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Form

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.

OMB No 1545-0047 2015 Open to Public

	Ear the 2015	calendar year, or tax year beginning , and ending	томинати		1 mopection
	theck if applicable	C Name of organization A C A Reasearch & Education	D	Employer	dentification number
		FDN Inc			
∟,′	Address change	Doing business as		Q_1'	395320
N	łame change			Telephone	
	nitial return	2830 Summer Oaks Dr			
	inal return/	City or town, state or province, country, and ZIP or foreign postal code			
	erminated	Bartlett TN_38134	G	Gross rece	eipts\$ 83,236
_ ∐ ′	Amended return	F Name and address of principal officer			· · · · · · · · · · · · · · · · · · ·
	Application pending	John S Oftebro	H(a) is this a group r	etum for si	ubordinates? Yes X No
		20911 Novelty Hill Rd	H(b) Are all subordin	nates inclu	rded? Yes No
		Redmond WA 98053	if "No," atta	ach a list ((see instructions)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
		N/A	H(c) Group exempti	on numbe	er 🕨
	Form of organization		ar of formation 197		M State of legal domicile TN
********		ummary			
		escribe the organization's mission or most significant activities:			
as l		Schedule O			
ũ	500	benedate o			
'n.					
Ş.			0, 6, ,		
တိ		his box if the organization discontinued its operations or disposed of more than 25	% of its net asse	1 1	^
2016) Activities & Governance		of voting members of the governing body (Part VI, line 1a)		3	0
ties		of independent voting members of the governing body (Part VI, line 1b)	-	4	0
		mper of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
ZUIC Activi		mber of volunteers (estimate if necessary)		6	0
6		related business revenue from Part VIII, column (C), line 12		7a	0
щ	b Net unr	elated business taxable income from Form 990-T, line 34		7b	0
			Prior Year		Current Year
⊇ ક્		utions and grants (Part VIII, line 1h)		250	42,394
e i		n service revenue (Part VIII, line 2g)	/ 1 ,	259	33,536
SCANNED JUL Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)		54	106
Z		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		220	7,200
\$		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,	533	83,236
3		and similar amounts paid (Part IX, column (A)—lines 1–3)			0
Q	14 Benefits	paid to or for members (Part IX, column (A) line 4)			0
es		, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
penses	16a Profess	nonal fundraising fees (Part IX-column (A), line 11(e)			0
ğ	b Total fu	1 (0)			
Ä	17 Other e	xpenses (Part IX, column (A) lines 11a-11d-11f-24e)		120	111,390
	18 Total ex	penses Add lines 13–17 (must equal Partix) column (A); line 25)		120	111,390
		e less expenses Subtract line 18 from line 12		587	-28,154
s or			Beginning of Curren		End of Year
Net Assets or Fund Balances	20 Total a	sets (Part X, line 16)	<u>797,</u>		738,702
ag t	21 Total lia	bilities (Part X, line 26)	<u>272,</u>		241,945
		ets or fund balances. Subtract line 21 from line 20	525,	238	496,757
		ignature Block			
Uı	nder penalties	f penury, I declare that I have examined this return, including accompanying schedules and staten complete. Declaration of preparer (other than officer) is based on all information of which preparer	nents, and to the bo	est of my	y knowledge and belief, it is
	Je, correct, and	complete Declaration of preparer (officer trial officer) is based on an information of which preparer	rias ariy knowledg	 	13.11
				$\perp \mathcal{U}$	130/16
Siç		Signaflure of officer		Date	•
He	re	Dana Easton Secret	ary		
		Type or print name and title	1-:		
		pe preparer's name Preparer's signature Aurick CPA Preparer's signature Aurick CPA	Date 7	Check	f PTIN
Pai	Davi	1 2 2	06/20/1	6 self-em	
	parer Firm's		Firm	s EIN 🕨	<u>62-1096736</u>
Use	Only	2755 SUMMER OAKS DR., SUITE 102			
	Firm's	ddress ▶ BARTLETT, TN 38134	Phor	пе по	<u>901-386-1150</u>
May	the IRS disc	uss this return with the preparer shown above? (see instructions)			Yes No
		duction Act Notice, see the separate instructions.			Form 990 (2015)
DAA					1000

DAA

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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	X	
b				₹.
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
đ	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	x	
е		11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • •		
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
þ	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		\mathbf{x}
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			١
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	00/	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$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		X
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	!		ļ
	disqualified persons? if "Yes," complete Schedule L, Part II	26	ļ ·	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	}	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		<u> </u>	
-	conservation contributions? If "Yes," complete Schedule M	30		_x_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	"		
٠.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
72	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>-</u>		1
55	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	00		 -
-	or IV, and Part V, line 1	34		x
35a		35a	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	100	 	<u> </u>
.,	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	336		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	x
37		36	+-	 **
31	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,	27		x
20	Part VI	37	┼┈	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		x
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	<u> </u>

14a

14b

X

13c

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) A C A Reasearch & Education 58-1395320 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 $|\mathbf{X}|$ 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 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. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Did the organization have local chapters, branches, or affiliates? 10a Х 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ TN 17 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 X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: >

2830 Summer Oaks Dr

TN 38134

Dana Easton

Bartlett

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OIM 990 (2015)	_	_	~	Keasearch	Œ	Budgation

58-1395320

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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

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1035-MISC)	organization and related organizations		
(1)Dana Easton				\vdash	_	_						
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00											
Secretary	0.00	}		X				0	0	0		
(2) John S Oftebro												
	0.00							_	_			
President	0.00			X				0	0	0		
(3) Thomas J Hunt			İ									
M	0.00			x						o		
Treasurer	0.00		\vdash	^	\vdash	\vdash		0	0	<u> </u>		
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)		-										
(11)												
						\perp						

Pa	rt VII Section A. Officers	, Directors, Tru	ıste	es, F	(ey l	Emp	loye	es,	and Highest Compensate	ed Employees (continued)		
(A) Name and title		(B) (C) Average Position hours per (do not check more than one box, unless person is both a officer and a director/trustee hours for						an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est am comp	(F) umated ount of other eensation om the	-
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	(W-2/1099-MISC)	(W-2 1033-MISC)	orga and	nization related nizations	
							_						
								,				·	
1b c	Sub-total Total from continuation she	eets to Part VII,	Sec	tion	Α	l	.I	>					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not	limit	ed to	tho	se lı	sted	abo	ve) who received more that	an \$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, di	recto	or, oi	r trus	stee,	key	emp	ployee, or highest compens	sated	3	Yes	No X
4	For any individual listed on lin organization and related organization	e 1a, is the sum	of r	epor	table	e co	mper	nsat			4		x
5 Sect	Did any person listed on line for services rendered to the oion B. Independent Contract	rganization? If "								or individual	5		х
1	Complete this table for your fi compensation from the organ	ve highest comp ization. Report of	oens	ated	inde atıor	per for	dent	cor	ntractors that received morndar year ending with or w	e than \$100,000 of ithin the organization's tax	year		
		(A) I business address								(B) phon of services		(C) Compens	sation
								<u> </u>					
													
_													
2	Total number of independent received more than \$100,000	contractors (inc	ludir	ng bu	ut no	t lim	ited i	to th	ose listed above) who				
DAA	TOOCIVED HIDTE HIATT \$ 100,000	or compensation	/11 II (<u> </u>	16 01	yail	الحطاا	/11			L	Form 99	0 (2015)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax revenue under sections revenue 512-514 , Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d Program Service Revenue Contributions, e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 42,394 g Noncash contributions included in lines 1a-1f \$ 42,394 h Total. Add lines 1a-1f Busn. Code Conference Income 17,360 17,360 2a 16,176 16,176 b Other Program Service f All other program service revenue 33,536 Total. Add lines 2a-2f Investment income (including dividends, interest, 106 106 and other similar amounts) Income from investment of tax-exempt bond_proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities \blacktriangleright 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 7,200 7,200 11a Rent Income þ С All other revenue 7,200 Total. Add lines 11a-11d

83,236

40,842

0

Total revenue. See instructions

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			omplete column (A).	
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	bb, 9b, and 10b of Part VIII.	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				
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, lıne 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)		İ		
	Management				
	Legal			2 2 2	
	Accounting	2,050		2,050	
	Lobbying				
e	,				
f	Investment management fees				
g	` '				
4.0	(A) amount, list line 11g expenses on Schedule O)	675			
	Advertising and promotion	675	675	220	
13	Office expenses	238 951		238 951	
14	Information technology	321		321	
15	Royalties	4,297		4,297	M
16	Occupancy	4,49/		4,291	
17	Travel				
18	Payments of travel or entertainment expenses		:		
19	for any federal, state, or local public officials Conferences, conventions, and meetings	19,313	19,313		
20	Interest	12,611	17,313	12,611	
21		12,011			
22	· · · · · · · · · · · · · · · · · · ·	9,178	76	9,102	
23	Insurance	1,066		1,066	
24				_,	
	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а		47,346	47,346		
b	Personnell expenses	13,500	13,500		
С	Taxes & licenses	165		165	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	111,390	80,910	30,480	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 86,489 133,842 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(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 396,692 292,703 Notes and loans receivable, net 8 Inventories for sale or use 5,000 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a <u>475,250</u> 266,250 10b 206,314 10c 268,936 b Less: accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments---program-related See Part IV, line 11 14 14 Intangible assets 43,221 15 43,221 15 Other assets. See Part IV, line 11 797,652 738,702 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 4,922 3,370 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 234,104 <u>267,492</u> of Schedule D 272,414 26 241,945 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 475,238 446,757 27 Unrestricted net assets 28 Temporarily restricted net assets 50,000 50,000 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 Paid-in or capital surplus, or land, building, or equipment fund 31 Net Retained earnings, endowment, accumulated income, or other funds 32 32 525,238 496,757 Total net assets or fund balances 33 797,652 738,702 Total liabilities and net assets/fund balances

Form 990 (2015)

Form	990 (2015) A C A Reasearch & Education 58-1395320			Page	12
Рa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			ſ	\neg
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	3,2	36
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	$1,\bar{3}$	90
3	Revenue less expenses. Subtract line 2 from line 1	3	- 2	8,1	54
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52	5,2	38
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		- 3	27
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	49	6,7	<u>57</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes I	No
1	Accounting method used to prepare the Form 990		_		
	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?		2a	1.	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	
	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?		2b		<u>X</u>
	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?		2c		
	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			1	
	the Single Audit Act and OMB Circular A-133?		3a		
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	L	

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.

OMB No 1545-0047

Open to Public Inspection

A C A Reasearch & Education Name of the organization

FDN Inc

Employer identification number 58-1395320

P	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	<u>te this part.) See instruct</u>	tions.					
The	orga	inization is not	a private foundation becau	se it is: (For lines 1 through 11,	check or	aly one bo	ox.)						
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)	(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990 or	990-EZ))						
3		A hospital or	a cooperative hospital serv	ice organization described in se	ection 17	0(b)(1)(A	s)(iii).						
4		A medical re	search organization operate	ed in conjunction with a hospital	describe	d in sect	ion 170(b)(1)(A)(iii). Enter the	hospital's name,					
	_	city, and stat	e:										
5		An organizat	on operated for the benefit	of a college or university owner	d or opera	ated by a	governmental unit described i	n					
	_		b)(1)(A)(iv). (Complete Par		•	-							
6				governmental unit described in	section 1	70(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	X			1) more than 33 1/3% of its sup	-	contribu	tions, membership fees, and o	aross					
				npt functions—subject to certai			· · · · · · · · · · · · · · · · · · ·						
				nd unrelated business taxable i									
			-	30, 1975 See section 509(a)(2			•						
10			=	exclusively to test for public sa			•						
11	П	-		exclusively for the benefit of, to	-			poses of					
		one or more	publicly supported organiza	tions described in section 509	(a)(1) or s	ection 5	09(a)(2). See section 509(a)(3). Check					
				scribes the type of supporting of									
а		Type I. A sup	porting organization operat	ted, supervised, or controlled by	ıts supp	orted org	anization(s), typically by giving)					
				to regularly appoint or elect a n									
		organization	You must complete Part	IV, Sections A and B.			•	-					
b		Type II. A su	pporting organization super	vised or controlled in connectio	n with its	supporte	d organization(s), by having						
		control or ma	nagement of the supporting	organization vested in the san	ne person	s that co	ntrol or manage the supported	i					
		organization(s). You must complete Pa	rt IV, Sections A and C.									
С		Type III fund	tionally integrated. A supp	porting organization operated in	connecti	on with, a	and functionally integrated with	٦,					
		its supported	organization(s) (see instruc	ctions) You must complete Pa	art IV, Se	ctions A	D, and E.						
d		Type III non-	-functionally integrated. A	supporting organization operat	ted in con	nection v	with its supported organization	(s)					
		that is not fur	nctionally integrated. The or	ganization generally must satis	fy a distril	bution red	quirement and an attentivenes	S					
		requirement	(see instructions) You mus	t complete Part IV, Sections .	A and D,	and Par	t V .						
е		Check this be	ox if the organization receive	ed a written determination from	the IRS t	hat it is a	Type I, Type II, Type III						
		functionally in	ntegrated, or Type III non-fu	inctionally integrated supporting	organiza	ation.		<u></u>					
f	En	ter the numbe	r of supported organizations	5									
<u>g</u>	Pro	ovide the follow	ving information about the s	upported organization(s).									
(•	e of supported	(ii) EIN	(III) Type of organization	(rv) is the o		(v) Amount of monetary	(vi) Amount of					
	or	ganization		(described on lines 1–9 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)					
							mod decions)	wish delibrity					
			· · · · · · · · · · · · · · · · · · ·		Yes	No							
(A)													
(B)		<u> </u>	, - · - · · · · · · · · · · · · · · · ·	•	<u> </u>								
(C)													
(D)													
(E)					-								
T. 4	_,												
Tota	41		[1	L							

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

~~	don A. i done ouppoit							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.					_	2	
13	First five years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	year as a section s	501(c)(3)		
	organization, check this box and stop he							>
	tion C. Computation of Public S							
14	Public support percentage for 2015 (line 6		-	mn (f))		<u></u>	4	<u>%</u>
15	Public support percentage from 2014 Sch	•		- 40	00.4/00/	<u> </u>	5	<u></u> %
16a	• • • • • • • • • • • • • • • • • • • •				is 33 1/3% or more	e, cneck this		. □
ь	box and stop here. The organization qua		• •		- 45 22 4/20/			
ь	33 1/3% support test—2014. If the organ check this box and stop here. The organ				e 15 15 33 1/3% 01	more,		▶ □
17a	10%-facts-and-circumstances test—20	-		-	16a or 16b and	line 14 is		
114	10% or more, and if the organization meet Part VI how the organization meets the "fa	ts the "facts-and-	circumstances" tes	st, check this box	and stop here. Ex	xplain in		
b	organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization							▶ []
	Explain in Part VI how the organization m							
	supported organization							▶ []
18	Private foundation. If the organization d instructions	id not check a box	con line 13, 16a, 1	6b, 17a, or 17b, o	check this box and	l see		> [

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.)

Calend	ion A. Public Support lar year (or fiscal year beginning in) ▶	(-) 0044					
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
' f	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,704	13,097	16,646		42,394	91,841
2 (Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,213	7,247	21,877	78,533	40,842	155,712
	Gross receipts from activities that are not an unrelated trade or business under section 513					_	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	26,917	20,344	38,523	78,533	83,236	247,553
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			¥			247,553
Sect	ion B. Total Support						
Calenc	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 ,	Amounts from line 6	26,917	20,344	38,523	78,533	83,236	247,553
i	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c .	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11,			T			
	and 12.)	26,917	20,344	38,523	78,533	83,236	247,553
	First five years. If the Form 990 is for the	•	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	01(c)(3)	
	organization, check this box and stop her ion C. Computation of Public S		taga				<u> </u>
	Public support percentage for 2015 (line 8			mp (fl)		15	100.00%
	Public support percentage from 2014 Sch		•	1111 (1))		16	100.00%
	ion D. Computation of Investme						100.00 /0
	Investment income percentage for 2015 (3, column (f))		17	%
	Investment income percentage from 2014		<u>-</u>	.,,		18	%
	33 1/3% support tests—2015. If the orga			e 14, and line 15 i	s more than 33 1/	3%, and line	
	17 is not more than 33 1/3%, check this b		-				► X
	33 1/3% support tests—2014. If the orgaline 18 is not more than 33 1/3%, check the						▶ [
	Private foundation. If the organization di		=	•		-	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Ave all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated by desis or purpose, describe the designation. If No interest the designation is this support organization and continued the supported organization and the supported organization have an IRS determination of status under section 509(e)(1) or (2) "I" "Yes," explain in Part VI how the organization in the supported organization have an IRS determination of status under section 509(e)(1) or (1) "I" "Yes," explain in Part VI how the organization organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(e)(2)? If "Yes," describe in Part VI when and how the organization made the determination by the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(6) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 2 Was any supported organization of organized in the United States ("foreign supported organization?")? If "Yes," and If you checked 11a or 11 bin Part I, answer (b) and (c) below 5 Did the organization are organized in the United States ("foreign supported organization?" If "Fes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its untyported organization used to essible being controlled or supervised by or in connection with its untyported organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes 5 Did the organization and describes in Part VI how the organization was used acclusively for section 170(c)(2)(8) purposes 5 Did the organization and substitution the residue organization was used acclusively for section 170(c)(2)(8) purposes 5 Did the organization and	-	on A. An outpoining organizations			
documents? If "No." describe in Part M how the supported organizations are designated. If designated by class or purpose, describe the designation, If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization may determined that the supported organization may determined that the supported organization may determined that the supported organization or supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 503(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization made the determination of the public support to such organization supported organization made the determination. Did the organization in Part VI what controls the organization put in place to ensure such use. Was any supported organization in Part VI what controls the organization put in place to ensure such use. Was any supported organization in the United States ("foreign supported organization")? If "Yes," describe in Part VI who the organization in the foreign supported organization in Part VI who the organization in If Yes," describe in Part VI who the organization and discretion despite being controlled or supervised by or in connection with its supported organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what cont		A selection of the second of t		Yes	No_
class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization of the supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization made the determination Did the organization nessure that all support to such organization by under section 170(c)(2)(8) purposes? If "Yes," replain in Part VI what controls the organization by under section 170(c)(2)(8) purposes? If "Yes," describe in Part VI how the organization supported organization? If "Yes," describe in Part VI how the organization supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or no connection with its supported organizations and despite being controlled or supervised by or no connection with its supported organization and despite being controlled or supervised by or no connection with its supported organizations and that describes in Part VI, including (i) the names and Elin numbers of the supported organizations organization and the supported organizations organization was used exclusively for section 170(c)(2)(8) purposes Did the organization and did substituted, or remove any supported organization part of a class already designated in the organization or organization organization part of a class already designated in the organization organizations organizations organization	1			- 1	
2 Dit the organization have any supported organization that does not have an IRS determination of status under section 509(4) (1 or (2) If "Yes," along this public supported organization determined that the supported organization was described in section 509(a) (1) or (2). 3 Did the organization have a supported organization described in section 501(c) (4), (5), or (6) If "Yes," answer (b) and (c) below 4 Did the organization confirm that each supported organization qualified under section 501(c) (4), (5), or (6) and satisfied the public support tests under section 509(a) (2)? If "Yes," describe in Part VI when and how the organization made the determination 5 Did the organization on rotife that all support to such organization put in place to ensure such use. 4 Was any supported organization in the United States (Toregon supported organization) (7) If "Yes," and If you checked 11a or 11 to IP Part I, answer (b) and (c) below 5 Did the organization have ultimate control and discretion in deciding whether to make grants to the foregon supported organization value and in the United States (Toregon supported organization) (4) and (c) below of paginization) and such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4 Did the organization support any foregon supported organization had such control and discretion under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," despite in Part VI have the organization had such control and discretion under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foregon supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, induding (i) the names and EIIN numbers of the supported organizations dissellated organization solutions of the supported organizations organization part of a class already designated in the organization's organization's organizat				1	
under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(4) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," discribe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain that controls the organization put in place to ensure such use. 3b Did the organization in Part VI what controls the organization put in place to ensure such use. 3c Did the organization are vicinity in Part I, answer (b) and (c) below b Did the organization are ultimate control and discretion in deciding whether to make grants to the foreign supported organization supported organization and septic bening controlled or supervised by or in connection with its supported organizations despite bening controlled or supervised by or in connection with its supported organizations and discretion despite bening controlled or supervised by or in connection with its supported organizations under sections 501(c)(3) and 509(a)(1) or (2) If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2) If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2) If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2) If "Yes," explain in Part VI, including (i) the names and Elix numbers of the supported organizations organization document? 5b Did the organization provide supported organizations organizations organization supported organizations organizations organizations organizations organizations	_		-		
organization was described in section 504(a)(1) or (2). a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (9) and (0) below b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 508(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Did the organization resure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11 or 11 to in Part I, answer (6) and (c) below b Did the organization have ultimate control and discretion despite being controlled or supervised by or in connection with its supported organizations or under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization or under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organizations that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organizations added, substituted, or removed action; and (iv) how the action was accomplished (such as by amendment to the organizations during the tax year? If "Yes," answer (b) and (iv) how the action was accomplished (such as by amendment to the organizat	2				
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	- 1		,
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		- 1	
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).	
				,
2 /	Activities Test. Answer (a) and (b) below.	·····	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	1 11, 11 11 11 11 11 11 11 11 11 11 11 1	1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_	L	

Schedule A (Form 990 or 990-EZ) 2015 A C A Reasearch & Educati		58-1395	320 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or			All
other Type III non-functionally integrated supporting organizations must complete Se	ections A th	rough E.	T (5) 5 11/
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	- -	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A (Form 990 or 990-EZ) 2015 A C A Reasearch		58-1395	320 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	·-		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			· · <u>-</u>
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
. <u>-</u>	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	-		
2	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				······································
b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)		*************************************	7
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
7	D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	- 		
	Remaining underdistributions for years prior to 2015, if			
5	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			[
U	•			
	and 4b from line 1 (if amount greater than zero, see			
7	instructions).			
7	Excess distributions carryover to 2016. Add lines 3 _j			
	and 4c			
8	Breakdown of line 7.			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
	Excess from 2014 Excess from 2015			
e	EXCESS HUIT ZUTO	•	ł	t

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 A C A Reasearch & Education

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Part VI

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

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No 1545-0047

	of the organization C A Reasearch & Education		Employer id	dentification number
	ON Inc		58_13	395320
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	<u> </u>		
2	Aggregate value of contributions to (during year)			- 1. · ·
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	- 1 1		·
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised	•	
_	funds are the organization's property, subject to the organization's exc			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	•		
-	only for charitable purposes and not for the benefit of the donor or do			
	conferring impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on	Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organization (chec			· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recreation or education)	·· */	oortant land	Larea
	Protection of natural habitat	Preservation of a historically imp		
	Preservation of open space	Treservation of a certified histor	ic structure	
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a con	servation	
-	easement on the last day of the tax year.		£	leld at the End of the Tax Year
а	Total number of conservation easements		2a	TOTAL CHILD ENGL OF CHILD THAT TOUR
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c	· · · · · ·
	Number of conservation easements included in (c) acquired after 8/17	` '		· · · · · · · · · · · · · · · · · · ·
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organi	zation durii	ng the
	tax year	, ,		
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mo			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	n easemen	ts during the year
7	Assume of expenses included in monitoring increasing bondling of the			the
7	Amount of expenses incurred in monitoring, inspecting, handling of views \$	olations, and emorcing conservation eas	ements au	ring the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(F	21/11	
0	and section 170(h)(4)(B)(ii)?	the requirements of section 170(11)(4)(L	?/\' <i>\</i>	Yes No
9	In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense statem	nent and	
Ŭ	balance sheet, and include, if applicable, the text of the footnote to the			the
	organization's accounting for conservation easements	· g		
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		r Simila	r Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement an	d balance	sheet
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and ba	alance she	et
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items:	•		
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, of	or other similar assets for financial gain,	provide the	
	following amounts required to be reported under SFAS 116 (ASC 958	s) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2015 A C A Re	asearch &	Education		58-1	<u>395320</u>)		Pa	ge 2
collection terms (check all that apply): a	Pa	rt III Organizations Maintaini	ng Collections o	of Art, Historica	l Treasures	, or Oth	er Simila	ar Asse	ts (cont	inue	d)
b	3		ssion, and other recor	ds, check any of the	following that	are a sign	ificant use	of its		-	
b	а	Public exhibition	d 🗌	Loan or exchange p	rograms						
Proviser adsorption for future generations	b	-	e 🗖		J						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5			- 🗀								
SUII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Vescriow and Custodial Arrangements. It is the organization an aspert, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization arrangement in Part XIII and complete the following table. Ces Beginning balance It is the organization and the year It is did the organization and the pear in Part XIII and complete the following table. Ces Distributions during the year It is did the organization and the pear in Part XIII (these there if the explanation has been provided on Part XIII. Part Vescriow and the arrangement in Part XIII (these there if the explanation has been provided on Part XIII. 1a Beginning of year balance It is did comment Funds. Very part Ivi, line 10 1a Beginning of year balance It is complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance It is complete the form organization answered "Yes" on Form 990, Part IV, line 10 1b Administrative expenses If and of year balance Other expenditures for facilities and programs It is the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Beginning of year balance Other expenditures for facilities and programs It is the complete did not in the possession of the organization that are held and administered for the creamization by: (I) urreleted organizations It is the intermediation answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended	4		collections and expla	un how they further t	he organizatio	n's exemp	t purpose n	n Part			
Source Description Descr	•			,							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an aspert, trustiee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b if "Yes, "Spalan the arrangement in Part XIII and complete the following table c Beginning balance c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2	5		it or receive donations	of art historical tre	asures or othe	er sımilar					
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No b If "Yes," explain the arrangement in Part XIII and complete the following table □ Beginning balance □ Additions during the year □ Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ■ Tart V ■ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 ■ Beginning of year balance □ Contributions □ Reginning of year balance □ Contributions □ Not investment earnings, gains, and losses □ Grants or scholarships □ Officer expenditures for facilities and programs □ Administrative expenses □ End of year balance □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. □ Board designated or quasi-endowment ► % □ Permanent endowment ► % □ Permanent endowment F % □ Permanent endowment funds not in the possession of the organization that are held and administered for the organization by □ (i) unrelated organizations □ If Yes No (ii) related organizations □ If Yes No (iii) related organizations □	•			·					Ye	s	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	Pa	**********		perior uno organización							
1a Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! yes No If Yes', explain the arrangement in Part XIII and complete the following table Amount 1c Amou		Complete if the organizati		s" on Form 990,	Part IV, line	e 9, or re	eported a	n amou	nt on Fo	rm	
neduded on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	10		odian or other interme	diany for contribution	ne or other see	ote not					
b If Yes,* explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	14		odian of other interme	salary for contribution	ns or other ass	icts not			□ ve	. F	No
C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? bif "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance b Contributions C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment ▶ % C Temporarily restricted endowment londs D if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describen of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (_		III and complete the f	following table						·5	140
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete lif the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Not investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizatio	D	ir res, explain the arrangement in Part A	and complete the i	ollowing table			<u> </u>		Amoun	<u> </u>	_
d Additions during the year Destributions during the year Ending balance Tending balance Ten	_	Damina halana					⊢		71110011		
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		•									_
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Part V Endowment Funds. Part V Endowment Funds.	-	• ,									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Pervote the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶ % c Temporanily restricted endowment ▶ % b Permanent endowment India not in the possession of the organization that are held and administered for the organization by (ii) inelated organizations b if "Yes" on line 3d(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value (other) (b) Buildings c Leasehold improvements d Equipment c Claim Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶ 55,000	e										
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance	7	•	- F 000 D V I	04 for				, <u> </u>	□ v _e	_	l Na
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years have years years years years years years years years years years years years ye		-				-	<i>((</i>		<u> </u>	's	NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization of the current pass (a) Cost or other bass (b) Cost or other bass (c) Accumulated deprecation (d) Book value (d) Bo			till Check here if the	explanation has bee	n provided on	Part Aili	•				
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations 2 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (iii) Buildings c Leasehold improvements d Equipment c Cleasehold improvements d Equipment d Cleasehold improvements d Equipment c Other	Pa		on annwared "Vo	o" on Form 000	Port IV line	. 10					
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				-17 -17 - 75	40. \	L	 v-	_ _		<u> </u>	~~~
	iota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, P	aπ x, column (B), lin	ie 1UC)			<u> </u>			

Schedule D (Form 990) 2015 A C A Reasearch & Ed	lucation	58-1395320	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	on
	(including name of security)		Cost or end-of-year marke	et value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				<u> </u>
, (F)			.,	
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	<u>.</u>		
1 4.4 7.11	Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(4) 2333. 2333. 37. 3333. 33	(-,	Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)			-	
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
1 412 170	Complete if the organization answered "Yes"	on Form 990. Part IV. II	ne 11d. See Form 990. Par	t X. line 15.
	(a) Description			(b) Book value
(1)	Pharmacy artifacts	· 		43,22
(2)				
(3)				
(4)	\			
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				· · · · · · · · · · · · · · · · · · ·
(7)			1.7	····
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		>	43,22
Part X	Other Liabilities.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 9	90, Part X,
	line 25.	,		
1.	(a) Description of liability	(b) Book value		
	Il income taxes			
(2) Note	payable	234,104	1	
(3)		·	1	
(4)			†	
(5)			1	
(6)		<u> </u>	1	
(7)			1	
(8)			1	
(9)	- ** <u>-</u> ·		1	
	mn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	234,104	1	,
	, , , , , , , , , , , , , , , , , , , ,		***************************************	

Sche	dule D (Form 990) 2015 A C A Reasearch & Education	58-13953	20	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b] 1	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII.)	4b]	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pε	art XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18.)		5	

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

Schedule D (Form 990) 2015 A C A Reasearch & Education

Part XIII Supplemental Information (continued)

58-1395320

Page 5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

2015

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

Open to Public Inspection

Name of the organization

A C A Reasearch & Education FDN Inc

Employer identification number 58 – 1395320

Form 990 - Organization's Mission

The Foundation serves a three-fold purpose:

(1) To promote the public welfare through development of quality services in institutions providing health care, (2) To encourage and conduct research toimprove health care provided to the public, and (3) To encourage health care practitioners to improve the quality and availability of services to the public.

Form 990, Part III, Line 4d - All Other Accomplishment

The foundation maintains a resource center, which serves as an information for pharmacists and conducted training programs in a variety of related fields. The foundation also awards selected individuals who are conducting appropriate research on pharmaceutical and health care issues.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference

-327

Total

-327

\$