             |                      |                                                    |                                         |                                                                  |
|                                                                   | g                                                                  | Noncash contributions included in lines 1a-1f \$ . . . . .                                                                                     |                |                      |                                                    |                                         |                                                                  |
|                                                                   | h                                                                  | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                        |                |                      |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                    | 2a                                                                 |                                                                                                                                                | Business Code  |                      |                                                    |                                         |                                                                  |
|                                                                   | b                                                                  |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
|                                                                   | c                                                                  |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
|                                                                   | d                                                                  |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
|                                                                   | e                                                                  |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
|                                                                   | f                                                                  | All other program service revenue . . . . .                                                                                                    |                |                      |                                                    |                                         |                                                                  |
|                                                                   | g                                                                  | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                        |                |                      |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                              | 3                                                                  | Investment income (including dividends, interest,<br>and other similar amounts). . . . .                                                       |                |                      |                                                    |                                         |                                                                  |
|                                                                   | 4                                                                  | Income from investment of tax-exempt bond proceeds . . . . .                                                                                   |                |                      |                                                    |                                         |                                                                  |
|                                                                   | 5                                                                  | Royalties . . . . .                                                                                                                            |                |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                    |                                                                                                                                                | (i) Real       | (ii) Personal        |                                                    |                                         |                                                                  |
|                                                                   | 6a                                                                 | Gross rents . . . . .                                                                                                                          |                |                      |                                                    |                                         |                                                                  |
|                                                                   | b                                                                  | Less rental expenses . . . . .                                                                                                                 |                |                      |                                                    |                                         |                                                                  |
|                                                                   | c                                                                  | Rental income or (loss) . . . . .                                                                                                              |                |                      |                                                    |                                         |                                                                  |
|                                                                   | d                                                                  | Net rental income or (loss) . . . . .                                                                                                          |                |                      |                                                    |                                         |                                                                  |
|                                                                   | 7a                                                                 | Gross amount from sales of<br>assets other than inventory . . . . .                                                                            | (i) Securities | (ii) Other           |                                                    |                                         |                                                                  |
|                                                                   | b                                                                  | Less cost or other basis<br>and sales expenses . . . . .                                                                                       |                |                      |                                                    |                                         |                                                                  |
|                                                                   | c                                                                  | Gain or (loss) . . . . .                                                                                                                       |                |                      |                                                    |                                         |                                                                  |
|                                                                   | d                                                                  | Net gain or (loss) . . . . .                                                                                                                   |                |                      |                                                    |                                         |                                                                  |
|                                                                   | 8a                                                                 | Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a              | 711,210.00           |                                                    |                                         |                                                                  |
|                                                                   | b                                                                  | Less direct expenses . . . . .                                                                                                                 | b              | 38,933.92            |                                                    |                                         |                                                                  |
|                                                                   | c                                                                  | Net income or (loss) from fundraising events . . . . .                                                                                         |                |                      | 672,276.08                                         | 672,276.08                              |                                                                  |
|                                                                   | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                          | a              |                      |                                                    |                                         |                                                                  |
|                                                                   | b                                                                  | Less direct expenses . . . . .                                                                                                                 | b              |                      |                                                    |                                         |                                                                  |
| c                                                                 | Net income or (loss) from gaming activities . . . . .              |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
| 10a                                                               | Gross sales of inventory, less<br>returns and allowances . . . . . | a                                                                                                                                              |                |                      |                                                    |                                         |                                                                  |
| b                                                                 | Less cost of goods sold . . . . .                                  | b                                                                                                                                              |                |                      |                                                    |                                         |                                                                  |
| c                                                                 | Net income or (loss) from sales of inventory . . . . .             |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
|                                                                   | Miscellaneous Revenue                                              | Business Code                                                                                                                                  |                |                      |                                                    |                                         |                                                                  |
| 11a                                                               |                                                                    |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
| b                                                                 |                                                                    |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
| c                                                                 |                                                                    |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
| d                                                                 | All other revenue . . . . .                                        |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
| e                                                                 | <b>Total.</b> Add lines 11a-11d . . . . .                          |                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |
| 12                                                                | <b>Total revenue.</b> See instructions . . . . .                   |                                                                                                                                                |                | 672,276.08           | 672,276.08                                         |                                         |                                                                  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                            | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                           | 458,635.61            | 458,635.61                      |                                        |                             |
| 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) . . . . .                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a 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 . . . . .                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 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) . . . . .                                              |                       |                                 |                                        |                             |
| a -----                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b -----                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| c -----                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| d -----                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| e All other expenses. See Attachment 2 . . . . .                                                                                                                                                                                                           | 205,336.80            | 205,336.80                      |                                        |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 663,972.41            | 663,972.41                      |                                        |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. 

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash - non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                  | 16,895.39                | <b>1</b>   | 25,199.06          |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>2</b>   |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>3</b>   |                    |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                     |                          | <b>4</b>   |                    |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                          |                          | <b>5</b>   |                    |
|                                                                                      | <b>6</b> 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 . . . . . |                          | <b>6</b>   |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                              |                          | <b>7</b>   |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>8</b>   |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>9</b>   |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D <span style="float: right;"><b>10a</b></span> . . . . .                                                                                                                                                                                            |                          |            |                    |
|                                                                                      | <b>b</b> Less accumulated depreciation. . . . . <span style="float: right;"><b>10b</b></span>                                                                                                                                                                                                                                                   |                          | <b>10c</b> |                    |
|                                                                                      | <b>11</b> Investments - publicly traded securities . . . . .                                                                                                                                                                                                                                                                                    |                          | <b>11</b>  |                    |
|                                                                                      | <b>12</b> Investments - other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                         |                          | <b>12</b>  |                    |
|                                                                                      | <b>13</b> Investments - program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                          |                          | <b>13</b>  |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                           |                          | <b>14</b>  |                    |
|                                                                                      | <b>15</b> Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>15</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 16,895.39                                                                                                                                                                                                                                                                                                                                       | <b>16</b>                | 25,199.06  |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>17</b>  |                    |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                              |                          | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>19</b>  |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                 |                          | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                        |                          | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                              |                          | <b>23</b>  |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                |                          | <b>24</b>  |                    |
|                                                                                      | <b>25</b> 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 . . . . .                                                                                                                                                        |                          | <b>25</b>  |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .                                                                                                                                                                                                                                                                            |                          | <b>26</b>  |                    |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                          |                          |            |                    |
|                                                                                      | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                     |                          | <b>27</b>  |                    |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>28</b>  |                    |
|                                                                                      | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>29</b>  |                    |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                                        |                          |            |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                          |                          | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                                                                                                                                            |                          | <b>31</b>  |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                            | 16,895.39                | <b>32</b>  | 25,199.06          |
|                                                                                      | <b>33</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                                                                                                                                    | 16,895.39                | <b>33</b>  | 25,199.06          |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 16,895.39                                                                                                                                                                                                                                                                                                                                       | <b>34</b>                | 25,199.06  |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1  | 672,276.08 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 663,972.41 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | 8,303.67   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 16,895.39  |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  |            |
| 6  | Donated services and use of facilities                                                                        | 6  |            |
| 7  | Investment expenses                                                                                           | 7  |            |
| 8  | Prior period adjustments                                                                                      | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  |            |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 25,199.06  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a 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? . . . . .
- 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

|    | Yes | No |
|----|-----|----|
| 2a |     | x  |
| 2b |     | x  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     | -  |

Form **990** (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

PHI Community Foundation

Employer identification number

51-0367729

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                              | Yes                                                         | No |                                                   |                                                 |
| (A) N/A                            |          |                                                                              |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                              |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                              |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                              |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                              |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                              |                                                             |    |                                                   |                                                 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                           | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                      |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                              |          |          |          |          |          |           |
| <b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), . . . . . |          |          |          |          |          |           |
| <b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015  | (f) Total                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                          |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                               |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                           |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .                                                                                              |          |          |          |          |           |                          |
| <b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                             |          |          |          |          | <b>12</b> |                          |
| <b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                    | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                          | <b>15</b> | %                        |
| <b>16a</b> <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           |           | <input type="checkbox"/> |
| <b>b</b> <b>33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        |           | <input type="checkbox"/> |
| <b>17a</b> <b>10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b</b> <b>10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                                 |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                               | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")                                                                                   | 574,692.26 | 563,479.89 | 555,014.40 | 620,784.75 | 672,276.08 | 2,986,247.38 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |            |            |            |            |            |              |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |            |            |            |            |            |              |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |            |            |            |            |            |              |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |            |            |            |            |            |              |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 574,692.26 | 563,479.89 | 555,014.40 | 620,784.75 | 672,276.08 | 2,986,247.38 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |            |            |            |            |            |              |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |            |            |            |            |            |              |
| <b>c</b> Add lines 7a and 7b. . . . .                                                                                                                                                       |            |            |            |            |            |              |
| <b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .                                                                                                                           |            |            |            |            |            | 2,986,247.38 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2011   | (b) 2012   | (c) 2013   | (d) 2014   | (e) 2015   | (f) Total    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|--------------|
| <b>9</b> Amounts from line 6. . . . .                                                                                                                                                                                             | 574,692.26 | 563,479.89 | 555,014.40 | 620,784.75 | 672,276.08 | 2,986,247.38 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                               |            |            |            |            |            |              |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                        |            |            |            |            |            |              |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                          |            |            |            |            |            |              |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                   |            |            |            |            |            |              |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .                                                                                                                |            |            |            |            |            |              |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                 | 574,692.26 | 563,479.89 | 555,014.40 | 620,784.75 | 672,276.08 | 2,986,247.38 |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |            |            |            |            |            |              |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |            |
|------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 100.0000 % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 100.0000 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

- 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 ☒
- b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

PHI Community Foundation

Employer identification number

51-0367729

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                                                                    |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |                                                                         |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| <b>Total</b> .....                                        |               |                                                                |    |                                   |                                                                  |                                                   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

District of Columbia

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

|                 |                                                                                   | (a) Event #1                | (b) Event #2                | (c) Other events              | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|-----------------------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------|--------------------------------------------------------|
|                 |                                                                                   | <u>golf</u><br>(event type) | <u>golf</u><br>(event type) | <u>golf</u><br>(total number) |                                                        |
| Revenue         | <b>1</b> Gross receipts . . . . .                                                 | 370,181.00                  | 98,079.00                   | 242,950.00                    | 711,210.00                                             |
|                 | <b>2</b> Less Contributions . . . . .                                             |                             |                             |                               |                                                        |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2). . . . .                           | 370,181.00                  | 98,079.00                   | 242,950.00                    | 711,210.00                                             |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                    |                             |                             |                               |                                                        |
|                 | <b>5</b> Noncash prizes . . . . .                                                 |                             |                             |                               |                                                        |
|                 | <b>6</b> Rent/facility costs . . . . .                                            |                             |                             |                               |                                                        |
|                 | <b>7</b> Food and beverages . . . . .                                             |                             |                             |                               |                                                        |
|                 | <b>8</b> Entertainment . . . . .                                                  |                             |                             |                               |                                                        |
|                 | <b>9</b> Other direct expenses . . . . .                                          | 23,779.82                   | 1,343.65                    | 13,810.45                     | 38,933.92                                              |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                             |                             |                               | 38,933.92                                              |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                             |                             |                               | 672,276.08                                             |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

|                 |                                                                                        | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
|                 |                                                                                        |                                                                     |                                                                     |                                                                     |                                                     |
| Revenue         | <b>1</b> Gross revenue . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                     |
|                 |                                                                                        |                                                                     |                                                                     |                                                                     |                                                     |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                         |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>3</b> Noncash prizes . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>4</b> Rent/facility costs . . . . .                                                 |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>5</b> Other direct expenses . . . . .                                               |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>6</b> Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
|                 | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                     |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

- |           |                                                                                                                                                                 |                              |                             |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in                                                                                                         |                              |                             |
| <b>a</b>  | The organization's facility . . . . .                                                                                                                           | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility . . . . .                                                                                                                                   | <b>13b</b>                   | %                           |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records                                                |                              |                             |

Name ▶

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party \_\_\_\_\_

Name ▶

Address ►

## 16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

SCHEDULE I  
(Form 990)

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

PHI Community Foundation

Employer identification number

51-0367729

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) See Attachment 3                                 |         | 501 (c) (3)                   | 458,635.61               | 0.00                              | FMV                                                   | N/A                                    | various                            |
| (2)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (10)                                                 |         |                               |                          |                                   |                                                       |                                        |                                    |
| (11)                                                 |         |                               |                          |                                   |                                                       |                                        |                                    |
| (12)                                                 |         |                               |                          |                                   |                                                       |                                        |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 12

3 Enter total number of other organizations listed in the line 1 table.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| <b>1</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>2</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>3</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>4</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>5</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>6</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>7</b>                                                                                                                                                       |                          |                          |                                   |                                                       |                                        |
| <b>Part IV</b> <b>Supplemental Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information |                          |                          |                                   |                                                       |                                        |

See Attachment 3 for Part 1, #2

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

PHI Community Foundation

Employer identification number

51-0367729

Part VI, Section B, line 11b; Upon completion of the Federal Form 990, the Treasurer provides a copy to the officers for their review and comments. Once the report is signed and mailed, a copy remains with the Treasurer at the corporate office for any further inspection by officers. Contact information for review - Pamela Holman, Treasurer, 701 Ninth St, N.W., DC 20068; from 9am-5pm, Monday - Friday or call 202.872-3488. Public sector can review the return at the DC Office of Tax and Revenue - Exempt Organizations Division.

Part VI, Section B, line 12c - members are encouraged to present any conflict of interest concerns in writing and they are addressed immediately or at the next scheduled meeting.