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DLN: 93493207005136

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public

				1						Inspection
A F	or th	ie 20	15 ca	endar year, or tax year beginni	ng 01-01-2015 , and ending 12-31	1-2015	5			
	neck if			C Name of organization  AMERICAN COLLEGE OF BANKRUPT	CY			D Emplo	yer ide	ntification number
✓ Ad	ldress	chang	je					52-17	75977	1
Na	ame cl	hange	!	Doing business as						
┌ In	ıtıal re	turn						E Teleph	one num	ber
F FI	nal turn/te	ermina	ated	Number and street (or P O box if i PO BOX 249	mail is not delivered to street address) Roc	om/suite	е	(434)	939-6	.004
_	nende			City or town state or province sou	Intry, and ZIP or foreign postal code			(+3+)	737 0	
			nding	STANARDSVILLE, VA 22973	intry, and 21P of foreign postal code			<b>G</b> Gross i	eceipts s	851,486
j Aþ	plicati	on pe	nung							
				<b>F</b> Name and address of pri THOMAS E LUMSDEN	ncipal officer			is this a group subordinates?		for
				PO BOX 249				Are all subord		Tyes TNo
				STANARDSVILLE, VA 229	973		1	ncluded?		
	ax-exe	empt :	status		(insert no )			-		(see instructions)
	/ o boi	+ a . h	L \A/\A/	W AMERCOL ORG			п(С)	Group exempt	ion nur	mber 🟲
				Corporation Trust Association	on  Other ►		<b>L</b> Year	of formation 19	98 <b>M</b>	State of legal domicile VA
Pa	art I		Sum	mary						
				cribe the organization's missio OTE EXCELLENCE IN THE FII						
ų		<u>, , , , , , , , , , , , , , , , , , , </u>	KO M	O . L LACELLENCE IN THE FIL	LES OF BANKKOPTCT					
Governance	:									
ĕ	,		٠ + ١ - ١	is how MI if the organization di	scontinued its operations or dispos	and of	more +h	an 250/- of the	net ac	eate
5.0×	_	CHE	CK UII	is box F) in the organization di	scontinued its operations of dispos	JEU UI	more th	un ∠J 70 UI ILS	net dS	JC(3
	3	Nun	nbero	of voting members of the govern	ing body (Part VI, line 1a)				з	24
Activities &	4	Nun	nbero	of independent voting members	of the governing body (Part VI, line	e 1b)			4	24
Ē	5	Tota	al nun	nber of individuals employed in	calendar year 2015 (Part V, line 2	a) .			5	0
្ន	6	Tota	al nun	nber of volunteers (estimate if r	necessary)				6	90
	1				art VIII, column (C), line 12				7a	0
	b	Netı	unrela	ted business taxable income fr	om Form 990-T, line 34	•			7b	0
		_			413			Prior Year	210	Current Year
<u>o</u>	8				s and grants (Part VIII, line 1h)				210	392,166 449,408
Revenue				ment income (Part VIII, colum	422,	337	2,022			
歪	11				, lines 5, 6d, 8c, 9c, 10c, and 11e)				238	7,890
	12			, , , , , , , , , , , , , , , , , , , ,	L (must equal Part VIII, column (A			783,	011	851,486
	_		.2)							
	13				t IX, column (A), lines 1-3)			232,	-	241,263
	14				IX, column (A), line 4)				0	0
8	15		5 a la ri e 5 – 10)		ee benefits (Part IX, column (A), lii	nes			0	0
ў Ж	16a		· ·		(, column (A), line 11e)				0	0
Expenses	Ь	Т	otal fui	ndraising expenses (Part IX, column (I	D), line 25) <b>►</b> 0					
ш	17	C	ther	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)			536,	650	556,388
	18	Т	otale	expenses Add lines 13-17 (mi	ust equal Part IX, column (A ), line 2		769,	534	797,651	
	19	R	Reveni	ue less expenses Subtract line	18 from line 12			14,	377	53,835
Net Assets or Fund Balances							Beginn	ing of Current	Year	End of Year
Set Pan	20	т	otala	assets (Part X line 16)		-		895,	535	936,273
2.7 2.8 3.8	21								575	50,530
žĒ	22 Net assets or fund balances Subtract line 21 from line 20							831,	-	885,743
Pa				ature Block						
					amined this return, including accor mplete Declaration of preparer (oth					
				iowledge	inplete Declaration of preparer (oth	ilei tiia	iii oiiice	i) is based oil	all IIII0	illiation of which
		l k								
c:	_		**** Signa	** ture of officer				2016-07-12 Date		
Sig: Her			_							
	-			MAS E LUMSDEN TREASURER or print name and title						
		<u> </u>		rınt/Type preparer's name	Preparer's signature	Da	te	Check I If	PTIN	
			D	AVID JONES	DAVID JONES	1		self-employed	P0136:	1002
Pai	d		<u> </u>		5,,,,,,					
Pai Pre	d par	er	-	ırm's name ► JONESMARESCA & MC	QUADE PA	<u> </u>		Firm's EIN > 5 Phone no (410		

COLUMBIA, MD 21044 May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ┌ No

Forn	n 990 (2015)				Page 2
Pai	t IIII Stateme	nt of Program Service A	Accomplishments		
	Check if Sc	:hedule O contains a response	or note to any line in this Part III		
1	Briefly describe t	he organization's mission			
			TCY AND INSOLVENCY FIELD, THE SSION AND THE COMMUNITY	E HIGHEST STANDARDS OF	
2	Did the organization the prior Form 990		rogram services during the year whic		es 🗸 No
	If "Yes," describe	these new services on Schedu	ule O		
3	Did the organization services?	on cease conducting, or make	significant changes in how it conduct		es <b>∀</b> No
	If "Yes," describe	these changes on Schedule O			
4	expenses Section		omplishments for each of its three la anizations are required to report the a program service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	SPRING AND FALL PF TO ITS FELLOWS	ROGRAMS - THE COLLEGE HAS 2 MAII	N CONFERENCES EACH YEAR TO PROVIDE ED	UCATIONAL SEMINARS AND NETWORK	ING OPPORTUNITIES
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	INSOLVENCY FIELD I		F ACTIVE COMMITTEES THAT PROVIDE OPPOI 5, PRIMARY SUPPORT FOR THE NATIONAL BAI JUDICIARY		
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	BANKRUPTCY AROUI CONSUMERS WHO C	ND THE UNITED STATES GRANTS AR COULD NOT OTHERWISE AFFORD BAN	ONG WITH THE FOUNDATION, IS THE LARGES E MADE TO LEGAL AID SERVICES THROUGHOL KRUPTCY AND INSOLVENCY ADVICE OR SERV DN-PROFIT, CHARITABLE ORGANIZATIONS RE	JT THE COUNTRY WITH THE EXPRESS I /ICES GRANT REQUESTS GO THROUGH	PURPOSE OF HELPING

) (Revenue \$

(Expenses \$

4d

Other program services (Describe in Schedule O )

including grants of \$

Form 990 (2			
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV						
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No			
U	Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes				

	990 (2015)			Page 5
Pal	**T V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		INU
_	,	1		

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Se	ection 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 24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	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? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	⊣	163	
	more members of the governing body?	7a	Yes	<u> </u>
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	(e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	, 03	No
13 14	Did the organization have a written document retention and destruction policy?	14	Yes	INO
1 <del>4</del> 15	Did the process for determining compensation of the following persons include a review and approval by	14	1 65	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			<u> </u>
	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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

State the name, address, and telephone number of the person who possesses the organization's books and records ►ARMSTRONG AND ASSOCIATES INC 224 BLUE JAY WAY STANDARDSVILLE, VA 22973 (434) 939-6001

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

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

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

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

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

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

(A) Name and Title	A verage hours per week (list any hours for related organizations below dotted line)  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or clipsctor  (D)  Reportable compensation from the organization (W- 2/1099-MISC)  MISC)		Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations						
(1) MICHAEL L COOK CHAIR	5 00	х		х				0	0	0	
(2) G CHRISTOPHER MEYER PRESIDENT	5 00	х		х				0	0	0	
(3) R PATRICK VANCE VICE-PRESIDENT	1 00	х		х				0	0	0	
(4) HON MARY GRACE DIEHL VICE-PRESIDENT	1 00	х		х				0	0	0	
(5) RICHARD E MIKELS VICE-PRESIDENT	1 00	х		х				0	0	0	
(6) SUSAN M FREEMAN SECRETARY	1 00	х		х				0	0	0	
(7) MELISSA KIBLER-KNOLL TREASURER	1 00	х		х				0	0	0	
(8) LAWRENCE COPPEL DIRECTOR	1 00	х						0	0	0	
(9) ANNETTE JARVIS DIRECTOR	1 00	х						0	0	0	
(10) FRANCIS X BUCKLEY JR DIRECTOR	1 00	x						0	0	0	
(11) ROBERT M FISHMAN DIRECTOR	1 00	х						0	0	0	
(12) HON ROBERT E GERBER DIRECTOR	1 00	х						0	0	0	
(13) ERIC LAM DIRECTOR	1 00	х						0	0	0	
(14) STEPHEN D LERNER DIRECTOR	1 00	х						0	0	0	
	•	•				•	•	•		Form <b>990</b> (2015)	

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

								1					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar	offic ustee	ess er	(D) Report compens from t organiz (W- 2/1 MISO	able sation the ation 099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	,	Estima Estima amount of compens from organiza and rel organiza	ated fother sation the ation ated
(15) THOMAS LUMSDEN	1 00										$\top$		
DIRECTOR	0 50	X							0		0		0
(16) PATRICK THOMAS MCCARTHY	1 00												
DIRECTOR		X							0		0		0
(17) PROF CHARLES W MOONEY JR	1 00												
DIRECTOR		X							0		0		0
(18) JANE VRIS	1 00												
DIRECTOR		X							0		0		0
(19) EDWIN E SMITH	1 00												
DIRECTOR		X							0		0		0
(20) CLAUDIA Z SPRINGER	1 00												
DIRECTOR	0 30	X							0		0		0
(21) GRANT T STEIN	1 00												
DIRECTOR		X							0		0		0
(22) HOWARD J WEG	1 00												
DIRECTOR		X							0				0
(23) DEBORAH D WILLIAMSON	1 00												
DIRECTOR		X							0		٥		0
(24) MARK BLOOM	1 00	.,											
DIRECTOR	0 50	X							0		ď		0
(25) SHARI A BEDKER	20 00			,					0				
EXECUTIVE DIRECTOR	5 00			X					0		0		0
1b Sub-Total				•	►								
c Total from continuation sheets to Part	· · · · · · · · · · · · · · · · · · ·				▶								
d Total (add lines 1b and 1c)					•			0		0			0
Total number of individuals (including b \$100,000 of reportable compensation				d at	ove	e) who	rec	eived more	e than				
3 Did the organization list any <b>former</b> offi on line 1a? If "Yes," complete Schedule 3			e, key			/ee, o		jhest com	oensate • •	d employee	3	Yes	<b>No</b>
4 For any individual listed on line 1a, is to organization and related organizations										om the			

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	3	No
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		
	ındıvıdual	4	Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	carries candared to the organization? If "Vec." complete Schedule I for such person		

#### Section B. Independent Contractors

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) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  0

Part V	/	Statement of Revenu			th Dt \/ III			_
		Check if Schedule O conta		se or note to any II <u>n</u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
និ	1a	Federated campaigns .	. 1a					
Grants mounts	ь	Membership dues	1b					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising events	1c					
	d	Related organizations .	1d					
	e	Government grants (contribution	s) <b>1e</b>					
	f	All other contributions, gifts, gran similar amounts not included abo		392,166				
물통	g	Noncash contributions included in 1a-1f \$	n lines					
Con and	h	Total. Add lines 1a-1f .			392,166			
e E			-	Business Code				
ven	2a	MEMBERSHIP DUES		900099	263,985	263,985		
2 <u>2</u>	b	SPRING CONFERENCE REGIONAL MEETINGS		900099	114,325	114,325		
Š	c d	FALL CONFERENCE	<u> </u>	900099	51,621 19,477	51,621 19,477		
38	e	TALL CONTENENCE	<b> </b>	900099	19,477	19,477		
<u> </u>	f	All other program service i	revenue					
Program Serwoe Revenue			L		110 100			
	g 3	<b>Total.</b> Add lines 2a-2f .  Investment income (included)			449,408			
		and other similar amounts	)	▶ [	2,022			2,02
	4	Income from investment of tax-		roceeds 🕨				
	5	Royalties		(II) Personal				
	6a		iai .	(II) Fersonal				
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss)  Net rental income or (loss)	)					
		(ı) Secu	rities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
an re	8a	Gross income from fundraisevents (not including	sing					
Other Revenue		s of contributions reported o See Part IV, line 18						
É	b	Less direct expenses .	F					
_	С	Net income or (loss) from f		vents 🛌				
	9a	Gross income from gaming See Part IV, line 19						
	ь	Less direct expenses .	ь					
		Net income or (loss) from ( Gross sales of inventory, le returns and allowances		ities				
	b	Less cost of goods sold	-					
		Net income or (loss) from s		ntory 🛌				
		Miscellaneous Revenue		Business Code				
	11a	MISC CORE SALES		900099	7,890			7,89
	b							
	С							
	d	All other revenue	[					
	e	Total. Add lines 11a-11d		• • • •	7,890			
	12	Total revenue See Instruc	TIONS	<b>∟</b> I				

	TV Statement of Europianal Evanges				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must son	anlata calumn (A.)	
Section					
Do no	Check if Schedule O contains a response or note to any line in t		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	215,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22	26,263			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	84,000			
b	Legal				
c	Accounting	14,734			
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)	1,220			
12	Advertising and promotion	1,523			
13	Office expenses	47,387			
14	Information technology	31,977			
15	Royalties				
16	Occupancy	34,805			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	207,135			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,410			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BANKRUPTCY ARCHIVES PRO	41,301			
b	INDUCTION FEES	24,200			
c	COMMUNICATION AND AUDIO	23,951			
d	TRAINING	15,000			
e	All other expenses	26,745			
25	Total functional expenses. Add lines 1 through 24e	797,651			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1 419.428 1 161.764 Cash-non-interest-bearing . . . . . . 2 Savings and temporary cash investments . . 313,358 2 566,807 104,550 3 3 176,475 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net . . . . . . 7 8 8 Inventories for sale or use . . . 9 58,199 9 31,227 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation . **10**c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 Other assets See Part IV, line 11 . . . . . . 895,535 16 936,273 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . **17 17** Accounts payable and accrued expenses . . 18 18 Grants payable 63,575 50,530 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 . . . . . . . . . . . . . . . . . . 63.575 50.530 26 26 **Total liabilities.**Add lines 17 through 25 . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 512,960 27 555 077 Unrestricted net assets . . . . . . 28 319,000 28 330,666 Temporarily restricted net assets . . . . . . 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 831,960 33 885.743 Total net assets or fund balances Total liabilities and net assets/fund balances . . . . . . . . . . . 895.535 936.273

-01111	990 (2015)			- 1	age <b>⊥</b> ⊿
Par	Reconcilliation 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		8	351,486
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	797,651
3	Revenue less expenses Subtract line 2 from line 1	3			53,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	31,960
5	Net unrealized gains (losses) on investments	5			-52
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			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	385,743
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493207005136

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of the organization AMERICAN COLLEGE OF BANKRUPTCY

**Employer identification number** 

art I-A	Complete if the organization is exempt under section 501(c) or is a	section 527 organization

1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
olıt	ical expenditures	
Þ		
		\$
3		

Part I-B	Complete if the	organization is	exempt under	section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

☐ Yes ☐ No

Volunteer hours

If "Yes," describe in Part IV

Part I-C	Complete if the organi	zation is exempt under	section 501(c),	except section	501(c)(3).
----------	------------------------	------------------------	-----------------	----------------	------------

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
	▶	

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

►		
		\$
3	Total exempt function expanditures, Add lines 1 and 2. Enter here and on Form 1120-POL, line 17h	

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6				

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$ ).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

For each "Yes" ı	filed Form 5768 (election under section 501(h)).	(a)	(b)
ctivity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	]
<b>a</b> olunteers?			•
<b>b</b> Paid star	f or management (include compensation in expenses reported on lines 1c through 11)?		
<b>c</b> Iedia advertis	ements?	'	
	I		
d			
allings to me	mbers, legislators, or the public?		
<b>e</b> Publicat	 ons, or published or broadcast statements?		
<b>f</b> Grants to			
<b>g</b> Direct co			
<b>h</b> Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> ther activitie	s?		
	- 		
j otal Addline	a 1 a through 1.		
	s 1c through 1:		
	ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		_
	enter the amount of any tax incurred under section 4912		
	enter the amount of any tax incurred by organization managers under section 4912		<u> </u>
	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04(=)(F)	
Part III-A	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c)(5),	
<b>1</b> Were sul	ostantially all (90% or more) dues received nondeductible by members?	[	Yes         No           1         No
2 Did the o	rganization make only in-house lobbying expenditures of \$2,000 or less?		<b>2</b>   Yes
3 Did the o	rganization agree to carry over lobbying and political expenditures from the prior year?		3 No
Part III-B	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
<b>1</b> ues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
<b>a</b> urrent year			
2a			
b			
arryover from	last year		
2b c			
otal			
<b>2c</b>   <b>3</b> Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
fnotices were	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
loes the organ			
loes the organ			
oes the organ olitical expen	amount of lobbying and political expenditures (see instructions)	5	
oes the organ olitical expen	amount of lobbying and political expenditures (see instructions)  Supplemental Information	5	
oes the organ olitical expended 4  5 Taxable  Part IV  Provide the of			I-A, lines 1 and

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

DLN: 93493207005136

OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	<b>me of the organization</b> ERICAN COLLEGE OF BANKRUPTCY		Emple	oyer identification number
				759771
Pa		• <b>Advised Funds or Other Similar</b> ed "Yes" on Form 990, Part IV, line 6.		or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	<del>_</del>	onor advis	red <b>Yes No</b>
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the			purpose <b>Yes No</b>
Da	conferring impermissible private benefit?  rt II	ate if the organization answered "Ves"	' on Form	<u> </u>
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recressive Protection of natural habitat  Preservation of open space	ne organization (check all that apply) eation or education)	an historio a certified	cally important land area historic structure
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution i	n the form	of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
С	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra tax year ▶	nsferred, released, extinguished, or termina	ated by the	e organization during the
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy regard violations, and enforcement of the conservation of	ding the periodic monitoring, inspection, ha	andling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	rcing cons	ervation easements during the
7	A mount of expenses incurred in monitoring, inspi	ecting, handling of violations, and enforcing	conserva	tion easements during the year
8	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of s	ection 17	0(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ		
Par	t III Organizations Maintaining Collec	ctions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.		er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its reverses held for public exhibition, education	/enue stat n, or resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, educatio		
(	i) Revenue included on Form 990, Part VIII, line	1	<b>►</b> \$_	
<b>(</b> i	i) Assets included in Form 990, Part X		<b>►</b> \$	
2	If the organization received or held works of art, following amounts required to be reported under s		for financ	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

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

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
	) -		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 <b>Part VIII</b> Investments—Program Related	)		
Complete if the organization answe	red 'Yes' on Form 990	), Part IV, line 11c. <sub>Se</sub>	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l 'Yes' on Form 990,	Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Faderal income toyee			
Federal Income taxes			
		$\dashv$	
		_	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	851,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -52		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-52
3	Subtract line <b>2e</b> from line <b>1</b>	3	851,486
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	851,486
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	797,651
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	797,651
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	797,651

### Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE COLLEGE BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

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

DLN: 93493207005136 OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer Identifi	cation number
AMERICAN COLLEGE OF BANK	RUPTCY					52-1759771	
Part I General Inform	ation on Grants	and Assistance					
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the org</li> </ul>	to award the grants	orassistance?				ssistance, and	F Yes Γ ۱
			<b>mestic Governments.</b> Olditional space is neede		ızatıon answered "Yes" o	on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL CONFERENCE OF BANKRUPTCY JUDGES 954 LA MIRANDA STREET LAGUNA BEACH, CA 92651	75-6036768	501(C)(6)	5,000				2014 NEXT GENERATION SPONSORSHIP
(2) AMERICAN COLLEGE OF BANKRUPTCY FOUNDATION P O BOX 249 STANARDSVILLE,VA 22973	01-0656156	501(C)(3)	210,000				GRANT FOR 2014 PR BONO REGRANTS
2 Enter total number of section		_					1
3 Enter total number of other For Paperwork Reduction Act Notice				Cat No 50055F			1 edule I (Form 990) 2015
roi rapeiwoik keduction Act Notic	e, see me instruction	5 IUI FUI III <b>39</b> 0.		Cat NO 200221	-	Scn	Eurie I (Loi iu 220) 7012

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) JUDICIAL TRAVEL SCHOLARSHIP	28	26,263			
Dark TV Supplemental Informat	ion Drovido the info	rmation required in D	art I ling 2 Dart III	column (b) and any other	additional information

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
,	GRANTEES ARE REQUIRED TO SUBMIT A REPORT A PRO BONO COMMITTEE SCREENS APPLICATIONS, MAKES GRANTS, AND MONITORS REPORTS FROM GRANTEES

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493207005136

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF BANKRUPTCY

Employer identification number

52-1759771

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	G CHRISTOPHER MEYER AND STEPHEN LERNER WORK FOR THE SAME LAW FIRM
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION CONTRACTS WITH ARMSTRONG & ASSOCIATES INTERNATIONAL, INC. TO PROVIDE MANA GEMENT, WEBSITE, CLERICAL AND FINANCE SUPPORT OF THE ORGANIZATION, INCLUDING THE SERVICES OF THE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS OVERSEES ARMSTRONG & ASSOCIATES INTERNAT IONAL INC.'S PERFORMANCE UNDER THE CONTRACT
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS SEVERAL CLASSES OF MEMBERS INCLUDING FELLOWS, HONORARY FELLOWS, INTER NATIONAL FELLOWS, AND EMERITUS FELLOWS ONLY THOSE PERSONS WHO HAVE MET AND CONTINUE TO ME ET THE STANDARDS OF QUALIFICATION REQUIREMENTS ARE ELIGIBLE TO BE FELLOWS, AND ARE ELECTED AND INDUCTED INTO FELLOWSHIP ONLY FELLOWS AND INTERNATIONAL FELLOWS HAVE VOTING RIGHTS A ND THE RIGHT TO HOLD OFFICE IN THE COLLEGE
FORM 990, PART VI, SECTION A, LINE 7A	ELIGIBLE MEMBERS, AND THOSE PRESENT AT THE MEETING, CAN VOTE FOR THE MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS FIRST REVIEWED BY THE BOARD CHAIR, PRESIDENT, TREASURER, AND FINANCE COMMITTEE. ONCE IT HAS BEEN REVIEWED, IT IS DISTRIBUTED TO THE FULL BOARD BEFORE BEING FILED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS AND OFFICERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM ON AN ANNUAL B ASIS THE ORGANIZATION'S EXECUTIVE DIRECTOR FOLLOWS UP FOR COMPLIANCE AND COMPLETION
FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES 620 STIPENDS 600
FORM 990, PART IX, LINE 24E	EQUIPMENT 14,800 PROGRAM MATERIALS 9,920 AWARDS 1,265 LICENSES 760
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR

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

DLN: 93493207005136

OMB No 1545-0047

2015

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

AMERICAN COLLEGE OF BANKRUPTCY 52-1759771 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a) (c) (e) (f) (g) Name, address, and EIN of related organization Exempt Code section Section 512(b) Primary activity Legal domicile (state Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1)AMERICAN COLLEGE OF BANKRUPTCY FOUNDATION TO PROMOTE THE VA 501(C)(3) LINE 11A, I PO BOX 249 EDUCATIONAL AND N/A CHARITABLE ACTIVITIES OF STANARDSVILLE, VA 22973 ТНЕ АСВ 01-0656156

Cat No 50135Y

**Related Organizations and Unrelated Partnerships** 

Schedule R (Form 990) 2015												Page <b>2</b>
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Yes	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentag ownershij
				314)			Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
-									<u> </u>

Part V Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations lis	sted in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)											
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No					
$oldsymbol{d}$ Loans or loan guarantees to or for related organization(s)				1d		No					
e Loans or loan guarantees by related organization(s)				1e		No					
f Dividends from related organization(s)				<b>1</b> f		No					
g Sale of assets to related organization(s)				1g		No					
<b>h</b> Purchase of assets from related organization(s)				1h		No					
i Exchange of assets with related organization(s)				1i		No					
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No					
I $$ Performance of services or membership or fundraising solicitations for related organization(s) $$ .				11		No					
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)				10		No					
p Reimbursement paid to related organization(s) for expenses				1p		No					
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No					
r Other transfer of cash or property to related organization(s)				$\vdash$	Yes						
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationships	and transaction thresholds								
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount in	ivolved						
L)AMERICAN COLLEGE OF BANKRUPTCY FOUNDATION	В	210,000	FMV								

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

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

revenue) that was not a related organization. See instructions																		
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(e) (f) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total Share of end-of-year	(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No						
												1	Ī					

## Part VII Supplemental Information

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

**Explanation** 

Return Reference

Schedule R (Form 990) 2015