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DLN: 93493320133426

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

Open to Public Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www IRS qov/form990 Internal Revenue Service For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 D Employer identification number B Check if applicable DAVID M CROWLEY FOUNDATION Address change 75-2350254 % SANDRA L HALLMARK Name change Doing business as Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 8750 N CENTRAL EXPRESSWAY 1720 (214) 265-0555 Amended return City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75231 Application pending G Gross receipts \$ 8,700,583 Name and address of principal officer H(a) Is this a group return for SANDRA L HALLMARK subordinates? 8750 N CENTRAL EXPY 1720 Νo DALLAS, TX 75231 H(b) Are all subordinates Tax-exempt status ıncluded? 501(c) () **◄** (insert no) 4947(a)(1) or **√** 501(c)(3) If "No," attach a list (see instructions) Website: ► N/A **H(c)** Group exemption number ▶ L Year of formation 1990 M State of legal domicile TX **K** Form of organization ✓ Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF CHARITABLE AND EDUCATIONAL ORGANIZATIONS Activities & Governance 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets ${f 3}$ Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 O 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,000 8,000 Ravenue Program service revenue (Part VIII, line 2g) . . 9 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7.228.850 8,692,447 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,975 136 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 7.241.825 8.700.583 12) 3,000,000 3,652,952 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) O 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 337,097 429,645 5-10) 0 Professional fundraising fees (Part IX, column (A), line 11e) . 0 16a b Total fundraising expenses (Part IX, column (D), line 25) \triangleright 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,059,278 1,054,731 17 4,396,375 5,137,328 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,563,255 Revenue less expenses Subtract line 18 from line 12 2.845.450 19 Assets or Beginning of Current Year End of Year 122,488,046 126.871.849 20 Total assets (Part X, line 16) .

Signature Block

Total liabilities (Part X, line 26) .

Net assets or fund balances Subtract line 21 from line 20

21

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

	****		2016-11-15						
Sign	Signature of officer			Date					
Here	SANDRA L HALLMARK PRESIDENT								
	Type or print name and title								
Paid	Print/Type preparer's name BRUCE E BERNSTIEN	Preparer's signature BRUCE E BERNSTIEN	Date 2016-11-15	Check If self-employed	PTIN P01424343				
Preparer	Firm's name ► BRUCE E BERNS		Firm's EIN ▶						
Use Only	Firm's address ► 10440 N CENTR	AL EXPRESSWAY STE 1040		Phone no (214	706-0840				
———	DALLAS, TX 752	31							

2,991,314

123,880,535

✓Yes No

2,832,204

119,655,842

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

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25b

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28a

28b

28c

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Yes

Form 990 (2015)

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ΙV	Checklist of Required Schedules	(continued)	ī

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		No

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this				_
		effect if Schedule o contains a response of flote to any line in this	rarev	<u> </u>	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 7			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
		e organization comply with backup withholding rules for reportable payments to	vendors and reportable			
٠		g (gambling) winnings to prize winners?	· ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered	2a 3			
L	•	s return		2b	Yes	
U		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file			103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on ın Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnature or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count, or other financial	4a		
	accou	nt)?	•	70		No
Ь		s," enter the name of the foreign country				
	(FBAR	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and Financial Accounts			
5a	,	' he organization a party to a prohibited tax shelter transaction at any time durin	ig the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t	l l	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?		5 0		
٠	11 16	s, to line 3a of 3b, did the organization line form 6000-17		5c		
6a		the organization have annual gross receipts that are normally greater than \$10		6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont	I			
D		s," did the organization include with every solicitation an express statement th not tax deductible?	iat such contributions or gifts	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution		7a		No
		es provided to the payor?	ľ			
		s," did the organization notify the donor of the value of the goods or services pi		7b		
C		e organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282?		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots	7d			
_	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal henefit contract?			
Č	Dia tii	e organization receive any lands, uneerly of muneerly, to pay premiums on a p	craonar benefit contract.	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal benefit contract?	7 f		No
g		organization received a contribution of qualified intellectual property, did the o	rganızatıon file Form 8899 as	7g		
h	requir If the	organization received a contribution of cars, boats, airplanes, or other vehicles	· · · · · · · · · · · · · · · · · · ·	79		
		1098-C?		7h		
8	-	oring organizations maintaining donor advised funds.				
		donor advised fund maintained by the sponsoring organization have excess but I the year?	siness noidings at any time			
0-		, , , , , , , , , , , , , , , , , , ,	,	8 9a		
		e sponsoring organization make any taxable distributions under section 4966 e sponsoring organization make a distribution to a donor, donor advisor, or rela	ł	9a 9b		
10		on 501(c)(7) organizations. Enter	ited person?	90		
		tion fees and capital contributions included on Part VIII, line 12	10a			
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b			
_	facılıtı			!		
11	Section	on 501(c)(12) organizations. Enter	1			
		income from members or shareholders	11a			
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b			
17-	_	·	in hou of Form 10413	13-		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the	m neu or Form 10417	12a		
,	year	s, enter the unionic of the exempt interest received of accrued during the	12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the	organization licensed to issue qualified health plans in more than one state?	ote. See the instructions for			
		onal information the organization must report on Schedule O	1	13a		
b		the amount of reserves the organization is required to maintain by the states	13b			
_		ch the organization is licensed to issue qualified health plans				
		L	13c	14-		l No
		e organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	·	14a 14b		No
ע	11 16	5, has terrified a rothin 720 to report these payments it into, provide an explana	CONTIN SCHOOLE U	740		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 1a 5 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 ındependent 1b n Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes 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 with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

Own website | Another's website | ✓ Upon request | Other (explain in Schedule O)
9 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
►SANDRA L HALLMARK 8750 N CENTRAL EXPRESSWAY 1720 DALLAS, TX 75231 (214) 265-0555

16b

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
1) Sandra L Hallmark	38 0									
President		×		×				200,000	0	
(2) Nancy M Hornsby	0 0	x						12,000	0	
Board Member/Director	0.0									
(3) Mary Tabor Board Member/Director	0 3	×						16,000	0	
(4) Scott Hendrix Board Member/Director	0 3	×						12,000	0	
(5) Mike Caine	0.3									
TREASURER	0 0	×		Х				8,000	0	
			-		\vdash					

art VII	Section A. Officers,	Directors, Trust	es, Key Employees	, and Highest	Compensated Employees ((continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	han o on is a dire	one l both	an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
1b				•			>				
c c	Total from continuation she	•				•	. 🏲		248,000	0	0
d	Total (add lines 1b and 1c)				•	•			, , , , , , , , , , , , , , , , , , ,		
2	Total number of individuals (including but not	limited f	to the	ose I	ıste	d abov	e) wl	ho received more th	ian	

- \$100,000 of reportable compensation from the organization \blacktriangleright 1

,	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax y					
(A) Name and business address	(B) Description of services	(C) Compensation			

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

Yes

No

Form 99								Page 9
Part V	1111	Statement o						_
		Check If Schedu	ıle O contains a respon	se or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु द	1a	Federated camp	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c					
	d	Related organiz	ations 1d					
 ⊒	e	Government grants	(contributions) 1e					
ributi Other	f			8,000				
		similar amounts not included above Noncash contributions included in lines						
	g	g Noncash contributions included in lines 1a-1f \$						
Cont and	h	Total. Add lines	s 1a-1f	· · · •	8,000			
<u>ı</u>				Business Code				
Program Service Revenue	2a							
å	b							
AC.	С							
₹	d							
ran	e f	All other progra	ım service revenue					
₹og	'	-						
	g 3		2a-2f		0			
	3		ome (including dividenc ar amounts)		2,932,589			2,932,589
	4	Income from inves	tment of tax-exempt bond p	proceeds >	0			
	5	Royalties	() P1	· · · ▶	0			
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental incor	me or (loss)	•	0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	5,759,858					
	b c	Less cost or other basis and sales expenses Gain or (loss)	5,759,858					
	d	Net gaın or (los	s)		5,759,858			5,759,858
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding reported on line 1c)					
her	 	Loss direct ovi	a penses b					
ō	c		loss) from fundraising e	events >	0			
	9a	Gross Income fi See Part IV, lin	rom gaming activities e 19					
	ь	Less direct exi	penses b					
	l		loss) from gaming activ	vities	0			
	10a	Gross sales of i	inventory, less	•				
		returns and allo						
		Less cost of go	L		_			
	С	Net income or (loss) from sales of inve		0			
	11a	OTHER INCOM		Business Code 900099	136			136
	b	J.HERTIVOOP	· -					
	С							
	d	All other revenu	ıe					
	e	Total. Add lines	s 11a-11d	•	136			
	12	Total revenue.	See Instructions		8,700,583			8,692,583
					-,,-50			-,-,-,-

Part IX Statement of Functional Expenses

Check	ıf Schedule O	contains	a response or n	ote to any	line in this F	Part IX							

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,652,952	3,652,952		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	248,000	87,236	160,764	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	143,000	111,500	31,500	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	17,293		17,293	0
10	Payroll taxes				
		21,352	10,676	10,676	0
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,387		1,387	0
С	Accounting	63,128		63,128	0
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	744,326		744,326	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,182		2,182	
12	Advertising and promotion	0			
13	Office expenses	16,242		16,242	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	58,310		58,310	0
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	122,935		122,935	0
23	Insurance	11,589		11,589	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BOARD MEMBER FEES	-8,000		-8,000	0
b	FOREIGN TAXES PAID	41,947		41,947	0
С	BOARD MEETING EXPENSES	685		685	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,137,328	3,862,364	1,274,964	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)				

							raye 11		
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any lii	ne in th	ıs Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			0	1	0		
	2	Savings and temporary cash investments			5,983,463	2	8,149,687		
	3	Pledges and grants receivable, net			0	3	0		
	4	Accounts receivable, net			0	4	9,769		
	5	Loans and other receivables from current and former offit trustees, key employees, and highest compensated emp II of Schedule L							
Assets	6	section $4958(f)(1)$), persons described in section 4958 contributing employers and sponsoring organizations of	Loans and other receivables from other disqualified persons (as defined undesection $4958(f)(1)$), 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						
A S:	7	Notes and loans receivable, net			0	7	0		
	8	Inventories for sale or use			0	8			
	9				7,766	9	7,727		
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis	 I	7,700	-	7,121			
	104	Complete Part VI of Schedule D	10a	286,789					
	ь	Less accumulated depreciation	10b	184,486	130,266	10c	102,303		
	11	Investments—publicly traded securities			118,082,527	11	110,117,044		
	12	Investments—other securities See Part IV, line 11 .			2,663,559	12	4,097,248		
	13	Investments—program-related See Part IV, line 11 .			0	13	0		
	14	Intangible assets			0	14	0		
	15	Other assets See Part IV, line 11			4,268	15	4,268		
	16	Total assets.Add lines 1 through 15 (must equal line 34)		126,871,849	16	122,488,046		
	17	Accounts payable and accrued expenses			0	17	0		
	18	Grants payable			2,951,290	18	2,800,000		
	19	Deferred revenue			0	19	0		
	20	Tax-exempt bond liabilities			0	20	0		
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D	0	21	0		
lities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di							
Liabi		persons Complete Part II of Schedule L			0	22	0		
	23	Secured mortgages and notes payable to unrelated third	•		0	23	0		
	24	Unsecured notes and loans payable to unrelated third pa			0	24	0		
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,					
					40,024	25	32,204		
	26	Total liabilities. Add lines 17 through 25	• •	· · ·	2,991,314	26	2,832,204		
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ▶	 and complete					
<u> </u>	27	Unrestricted net assets			123,880,535	27	119,655,842		
ထိ	28	Temporarily restricted net assets			0	28	0		
2	29	Permanently restricted net assets			0	29	0		
or Fu		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	heck he	ere ▶					
ets	30	Capital stock or trust principal, or current funds				30			
Net Assets or	31	Paid-in or capital surplus, or land, building or equipment	fund			31			
ت ک	32	Retained earnings, endowment, accumulated income, or	earnings , endowment, accumulated income, or other funds						
Ž	33	Total net assets or fund balances			123,880,535	33	119,655,842		
	34	Total liabilities and net assets/fund balances	<u>.</u> .		126,871,849	34	122,488,046		
							Form 990 (2015)		

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

2	5,137,328
3	3,563,255
4	123,880,535
5	-7,779,949

1

6

7

8

9

10

Donated services and use of facilities . Investment expenses

Part XIII Financial Statements and Reporting

Other changes in net assets or fund balances (explain in Schedule O) .

Prior period adjustments .

column (B))

1

2a

-8,000 119,655,842

Yes

Yes

Yes

Yes

Nο

Form 990 (2015)

3a

3b

No

Page **12**

8,700,583

	Accounting method used to prepare the Form 990						
3	Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both						
	▼ Separate basis						

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

2b **b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in

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

Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Single Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 75-2350254

Name: DAVID M CROWLEY FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2.524.864 including grants of \$

Other donations related to various organizations

2,315,452) (Revenue \$

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

DLN: 93493320133426 OMB No 1545-004

Employer identification number

75-2350254

SCHEDULE A (Form 990 or 990EZ)

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.

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization

DAVID M CROWLEY FOUNDATION

hospital's name, city, and state

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

Department of the

Part I

1

2

3

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

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No See Additional Data Table Total50 3,652,510

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
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)						
L1	Total support. Add lines 7						
12	through 10 Cross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
h	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

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

So	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
36	Ction A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		No
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?	3a		No.
Ь	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," describe in Part VI when and how the organization made the determination	3b		110
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4с		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	Yes	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		No
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		No
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		No
b	A family member of a person described in (a) above?	11 b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		No

TTV Supporting Organizations (continued)

Pailly	Supportin	y Oryaniz	ations (continueu	1)							
Section	Section 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		No	
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		No	

Section C. Type II Supporting Organizations									
			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or								

trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the suppoited 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?			

Section E. Type III Functionally-Integrated Supporting Organizations

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

1 Check the box next to the method that the organization used to satisfy the Integral Part	Test during the year	(see instructions)
--	----------------------	--------------------

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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		
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		
~	Described Comments of Comments			

- Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	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	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru	ictions						
· · · · · · · · · · · · · · · · · · ·	20010115						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		T	T				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
b							
<u>c</u>							
d From 2013							
e From 2014							
f Total of lines 3a through e g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
c Excess from 2013							
d From 2014							
e From 2015							
			(F 000 000 F7) /2.01 F				

Schedule A (Form 990 or 990-EZ) 2015

Return Reference

Schedule A (Form 990 or 990-EZ) 2015

Page 8

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2;

Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

HOW THE SUPPORTED FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 1 EACH YEAR THE BOARD DECIDED ORGANIZATIONS ARE WHICH ORGANIZATIONS IT WILL SUPPORT THE GOVERNING DOCUMENTS OF THE DESIGNATED FOUNDATION GIVE THE BOARD THE AUTHORIZATION TO DESIGNATE THE SUPPORTING ORGANIZATION ANNUALLY ADD, SUBSTITUTE, OR REMOVE FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 5A THE SALVATION ARMY EIN 75-ANY SUPPORTED 0800678 WAS REMOVED AND THE AGAPE CLINIC EIN 14-1847977 WAS ADDED AS ORGANIZATIONS DESIGNATED CHARITIES BY THE FOUNDATION. THE GOVERNING DOCUMENTS OF THE FOUNDATION GIVE THE BOARD THE AUTHORIZATION TO DESIGNATE THE SUPPORTED. ORGANIZATIONS ANNUALLY THE ACTION TO ADD AND DELETE A DESIGNATED CHARITY

ORGNIZATION

THE ORGANIZATION OPERATED

BENEFIT OF SUPPORTED

BYLAWS OF THE DAVID M CROWLEY FOUDATION

ORGANIZATIONS THE ACTION WAS BASED ON COMMUNITY NEED

Explanation

WAS MADE BY THE BOARD AT AN ANNUAL MEETING HELD TO DESIGNATE THE SUPPORTED.

RECEIVE GRANTS REQUIRE TO CARRY OUT THE TAX EXEMPT PURPOSES AS STATED IN THE

FORM 990, SCHEDULE A, PART IV, SECTION B, LINE 2 THE FIVE ORGANIZATIONS THAT CONTROLLED DAVID M CROWLEY FOUDATION AS WELL AS OTHER ORGANIZATIONS THAT

Software ID: Software Version:

EIN: 75-2350254

Name: DAVID M CROWLEY FOUNDATION

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		Amount of monetary support (see	(vi) A mount of other support (see instructions)
			Yes	No		
(A) GRACE UNITED METHODIST CHURCH AGAPE CLINIC	141847977		Yes		900,000	0
(A) AT&T PERFORMING ARTS CENTER	752890923		Yes		125,000	0
(B) CATHOLIC CHARITIES OF DALLAS INC	752745221		Yes		212,500	0
(C) OUR FRIEND'S PLACE	752077719		Yes		75,000	0
(D) NORTH TEXAS FOOD BANK	751785357		Yes		225,000	0
(E) URSULINE ACADEMY OF DALLAS FOUNDATION INC	752789158		Yes		150,200	0
(F) ACT	270178272		Yes		20,000	0
(G) ALLEYS HOUSE	752699807		Yes		10,000	0
SUICIDE & CRISIS (H) CENTER	751285669		Yes		10,000	0
(I) ASSISTANCE LEAGUE GREATER COLLIN COUNTY	752663446		Yes		10,000	0
(J) ATTITUDES & ATTIRE	752574836		Yes		75,000	0
AUSTIN STREET (K) SHELTER	741295632		Yes		100,000	0
JESUIT COLLEGE PREPARATORY (L) SCHOOL	751016663		Yes		60,000	0
THE BATTERED WOMEN'S (M) FOUNDATION	911789853		Yes		5,000	0
(N) BIG THOUGHT	752170035		Yes		20,000	0

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i) (ii)EIN (iii) (iv) Amount of monetary (vi) Name of supported Type of organization Is the organization support (see A mount of other support organization (described on lines 1-9 listed in your (v) instructions) (see instructions) above or IRC section aovernina document? (see instructions)) Yes No BISHOP DUNNE 752883025 Yes 75,000 0 CATHOLIC SCHOOL (P) INC (A) 0 751450046 Yes 75,000 BISHOP LYNCH HIGH SCHOOL **BRYANS HOUSE** 752801818 Yes 20,000 0 (B) FOUNDATION SOUTHWESTERN 756002547 15,000 0 Yes DIABETIC (C) ASSOCIATION INC (D) 0 751468956 Yes 10,000 GREATER DALLAS YOUTH ORCHESTRA (E) 750800628 Yes 50,000 0 CHILDREN'S MEDICAL CENTER CISTERCIAN 751087167 20,000 0 Yes PREPARATORY SCHOOL (F) (G) 752468034 Yes 30,000 0 CHILD PROTECTIVE SERVICES COMMUNITY PARTNERS INC CORNERSTONE 0 113761734 Yes 15,000 CROSSROADS (H) ACADEMY INC (I) 463737066 Yes 52,320 0 CRISTO REY DALLAS HIGH SCHOOL INC (J) 237375815 Yes 25,000 0 DALLAS ARBORETUM & BOTANICAL DALLAS THEATRE 0 750959992 Yes 25,000 (K) CENTER 752056943 Yes 50,000 0 NOTRE DAME SCHOOL (M) STEWPOT 750886445 Yes 15,000 0 (N) Yes 0 751881365 50,000 GENESIS WOMEN'S SHELTER & SUPPORT

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s). (i)Name of supported organization (ii)EIN (iii) (iv) (v) Amount of other A mount of monetary Type of organization Is the organization support (see (described on lines (vi) instructions) listed in your support (see 1-9 above or IRC governing instructions) document? section (see instructions)) Yes No (AE) 752097161 Yes 20,000 0 DALLAS AREA HABITAT FOR HUMANITY INC (A) HEALING HANDS MINISTRY 651259379 Yes 10,000 0 (B) LIFT 751095223 0 Yes 50,000 (C) MISSIONAL WISDOM FOUNDATION 0 272278319 Yes 27,500 (D) Yes 25,000 0 752397069 OPEN DOOR MULTILINGUAL PRESCHOOL INC. (E) OUR LADY OF PERPETUAL HELP 750957353 Yes 50,000 0 PEROT MUSEUM OF NATURE AND 756067569 Yes 30,000 0 SCIENCE (F) (G) PROJECT TRANSFORMATION 752930405 Yes 10,000 0 (H) 751085555 10,000 0 Yes SENIOR CITIZENS OF GREATER DALLAS (I) THE BRIDGE 453452817 Yes 50,000 0 (J) FAMILY PLACE INC 0 751590896 Yes 25,000 (K) 746000203 Yes 600,000 0 UT SOUTHWESTERN MEDICAL CENTER (L) 750800692 100,000 0 Yes VISITING NURSE ASSOCIATION OF TEXAS (M) BARBARA BUSH FOUNDATION 260587238 Yes 20,000 0 (N) UNION GOSPEL MISSION

Yes

19,990

0

756003612

(ii)EIN (iii) Amount of other (iv) (v) Is the organization | Amount of monetary Name of supported organization Type of organization support (see

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

1-	9 above or IRC section (see instructions))	gove docur	rning	support (see instructions)	(VI) Instructions)
		Yes	No		

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Yes	No		
(AT) THE WELL	743071281		Yes		10,000	0
(A) CITY SQUARE	752332948		Yes		20,000	0

(AT) THE WELL	743071281	Yes	10,000	0
(A) CITY SQUARE	752332948	Yes	20,000	0
(B) THE ARTIST OUTREACH	460638240	Yes	15,000	0
(C) MOMENTOUA INSTITUTE	751855620	Yes	25,000	0

(B) THE ARTIST OUTREACH 460638240 Yes 15,000 (C) MOMENTOUA INSTITUTE 751855620 Yes 25,000	(A) CITT SQUARE	/32332946	165	20,000	U
(C) MOMENTOUA INSTITUTE 751855620 Yes 25,000	(B) THE ARTIST OUTREACH	460638240	Yes	15,000	0
	(C) MOMENTOUA INSTITUTE	751855620	Yes	25,000	0

(B) THE ARTIST OUTREACH	460638240	Yes	15,000	0
(C) MOMENTOUA INSTITUTE	751855620	Yes	25,000	0

(C) MOMENTOUA INSTITUTE	751855620	Yes	25,000	
(D) SUICIDE & CRISIS CENTER	751285669	Yes	10,000	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493320133426

Open to Public Inspection

nem	lai Revenue Service					
	me of the organization /ID M CROWLEY FOUNDATION			Empl	oyer identification	number
DAV	ID FI CROWLET FOUNDATION			75-2	350254	
Pa	organizations Maintaining Donoi			nds c	or Accounts.	
	Complete if the organization answere		art IV, line 6.	(6)		
1	Total number at end of year	(a) Donor advised funds	T	(D)	Funds and other acc	counts
2	,					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	_		or advis	_	Yes
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				· · · ·	v
Pal	rt II Conservation Easements. Comple	ete if the organization a	nswered "Yes" or	n Form		Yes No
1	Purpose(s) of conservation easements held by the			110111	1 330, 1 die 10, iiii	ic /.
•	Preservation of land for public use (e.g., recr	- · ·	iat apply)			
	education)	Г	Preservation of an	histor	ically important land	d area
	Protection of natural habitat	Γ	Preservation of a c	ertifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	on contribution in th	ne form	of a conservation	
					Held at the End	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme	ents		2b		
c	Number of conservation easements on a certified	historic structure included	d ın (a)	2 c		
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06,	and not on a	2d		
3	Number of conservation easements modified, tra	nsferred, released, extingu	shed, or terminated	by the	e organızatıon durın	g the
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is locat	ed ▶			
5	Does the organization have a written policy regar violations, and enforcement of the conservation ϵ		g, inspection, handl	ling of	☐ Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viol	ations, and enforcin	ng cons	ervation easements	s during the
	>					
7	A mount of expenses incurred in monitoring, insperse.	ecting, handling of violation	s, and enforcing co	nserva	tion easements dur	ing the year
В	•	no 2(d) above catisfy the r	auromonts of cost	uon 17	0/b)/4)	
5	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the re	equirements of sect	ion 17	(n)(4) Yes	☐ No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga sements	nızatıon's fınancıal :	statem	ents that describes	
ar	t III Organizations Maintaining Collect Complete if the organization answere			r Oth	er Similar Asse	ets.
1 2	If the organization elected, as permitted under SI			ue stat	ement and balance	sheet

(ii) Assets included in Form 990, Part X **▶** \$ _

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- - Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Par	31111	Organizations Maintaining (continued)	Collections of A	rt, Hi	storio	al Tre	easures, o	r Ot	her Similar A	sset	ts
3		the organization's acquisition, accortion items (check all that apply)	ession, and other rec	ords,c	heck a	n y of th	e following th	nat are	e a sıgnıfıcant us	e of i	ts
а		Public exhibition		d	Г	Loan d	r exchange ;	orogra	ams		
b		Scholarly research		e	Г	Other					
c		Preservation for future generations									
4	Provi Part)	de a description of the organization' KIII	s collections and exp	laın ho	w they	further	the organiza	tıon's	exempt purpose	ın	
5		g the year, did the organization solics to be sold to raise funds rather th							sımılar Ye	s	□ No
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part IV	, line 9, or	repo	rted an amour	nt on	Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	nediary	y for co	ntrıbutı	ons or other	asset	ts not Ye	s	∏ No
ь	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	table			Am	ount	
c		ginning balance						1c			
d		ditions during the year						1d			
e		stributions during the year						1e			
f		ding balance						1f			
2a		ne organization include an amount o	n Form 990, Part X, I	ine 21,	for es	crow or	custodial ac	count	liability? Ye	s	□ No
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if t	he exp	lanatıo	n has b	een provided	ın Pa	rt XIII		🗆
Pa	rt V	Endowment Funds. Comple	te ıf the organızatı	on an	swere	d "Yes	" to Form 9	90, F	art IV, line 10		
			(a)Current year	(b) P	nor year	Ь (c) Two years ba	ack (d	d) Three years back	(e)F	our years back
1 a		nning of year balance						_		<u> </u>	
b	Cont	ributions								ĺ	
c	Net i losse	nvestment earnings, gains, and									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs									
f	A dmi	inistrative expenses									
g	End	of year balance									
2		de the estimated percentage of the	current vear end bala	nce (li	ne 1a,	column	(a)) held as				
а		i designated or quasi-endowment >	,				(,,				
ь		anent endowment >									
		porarily restricted endowment									
С		percentages on lines 2a, 2b, and 2c	should equal 100%								
За		here endowment funds not in the pos	·	ızatıon	that a	e held	and administ	ered f	for the		
	organ	iization by	-								Yes No
		related organizations								a(i)	
h		elated organizations					•		-	(ii)	
ь 4		es" on 3a(II), are the related organiz ribe in Part XIII the intended uses o						•		3b	
	t VI	Land, Buildings, and Equip			TOTAL TO	143					
		Complete if the organization a		orm 9	990, P	art IV,		ee Fo			
		Description of property			Cost or c	a) ither basi itment)	s Cost or other		Accumulated (c)depreciation		(d)Book value
1 a	Land			.							
b	Buildin	ıgs		.[
c	Leasel	nold improvements					1	34,446	67,2	23	67,22
d	Equipn	nent					1	52,343	117,2	63	35,080

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	See Form 990, Part X, line 12.			
	(a) Description of security or category (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
	l derivatives held equity interests			
(3) O ther	meta equity interests			
iotal (Colum	n (b) must equal Form 990, Part X, col (B) line 12 ,	.		
Part VIII	Investments—Program Related.	<u>' </u>		
	Complete if the organization answer (a) Description of investment	red 'Yes' on Form 99 T	00, Part IV, line 11c. _S (b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book value	Cost or end-of-year market valu
	n (b) must equal Form 990, Part X, col (B) line 13)	ation answered 'Ves' or	Form 990 Part IV line	11d See Form 990 Part V line 15
	Other Assets. Complete if the organize		n Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' or	n Form 990, Part IV , line	
Part IX	Other Assets. Complete if the organization (a) De	ation answered 'Yes' or		(b) Book value
Part IX Total. (Colum	Other Assets. Complete if the organization (a) De (ation answered 'Yes' or escription		(b) Book value
Fotal. (Colum Part X	mn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization of the See Form 990, Part X, line 25.	ne 15)		(b) Book value
Total. (Colum	Other Assets. Complete if the organization (a) De (ation answered 'Yes' or escription		(b) Book value
Total. (Colum Part X	mn (b) must equal Form 990, Part X, col (B) Int Other Liabilities. Complete if the office of the control of th	ne 15)		(b) Book value
Fotal. (Column Part X 1.	mn (b) must equal Form 990, Part X, col (B) Int Other Liabilities. Complete if the office of the control of th	ne 15)	ed 'Yes' on Form 990,	(b) Book value
Fotal. (Column Part X) 1. ACCRUED I	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Fotal. (Column Part X) 1. ACCRUED I	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Total. (Column Part X) 1. Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Total. (Column Part X) 1. Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value
Total. (Column Part X) 1. Federal Inco	Other Assets. Complete if the organization (a) Decomposition (b) Decomposition (b) Decomposition (b) Decomposition (c) D	ne 15)		(b) Book value

912,633	1		revenue, gains, and other support per audited financial statements
			unts included on line 1 but not on Form 990, Part VIII, line 12
		-7,779,950	inrealized gains (losses) on investments 2a
			ted services and use of facilities
			veries of prior year grants
			r (Describe in Part XIII)
-7,779,950	2e		ines 2a through 2d
8,692,583	3		ract line 2e from line 1
			unts included on Form 990, Part VIII, line 12, but not on line 1
			stment expenses not included on Form 990, Part VIII, line 7b . 4a
		8,000	r (Describe in Part XIII)
8,000	4c		ines 4a and 4b
8,700,583	5		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)
8,700,583 urn.	5 s per Re	ents With Expenses	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I
8,700,583	5	ents With Expenses	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I expenses and losses per audited financial statements
8,700,583 urn.	5 s per Re	ents With Expenses	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements
8,700,583 urn.	5 s per Re	ents With Expenses	revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I expenses and losses per audited financial statements
8,700,583 urn.	5 s per Re	ents With Expenses	revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements
8,700,583 urn.	5 s per Re	ents With Expenses	revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements
8,700,583 urn.	5 s per Ret	ents With Expenses	Reconciliation of Expenses per Audited Financial Statem Complete If the organization answered 'Yes' on Form 990, Part I expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25 ted services and use of facilities
8,700,583 urn. 5,137,328	5 s per Rei	ents With Expenses	revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I expenses and losses per audited financial statements
8,700,583 urn.	5 s per Ret	ents With Expenses	revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25 ted services and use of facilities year adjustments losses (2a) year adjustments (Describe in Part XIII) actions 2a through 2d year adjustments (Actions 2e from line 1)
8,700,583 urn. 5,137,328	5 s per Rei	ents With Expenses	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25 ted services and use of facilities year adjustments losses l
8,700,583 urn. 5,137,328	5 s per Rei	ents With Expenses	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements
8,700,583 urn. 5,137,328	5 s per Ret	ents With Expenses	Reconciliation of Expenses per Audited Financial Statem Complete If the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25 ted services and use of facilities Ited servic
8,700,583 urn. 5,137,328	5 s per Rei	ents With Expenses /, line 12a.	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part I' expenses and losses per audited financial statements

Return Reference	Explanation
FIN 48 (ASC 740)	FORM 990, SCHEDULE D, PART X, LINE 2 The Foundation is a not-for-profit organization exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) Accordingly, no provision for federal income taxes has been made. The Federal Accounting Standards Board (FASB) issued authoritative guidance, which clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. This guidance requires the evaluation of tax positions taken or expected to be taken in the course of preparing the Foundation's financial statements to determine whether the tax positions are more likely than not of being sustained by the applicable tax authority. Even an income tax provision of zero constitutes a tax position as defined by the FASB. Tax positions not deemed to meet the more likely than not threshold would be recorded as a tax benefit or expense in the current year. A reconciliation is not provided herein, as the beginning and ending amounts of unrecognized benefits are zero, with no interim additions, reductions, or settlements. However, the conclusions regarding this authoritative guidance will be subject to review and may be adjusted at a later date based on factors including, but not limited to, ongoing analysis of tax laws, regulations, and interpretations thereof. The Foundation is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes the Foundation is no longer subject to tax examinations for years prior to 2012.
	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

Department of the

Treasury

Internal Revenue Service

Name of the organization

DAVID M CROWLEY FOUNDATION

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493320133426

2015

Open to Public Inspection

Employer identification number

						75-2350254	
Part I General Information	n on Grants an	d Assistance					
Does the organization maintain the selection criteria used to av Describe in Part IV the organization.	vard the grants or a	ssistance?				tance, and	√ Yes
Part II Grants and Other Assistation that received more than :		_		plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50							51
3 Enter total number of other orga							0
For Paperwork Reduction Act Notice, see	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 75-2350254

Name: DAVID M CROWLEY FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AT&T Performing Arts Center 2100 Ross Ave Ste 650 Dallas,TX 75201	75-2590923	501 (C)(3)	125,000				Christmas Show		
CATHOLIC CHARITIES OF DALLAS INC 9461 LBJ Fwy Suite 128 Dallas,TX 75243	75-2745221	501 (C)(3)	212,500				General Fund		
North Texas Food Bank 4306 Shilling Way Dallas,TX 75237	75-1785357	501 (C)(3)	225,000				Hunger Relief		

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) URSULINE ACADEMY OF 75-2789158 501 (C)(3) 150,200 Scholarships Endowmt DALLAS FOUNDATION INC rogram

4900 Walnut Hıll Lane Dallas,TX 75229					
ADVOCATES FOR COMMUNITY TRANSFORMATION	27-0178272	501 (C)(3)	20,000		Legal Prog

10,000

General Fund

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

501 (C)(3)

PO Box 225225 Dallas, TX 75222

3027 Routh Street Ste207 Dallas, TX 75201

75-2699807

Alleys House

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 46-0638240 501 (C)(3) 15,000 Artist Outreach Streamliners program 187 Classen Drive ation School Bell

Women attending Workshops

75,000

Dallas,TX 75218					
Assistance League Greater Collin County 2300 Coit Road Ste 350	75-2663446	501 (C)(3)	10,000		O perat
D II TV 35035					I

Dallas,TX 75075

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

501 (C)(3)

Attitudes & Attire

2050 Stemmons FWY 181 Dallas, TX 75207

75-2574836

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Austin Street Shelter 74-1295632 501 (C)(3) 100,000 General Fund 2929 Hickory St Dallas TX 75226 Minds Proam

Dallas, IX 73220					
Big Thought 2501 Oak Lawn Avenue Dallas,TX 75219	75-2170035	501 (C)(3)	20,000		Thriving Minds Pro
BISHOP DUNNE CATHOLIC	75-2883025	501 (C)(3)	75,000		Scholarhıp Fund

SCHOOL INC 3900 Rugged Drive Dallas,TX 75224

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Bishop Lynch High School 75-1450046 501 (C)(3) 75,000 Scholarhip Fund 9750 Ferguson Road Dallas, TX 75228 are Program

BRYANS HOUSE FOUNDATION 5940 Forest Park Dallas,TX 75235	75-2801818	501 (C)(3)	20,000		Childcare Program
Southwestern Diabetic	75-6002547	501 (C) (3)	15,000		Financial Assistance

Southwestern Diabetic Association Inc 10687 FM 678

Whitesboro, TX 76273

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 75-0800628 501 (C)(3) 50,000 Allergy Center Children's Medical Center 2777 Stemmons Frwy 1025 Dallas, TX 75207 ships

Cistercian Preparatory School 1 Cistercian Rd Irving,TX 75039	75-1087167	501 (C)(3)	20,000		Scholarships
CHILD PROTECTIVE SERVICES COMMUNITY	75-2468034	501 (C)(3)	30,000		Rainbow Room

PARTNERS INC 1215 Skiles St Dallas, TX 75204

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Cornerstone Crossroads 11-3761734 501 (C)(3) 15.000 General Fund Academy Inc 2815 S Fryay St

Dallas,TX 75215					
CRISTO REY DALLAS HIGH SCHOOL INC 1064 N St Augustine Dallas,TX 75217	46-3737066	501 (C)(3)	52,320		scholarsi

8525 GARLAND RD Dallas, TX 75218

rships DALLAS ARBORETUM & 23-7375815 501 (C)(3) 25,000 Science Action Pram BOTANICAL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501 (C)(3) 25,000 Dallas Theatre Center 75-0959992 Project Discovery 2400 Flora St Dallas.TX 75201 GENESIS WOMEN'S 75-1881365 501 (C)(3) 50.000 General Fund

Home owner edu pram

20,000

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

501 (C)(3)

SEILESIS MOTTER S
SHELTER & SUPPORT
4411 LEMMON AVENUE
Dallas,TX 75219
DALLAS AREA HABITAT

FOR HUMANITY INC 2800 N Hampton Road Dallas, TX 75212 75-2097161

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Healing Hands Ministry 65-1259379 501 (C)(3) 10,000 Medical/Dental Care 8515 Greenville Ave N-108 Dallas TX 75243 I Fund

Dullus, IX 75245					
Captain Hopes Kids 10555 Newkirk St Dallas,TX 75220	75-2284779	501 (C)(3)	10,000		General Fund
JESUIT COLLEGE PREPARATORY SCHOOL OF DALLAS FDT	75-6054602	501 (C)(3)	60,000		Mission Program

123456 Inwood Rd Dallas,TX 75244

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) LIFT 75-1095223 501 (C)(3) 50,000 Adult Literacy Pram 1610 Malcolm X Blvd 320 Dallas,TX 75226 MISSIONAL WISDOM 27-2278319 501 (C)(3) 27,500 New Day Program FOUNDATION

185 South White Chapel Southlake, TX 76092 OPEN DOOR 75-2397069 501 (C)(3) 25,000 Scholarship Fund

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

MULTILINGUAL PRESCHOOL INC 4105 Junius St

Dallas, TX 75246

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Our Friend's Place 75-2077719 501 (C)(3) 75,000 CLT Program 2501 Oak Lawn Avenue Dallas.TX 75219 rship

54.145/17/75215					
Our Lady of Perpetual Help 7625 Cortland Avenue Dallas,TX 75235	75-0957353	501 (C)(3)	50,000		scholarship
Perot Museum of Nature AND	75-6067569	501 (C)(3)	30,000		General Fund

Science

2201 North Field St Dallas, TX 75201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Project Transformation 75-2930405 501 (C)(3) 10,000 Afterschool enrichmt 547 Jefferson Blvd Dallac TV 75203 Fund

Dallas, IX /3203					
SENIOR CITIZENS OF	75-1085555	501 (C)(3)	10,000		General F
GREATER DALLAS INC					l
3910 Harry Hines Blvd					
Dallas,TX 75219					l

50,000

General Fund

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

501 (C)(3)

The Bridge

1818 Corsicana St Dallas, TX 75201

45-3452817

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 75-1590896 501 (C)(3) 25,000 General Fund Family Place INC PO Box 7999 Dallas, TX 75209 FO4 (C) (2) LIT COUTINGECTERN 74 6000000 Research

Meals on Wheel

MEDICAL CENTER 5323 Harry Hines Blvd Dallas,TX 75390	74-6000203	501 (C) (3)	600,000		
VISITING NURSE	75-0800692	501 (C)(3)	100,000		

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

ASSOCIATION OF TEXAS 1440 Mockingbird Lane Dallas,TX 75247

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 501 (C)(3) 900,000 DENTAL PROGRAM AGAPE CLINIC 14-1847977 4105 JUNIUS

501 (C)(3)

DALLAS,TX 75256					
BARBARA BUSH FPUNDATION 516 NORTH ADAMS STREET	26-0587238	501 (C)(3)	20,000		GENERAL FUND

20,000

HUMAN SERVICES-

NON-SHELTER

TALLAHASEE, FL 32301

DALLAS,TX 75201

511 NORTH AKARD STE 302

75-2332948

CITY SQUARE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501 (C)(3) 10,000 GREATER DALLAS YOUTH 75-1468956 ART & HUMANTIES

Learning Strategy

EDUCATION

ORCHESTRA 3630 HARRY HINES BLVD DALLAS,TX 75219					
MOMENTOUS INSTITUTE 106 E TENTH STREET	75-1855620	501 (C)(3)	25,000		Support Implementation Social and Emotional

50,000

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

501 (C)(3)

75-2056943

DALLAS, TX 75203

Notre Dame School

2018 Allen Street DALLAS, TX 75204

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 75-0871727 501 (C)(3) 15,000 Stewpot Human Services - Non 1835 Young Street Shelter DALLAS,TX 75201 69 501 (C)(3) 10,000 Human Services - Non Shelter

Human Services - Non-

Shelter

10,000

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

501 (C)(3)

Suicide & Crisis Center	75-128566
2808 Swiss Ave	
DALLAS,TX 75204	

74-3071281

THE WELL

125 Sunset Ave DALLAS, TX 75208

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 75-6003612 501 (C)(3) 19,990 Union Gospel Mission Assist the homeless in 3211 Irvina Blvd helping them reenter DALLAC TV 75347 into the job community BOW ROOM

DALLAS, IX /524/					into the
COMMUMITY PARTNERS OF DALLAS 1215 SKILES ST DALLAS,TX 75204	75-2468034	501 (C)(3)	30,000		RAINBC
DALLAS, IX 73204					

516 NORTH ADAMS ST TAKKAHASE, FL 32301

501 (C)(3) 20,000 BARBARA BUSH 26-0587238 GENERAL FUND FOUNDATION

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

DLN: 93493320133426

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Inspection

	ime of the organization VID M CROWLEY FOUNDATION		Employer identification	on nur	nber	
DAV	VID IN CROWLET FOUNDATION		75-2350254			
Pa	art I Questions Regarding Compensation					
					Yes	No
1 a	Check the appropiate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provice	,				
	First-class or charter travel	Housing allowance or residence fo	r personal use			
	<u></u>	Payments for business use of pers	· i		ĺ	
		Health or social club dues or initia	i		ĺ	
	Discretionary spending account	Personal services (e g , maid, chai	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizatio reimbursement or provision of all of the expenses described a	, , , , , ,	•	1b		
2	Did the organization require substantiation prior to reimbursing directors, trustees, officers, including the CEO/Executive Directors.			2		
3	Indicate which, if any, of the following the filing organization u organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of t	Do not check any boxes for metho	ds			
	Compensation committee	Written employment contract				
	✓ Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Part VII, or a related organization	, Section A , line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control payment	7		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based com	ipensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item i	n Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must For persons listed on Form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	·	any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	did the organization pay or accrue	any			
а	The organization?			6 a		Νo
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe i		on-fixed	7		Νo
8	Were any amounts reported on Form 990, Part VII, paid or ac subject to the initial contract exception described in Regulati in Part III	•				
_				8		Νo
9	If "Yes" on line 8, did the organization also follow the rebuttal section 53 4958-6(c)?	ble presumption procedure describ	ed in Regulations	9		

Page 2

Schedule J (Form 990) 2015

200.000

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	· •	(E) Total of columns	(F) Compensation in
	D	(11)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(I) compensation	compensation	compensation				Form 990

1 Sandra L Hallmark

President

200,000

Schedule J (Form 990) 2015

Return Reference Explanation					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Part IIII Supplemental Inform	nation				
Schedule J (Form 990) 2015	chedule J (Form 990) 2015 Page 3				

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Of the Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organization DAVID M CROWLEY FOUNDAT:	Employer identif	ication number				
990 Schedule O, St	upplemental Information					
Return Reference	Explanation					
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11 A DRAFT COPY OF THE FORM 990 WAS APPROVED BY THE EXECUTIVE COMMITTEE AND THE FINAL COPY WAS ULTIMATELY EXECUTED BY THE PRESIDENT					
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WI TH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXE					

MPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED BY THE EXECUTIVE COMMITTEE.

DLN: 93493320133426

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990 Schedule O, Supplemental Information

Return Reference

OF DOCUMENTS

COMPENSATION	FORM 990, PART VI, LINE 15A & 15B OFFICER COMPENSATION IS DETERMINED AND VOTED BY THE INDEPENDENT
REVIEW PROCESS	MEMBERS OF THE BOARD THE BOARD MEMBERS COMPRISING THE OFFICERS OF THE ORGANIZATION ABSTAIN
	FROM VOTING COMPARABILITY DATA VOTED BY THE BOARD WAS PROVIDED BY AN INDEPENDENT CONSULTANT
	THE ABOVE ACTIONS OF THE BOARD ARE MEMORIALIZED IN THE MINUTES
PUBLIC DISCLOSURE	FORM 990, PART VI, LINE 19 THE FOUNDATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC

NTS ARE MADE AVAILABLE BY CONTACTING THE FOUNDATION OFFICE

Explanation

1 GOVERNING DOCUMENTS 2 FINANCIAL STATEMENTS 3 CONFLICT OF INTEREST POLICY THESE DOCUME

990 Schedule O, Supplemental Information Return Reference Explanation

RESPONSIBILITY FOR	FORM 990, PART XII, LINE 2C THE MEMBERS OF THE BOARD ASSUME RESPONSIBILITY FOR OVERSIGHT
OVERSIGHT OF THE AUDIT	OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT
1	

FORM 990- PART XI- LN9 MIKE CAINE -PERSONAL CONTRIBUTION REPORT ON RETURN BUT NOT ON BOOK