

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

DLN: 93493118007377

OMB No 1545-0047

Open to Public

## Form 990

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

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

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

**Return of Organization Exempt From Income Tax** 

Inspection

			<del> </del>						
			C Name of organization	eginning 07-01-2015 , and ending 06-	-30-20	16	D Emple	war i	dentification number
	ck if app dress ch	•	DARE Direct Action for Rights	s & Equality Inc				-	
	ime chai	-					05-0	4227	63
_	tıal retu	-	Doing business as						
Fır			Number and street (or D.O. I	box if mail is not delivered to street address) F	D a a ma / a	unto	E Teleph	one nu	ımber
	terminat ended n		340 Lockwood Street	box ii iiiali is not delivered to street address) R	KUUIII/S	uite	(401)	351	-6960
<u>'</u>		pending	City or town, state or provin-	ce, country, and ZIP or foreign postal code					
1 141	Jirea do 11	pending	Providence, RI 02907	, ,,			<b>G</b> Gross	receipt	ts \$ 251,717
			<b>F</b> Name and address of	prıncıpal officer		H(a) I	s this a group	retu	rn for
			WILFRED ORDONEZ				ubordinates?		⊤ Yes 🗸
			340 Lockwood Street Providence, RI 02907				No		
[ Tax	k-exemp	pt status		( ) ◀ (insert no )	527		re all subord ncluded?	inate	s
1 14/	a bait a	:► N/A		( ) ( ( ) ( ( ) ( ) ( ) ( ) ( ) ( ) ( )		- I-	f "No," attach	ı a lıs	t (see instructions)
, 44	ebsite:	IN/F	<del>1</del>			H(c) (	Group exemp	tion n	umber <b>&gt;</b>
<b>K</b> Fom	n of orga	anızatıon	✓ Corporation Trust	Association  ○ Other ►		<b>L</b> Year	of formation 20	015	<b>M</b> State of legal domicile R
Do	-A T	C							
FG	<b>1</b> Bri		scribe the organization's m	nission or most significant activities					
			ne neighborhood communit	<u>-</u>					
မ သ	_								
	_								
Ven	<b>2</b> C	heck th	nis box 🕨 🥅 if the organiza	tion discontinued its operations or dis	posed	of more th	an 25% of it:	s net	assets
Governance			,					i	ı
	3 N	umber	of voting members of the g	overning body (Part VI, line 1a)				3	10
Activities &			· -	nbers of the governing body (Part VI, li		•		4	10
5			• •	ed in calendar year 2015 (Part V, line	•			5	5
A			•	ite if necessary)				6	15
				from Part VIII, column (C), line 12 .				7a	0
	р ме	t umera	ated business taxable inco	me from Form 990-T, line 34	• •		Prior Year	7b	Current Year
	8	Contri	ibutions and grants (Bart V	/III line 1h)			122,	875	234,749
<u>G</u>	9		Contributions and grants (Part VIII, line 1h)						234,745
Rəvenue	10	=	· ·	column (A), lines 3, 4, and 7d)		646			
ç	11		revenue (Part VIII, colum	10,	914	10,378			
	12			igh 11 (must equal Part VIII, column (	ne	137,	441	245,352	
		12)						771	
	13		•	i (Part IX, column (A), lines 1-3).					(
	14		·	(Part IX, column (A), line 4)					
82	15	Saları 5–10		mployee benefits (Part IX, column (A),	, lines		132,	489	154,423
Expenses	16a		•	art IX, column (A), line 11e)					(
хbе	ь	Total fu	undraising expenses (Part IX, col	umn (D), line 25) ▶14,815					
ш	17			n (A), lines 11a-11d, 11f-24e)			50,	603	54,169
	18	Total	expenses Add lines 13-1	7 (must equal Part IX, column (A), line	e 25)		183,	092	208,592
	19	Reven	ue less expenses Subtrac	ct line 18 from line 12			-45,	651	36,760
Net Assets or Fund Balances						Beginni	ng of Current	Year	End of Year
afan	20	Total	accete (Bart V June 16)				231,	929	273,486
AB	20 21		assets (Part X, line 16)     . liabilities (Part X, line 26)				<u> </u>	297	20,195
ž Š	22		•	btract line 21 from line 20		·	216,	-	253,291
	t II		ature Block	btract line 21 nom line 20	•		210,	331	233,231
ny kr	nowledg	ties of ge and	perjury, I declare that I ha	ve examined this return, including acc nd complete Declaration of preparer (d					
	ı	<b>\</b>					2017 :		
Sian			ature of officer				2016-10-26 Date		
Sign Here		, WILE	FRED ORDONEZ EXECUTIVE DIRE	ECTOR					
			e or print name and title	•					
	I		Print/Type preparer's name	Preparer's signature MICHAEL AARONSON		Date 2017-04-28	Check I If	PTIN	
Paic	k					2017-04-20	self-employed		
Pre	parei	r ⊢		/OIE STREITFELD DIAZ & CO PC			Firm's EIN ►	11 222	0205
Jse	Only	y  ˈ	Firm's address ► 1604 BROAD ST				Phone no (40:	r) 223	-0205
		- 1	CRANSTON, RI	029054130					

. ✓Yes No

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	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	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	11a	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	<b>11</b> 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	<b>11</b> c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		Νo
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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
	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		

Part

30

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

	•	•				
IV	С	hecklist	of Red	quired	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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	No
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	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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,

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

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**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 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, Part 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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

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

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

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Par		Statements Regarding Other IRS Filings and Tax Compliance					
		Check if Schedule O contains a response or note to any line in this I	Part \	<u> </u>			
15	Entert	he number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3		Yes	No
		he number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		· · · · · · · · · · · · · · · · · · ·					
C		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	· ·	ors and reportable	1c		
2a	Tax Sta	he number of employees reported on Form W-3, Transmittal of Wage and atements, filed for the calendar year ending with or within the year covered return	2a	5			
b		ast one is reported on line 2a, did the organization file all required federal emp f the sum of lines 1a and 2a is greater than 250, you may be required to e-file	,		<b>2</b> b	Yes	
За		e organization have unrelated business gross income of \$1,000 or more during	•	•	3a		No
b	If "Yes,	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanatio,	on in Si	chedule O	3b		
4a	over, a	time during the calendar year, did the organization have an interest in, or a significant of the calendar year, did the organization have an interest in, or a significant of the calendar year.			4a		No
b		," enter the name of the foreign country    structions for filing requirements for FinCEN Form 114, Report of Foreign Bank )	c and F	Financial Accounts			
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time durin	g the t	tax year?	5a		No
b	Did any	y taxable party notify the organization that it was or is a party to a prohibited t	ax she	elter transaction?	5b		Νo
c	If"Yes	," to line 5a or 5b, did the organization file Form 8886-T?					
<b>6</b> a		he organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable conti			5c 6a		No
b	If "Yes	," did the organization include with every solicitation an express statement the ottax deductible?			<b>6</b> b		
7		zations that may receive deductible contributions under section 170(c).					
a		e organization receive a payment in excess of \$75 made partly as a contribution specifies provided to the payor?	on and	l partly for goods and	7a		No
b	If"Yes	," did the organization notify the donor of the value of the goods or services pr	rovide	d?	<b>7</b> b		
c		e organization sell, exchange, or otherwise dispose of tangible personal propert m 8282?	ty for	which it was required to	<b>7</b> c		No
d	If"Yes	," indicate the number of Forms 8282 filed during the year	7d				
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a po	ersona	al benefit contract?	7e		No
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		Νo
g	If the o	organization received a contribution of qualified intellectual property, did the or	rganız	ation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd t	he organization file a	7h		
8	Did a d	oring organizations maintaining donor advised funds.  Ionor advised fund maintained by the sponsoring organization have excess bus  the year?	sıness	holdings at any time	8		
9a	Did the	e sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated pe	erson?	9b		
10	Section	n 501(c)(7) organizations. Enter					
		· · · · · · · · · · · · · · · · · · ·	10a				
b	Gross r facilitie	· · · · · · · · · · · · · L	10b				
		n 501(c)(12) organizations. Enter	1				
		<u> </u>	11a				
b		income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them )	11b				
12a	Section	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın liei	u of Form 1041?	12a		
b		," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Section	n 501(c)(29) qualified nonprofit health insurance issuers.	1				
a		organization licensed to issue qualified health plans in more than one state? <b>N</b> o nal information the organization must report on Schedule O	<b>ot e.</b> S	ee the instructions for	13a		
	ın whicl	The organization is need to issue qualified health plans	13b				
c	Enter tl	he amount of reserves on hand	<b>13</b> c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Yes	," has it filed a Form 720 to report these payments? If "No," provide an explanat	tıon ın	Schedule O	14b		

orm	990 (2	2015)					Page <b>6</b>
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. 3			or 10	)b belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI					🔽
Se	ction	A. Governing Body and Management					
						Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a	10			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee illar committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are endent	<b>1</b> b	10			
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						No
4		e organization make any significant changes to its governing documents since		rior Form 990 was	4		No
5	Did th	e organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did th	e organization have members or stockholders?			6		No
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						No
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
8		e organization contemporaneously document the meetings held or written acti y the following	ons ur	ndertaken during the			
а	The go	overning body?			<b>8</b> a	Yes	
b	<b>b</b> Each committee with authority to act on behalf of the governing body?						
9		re any officer, director, trustee, or key employee listed in Part VII, Section A , ization's mailing address? <i>If "Yes," provide the name</i> s <i>and addresses in Schedule</i>			9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not	requi	red by the Internal R	eveni	ıe Cod	e.)
						Yes	No
		e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the acties, and branches to ensure their operations are consistent with the organizati			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of it rm?	s gov	erning body before filing	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
		e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were o	officers, directors, or trustees, and key employees required to disclose annual o conflicts?	ly inte	rests that could give	12b	Yes	
	ın Sch	e organization regularly and consistently monitor and enforce compliance with edule O how this was done			12c		No
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy? .			14	Yes	
15	ındepe	e process for determining compensation of the following persons include a rev endent persons, comparability data, and contemporaneous substantiation of th	e deli	beration and decision?			
		rganization's CEO, Executive Director, or top management official			15a		No
b		officers or key employees of the organization $\ldots \ldots \ldots$			<b>15</b> b		No
	If"Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture in entity during the year?			16a		No
b	partic	s," did the organization follow a written policy or procedure requiring the organ ipation in joint venture arrangements under applicable federal tax law, and tak ization's exempt status with respect to such arrangements?	estep	s to safeguard the	45.		
Se		C. Disclosure	•		<b>16</b> b		

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)

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

►ELIA LOPEZ 340 Lockwood Street Providence, RI 02907 (401) 351-6960

Part VII

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

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

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

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

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

Name and Title	(B) A verage hours per week (list any hours	more pers	sition than son is I a di	one bot	not box h ar	(D) Reportable compensation from the organization	from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	rganizations 이 대표		(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations			
(1) DEBORAH WRAY	1 00								
Chairperson		×		×			0	0	0
(2) JOSEPH P BUCHANAN Vice-Chairperson	1 00	×		x			0	0	0
(3) CHERYL LITTLE-FELDER Secretary	1 00	×		×			0	0	0
(4) ANTONETTE WALLACE Treasurer	2 00	×		х			0	0	0
(5) WAYNE WOODS Sergeant-at Arms	1 00	×					0	0	0
(6) ROZINA OTERO Member	1 00	×					0	0	0
(7) RAFAEL COLON JR Member	1 00	×					0	0	0
(8) ROLINE BURGISON Member	1 00	×					0	0	0
(9) MARCO MCWILLIAMS Member	1 00	×					0	0	0
(10) SHEILA WILHELM Ex-oficio	1 00	×					0	0	0
(11) WILFRED ORDONEZ Wxwcutive Director	40 00	×					37,224	0	6,928
		<u> </u>				<u> </u>			

art VII	Section A. Office	rs, Directors, 1	Γrustees, Ke	y Employees,	and Highest	Compensated Employed	es (continued)

	(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)							(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
<b>1</b> b	Sub-Total						. 🟲				
c d	Total from continuation sheed Total (add lines 1b and 1c)	•			٠.		. 🏲		37,224		6,928
2								*			

\$100,000 of reportable compensation from the organization

3	Did the organization list any former officer, director or trustee, key employee, or highest compensa

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

on line 1a? If "Yes," complete Schedule J for such individual . . For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

4	No
5	No

Yes

3

No

Nο

#### Section B. Independent Contractors

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

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

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

Form 99								Page <b>9</b>
Part V	***	Statement o						_
		Check If Schedu	ile O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>	3,368				
Gr.	c	Fundraising eve	ents <b>1c</b>					
fs. r A	d	_	ations 1d					
<u>.</u>		Government grants		5,875				
ns, Sin	e	_		·				
er.	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> It included above	225,506				
년 된	g	Noncash contribution	ons included in lines		į	į		
Cont and	h	Total. Add lines	s 1a-1f		234,749			
O E		Totall / (ad Illies		• • • • • • • • • • • • • • • • • • •	,			
돌	2a	Program income		Business Code 900099	225			
λeλ.	b	- Indian income		900099	223			
o≛ L	c							
<u>ي</u>	d							
₹	e	-						
ram	f	All other progra	m service revenue					
Program Service Revenue	-							
	9		s 2a-2f		225			
	3		ome (including dividend ar amounts)					
	4	Income from inves	tment of tax-exempt bond p	oroceeds ►				
	5	Royalties		•				
		C	(ı) Real	(II) Personal 15,070				
	6a	Gross rents		13,070				
	ь	Less rental expenses		6,314				
	c	Rental income or (loss)		8,756				
	d	Net rental inco	me or (loss)		8,756			8,756
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)	· · · ·•				
Other Revenue	8a	Gross income f events (not inc \$ of contributions						
ά		See Part IV, lin	e 18 a					
He	ь	less directev	penses b	1,673 51				
ō	c		loss) from fundraising (		1,622			1,622
	9a	Gross income f See Part IV, lin	rom gaming activities e 19 aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	·				
	b c		penses b loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		-				
	b c	Less cost of go Net income or (	loss) from sales of inve	entory ▶  Business Code				
	11a b	scenaneous	s Revenue	Dusiliess Code				
	c							
	d	A II other revenu						
	e	Total. Add lines		•				
	12		See Instructions					
		. ocai i eveliue.	Sec instructions .	•	245,352	225		10,378

# Form 990 (2015) Part IX Statement of Functional Expenses

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

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</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		·		<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	44,152	30,906	6,623	6,623
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	82,771	65,791	13,956	3,024
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,228	3,264	2,973	991
10	Payroll taxes				
		20,272	14,596	4,257	1,419
11	Fees for services (non-employees)				
a	Management				
Ь	Legal				
С.	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,535	1,973	6,562	0
12	Advertising and promotion				
13	Office expenses	10,924	9,141	1,152	631
14	Information technology				
15	Royalties				
16	Occupancy	7,243	5,793	725	725
17	Travel	102	102	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,012	5,610	701	701
23	Insurance	7,023	5,621	701	701
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Publicity	1,538	1,538	0	0
b	Special events	3,661	3,661	0	0
c	Training and research	32	32	0	0
d	Pass-thru program expenses	4,835	4,835	0	0
e	A II other expenses	3,264	0	3,264	0
25	Total functional expenses. Add lines 1 through 24e	208,592	152,863	40,914	14,815
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2015)					Page <b>11</b>
Par	τX	Balance Sheet					
		Check if Schedule O contains a response or note to any line	ın thıs	Part X			· · · · <u>· ·                            </u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			9, 147	1	60,388
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,212	4	5,825
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Cor Schedule L	nplete f	Part II of		5	
Assets	6	Loans and other receivables from other disqualified person section $4958(f)(1)$ ), persons described in section $4958(c)$ employers and sponsoring organizations of section $501(c)$ employees' beneficiary organizations (see instructions) Coschedule L	)(3 )(B), )(9 ) vol	and contributing untar <b>y</b>		6	
881	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,867	9	4,692
	10a	Land, buildings, and equipment cost or other basis	1	 I	,, ===		.,
		Complete Part VI of Schedule D	10a	378,525			
	ь	Less accumulated depreciation	10b	175,944	211,602	<b>10</b> c	202,581
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			231,828	16	273,486
	17	Accounts payable and accrued expenses	15,267	17	20,105		
	18	Grants payable				18	
	19	Deferred revenue			30	19	90
	20	Tax-exempt bond liabilities				20	
c۸	21	Escrow or custodial account liability Complete Part IV of		21			
ilities	22	Loans and other payables to current and former officers, dikey employees, highest compensated employees, and disc	i				
Liab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p				23	
	24	Unsecured notes and loans payable to unrelated third part				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,		25	
	26	Total liabilities.Add lines 17 through 25			15,297	26	20.195
	20	Organizations that follow SFAS 117 (ASC 958), check here			10,237	20	20,100
ses		lines 27 through 29, and lines 33 and 34.	- 1				
<u> </u>	27	Unrestricted net assets			208,784	27	241,044
ä	28	Temporarily restricted net assets			7,747	28	12,247
Ē	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	ck here	• ► □ and			
ets	30	Capital stock or trust principal, or current funds				30	
\$\$6	31	Paid-in or capital surplus, or land, building or equipment fu	ınd .			31	
t A	32	Retained earnings, endowment, accumulated income, or ot	her fun	ds		32	
${\sf S}_{\sf e}$	33	Total net assets or fund balances			216,531	33	253,291
	34	Total liabilities and net assets/fund balances		<u> </u>	231,828	34	273,486
							Form <b>990</b> (2015)

# 2b **b** Were the organization's financial statements audited by an independent accountant? Νo 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

Both consolidated and separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

Consolidated 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?

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

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

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

Nο

2c

3a

Yes

SCHEDULE A Public Charity Status

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

For Paperwork Reduction Act Notice, see the Instructions for 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.

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

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 federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

2015
Open to Public Inspection

DLN: 93493118007377

Name of the organizat	ion			
Internal Revenue Service				
Treasury				
Department of the				

Part I

1

2

3

Total

990EZ)

DARE Direct Action for Rights & Equality Inc

(Form 990 or

ty Inc Employer identification number 05-0422763

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). 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . 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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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

Sectio	n A. Pul	blic Su	pport
--------	----------	---------	-------

supported organization

S	ection A. Public Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2	015	(f)Total
	fiscal year beginning in)	(4)2011	(5)2012	(6)2013	(4)2011	(0)2		(1)10ta1
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	218,504	154,724	132,560	122,875		234,749	863,412
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	<b>Total.</b> Add lines 1 through 3	218,504	154,724	132,560	122,875		234,749	863,412
	The portion of total contributions	220,001	20 1,72 1	101,000				000,112
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							184,289
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from line 4							679,123
S	ection B. Total Support							
	Calendar year							
(or	fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 20	)15	<b>(f)</b> Total
7	A mounts from line 4	218,504	154,724	132,560	122,875		234,749	863,412
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,875	6,080	9,733	10,666		15,070	48,424
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	<b>Total support.</b> Add lines 7 through 10							911,836
12	Gross receipts from related activit	ies, etc (see insti	ructions)			12	i	39,040
13	First five years.If the Form 990 is	for the organizatio	n's first, second,	third, fourth, or fi	fth tax <b>y</b> ear as a	section 5	01(c)(3)	organization,
	check this box and stop here						.▶ 🗸	
S	ection C. Computation of Pul	blic Support P	ercentage					
14	Public support percentage for 2015	5 (line 6, column (	f) divided by line	11, column (f))		14	1	0 %
15	Public support percentage for 2014	4 Schedule A, Par	t II, line 14			15		
<b>16</b> a	<b>33 1/3% support test—2015.</b> If the	organization did r	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	iis box
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2014.</b> If the				and line 15 is 33	1/3% or	more, che	►   eck this
17a	box and <b>stop here.</b> The organizatio <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization Part VI how the organization medians.	<b>—2015.</b> If the orga	nization did not c cts-and-circumst	heck a box on line ances test, chec	k this box and <b>st</b> e	p here. E	xplaın	►□
b	organization  10%-facts-and-circumstances test 15 is 10% or more, and if the organization part VI how the organization.	nızatıon meets the	e "facts-and-circi	ımstances" test,	check this box a	nd <b>stop h</b>	ere.	<b>▶</b> □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if	gou	chec	cked th	e box	on	lıne	9	of	Part 1	or	ıf the	organization	failed	to	qualify	under	Part

	II. If the organizatio						ry under Part
Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or	fiscal year beginning in) ► 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						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>,</i> u	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
Sc	from line 6 ) ection B. Total Support						
	Calendar year	T	T	T	T		
(or i	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	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						
	capıtal assets (Explaın ın Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )						
14	First five years.If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	section 501(c	
	check this box and stop here						▶┌
	ection C. Computation of Pub			42 1 (0)			
15	Public support percentage for 201	, ,		: 13, column (f))		15	0 0
16	Public support percentage from 20	<u>.</u>				16	
	ection D. Computation of Inv			_			
17	Investment income percentage for	,	• •	•	nn (f))	17	0 (
18	Investment income percentage fro					18	
19a	<b>33 1/3% support tests—2015.</b> If th	=					
	more than 33 1/3%, check this box						2 1/20/ and line
D	33 1/3% support tests—2014.If th	-					_
20	18 is not more than 33 1/3%, chec <b>Private foundation.</b> If the organization						
	acc i vanuationini the organizat	CION AND HOL CHECK	a box on file 14	, u, u, ,	certains box and :	oce monucuous	, - 1

#### 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 D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	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		
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		
С	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	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5</b> b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	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 <b>Part VI</b> .	<b>9</b> a		
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 <b>Part VI</b> .	<b>9</b> b		
С	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 <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
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?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

#### Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

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 Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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 Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> 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

Pality 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 accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 A mounts 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			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 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			
		····	····
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
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			
С			
<b>d</b> 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 \$			
a Applied to underdistributions of prior years			
<b>b</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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
			(F 000 000 F7) (201 F

#### DLN: 93493118007377

Employer identification number

05-0422763

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

DARE Direct Action for Rights & Equality Inc

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 495!	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to of	ther organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			⊤ Yes
	amount of political contribution separate segregated fund or a	For each organization listed, enter th ns received that were promptly and c political action committee (PAC) If	Irectly delivered additional space	to a separate political orga is needed, provide informa	inization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	)-EZ.	Cat No 50084S Schedule C (	Form 990 or 990-EZ) 2015

reporting section 4911 tax for this year?

Grassroots lobbying expenditures

ch	edule C (Fo	orm 990 or 990-EZ) 2015				Page <b>2</b>
Pa	rt II-A	Complete if the organization under section 501(h)).	is exempt under section 501(c)(3	3) and fi	iled Form 5768	(election
1	Check <b>&gt;</b>	If the filing organization belongs to expenses, and share of excess lobb	an affiliated group (and list in Part IV each a bying expenditures)	ıffılıated g	roup member's nam	e, address, EIN,
1	Check <b>&gt;</b>	if the filing organization checked be	ox A and "limited control" provisions apply			
			ying Expenditures eans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
la	Total lobb lobbying)	ying expenditures to influence public of	opinion (grass roots			
b	Total lobb	ying expenditures to influence a legisl	ative body (direct lobbying)		1,477	
c	Total lobb	ying expenditures (add lines 1a and 1	b)		1,477	
d	Otherexe	mpt purpose expenditures			207,115	
e	Total exer	mpt purpose expenditures (add lines 1	c and 1d)		208,592	
f	Lobbying i	nontaxable amount Enter the amount	from the following table in both columns		41,718	
	If the amo	unt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$5	00,000	20% of the amount on line 1e	1		

14	lobbying)				
b	Total lobbying expenditures to influence a legis		1,477		
c	Total lobbying expenditures (add lines 1a and 1	1,477			
d	Other exempt purpose expenditures			207,115	
e	Total exempt purpose expenditures (add lines	(c and 1d)		208,592	
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns		41,718	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)		10,430	
h	Subtract line 1g from line 1a If zero or less, en	ter -0 -	•		
i	Subtract line 1f from line 1c If zero or less, ent				

 ⊤ Y e s 4-Year Averaging Period Under section 501(h)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Return Reference

Pa	complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				<u> </u>
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	(a)		(b)	
	vity		No	,	\ moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(0	(5),	or s		
	Want to be the live of 10000 and are a live of the liv		_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	,	2a	<u> </u>			
b		2b	-			
С		2c	-			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5	1			
P	art IV Supplemental Information					
	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list)	ı, Part II	[-A,I	ines 1	and

Explanation

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

#### **SCHEDULE D**

(Form 990)

Department of the

Treasury

## **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 <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

DLN: 93493118007377 OMB No 1545-0047

Open to Public Inspection

Inten	nal Revenue Service	` ' -		
	<b>me of the organization</b> RE Direct Action for Rights & Equality Inc			oyer identification number
Pa		r <b>Advised Funds or Other Similar Fo</b> ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	(a) Bollot advised fullus	(6)	Tunus and other accounts
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	sed <b>Yes No</b>
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for ar	n <b>y</b> other	r purpose <b>Yes No</b>
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	<u>n Form</u>	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ie organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)		n histor	ically important land area
	Protection of natural habitat	·		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 contribution in t	he form:	of a conservation
				Held at the End of the Year
a	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 in (a)	2c	
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, extinguished, or terminate	ed by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	servation easements during the
	<b>-</b>			
7	A mount of expenses incurred in monitoring, inspersely.	ecting, handling of violations, and enforcing co	onserva	tion easements during the year
8	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of sec	tion 17:	0 (h)(4) <b>Yes No</b>
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		•
Pai		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
(	(i) Revenue included on Form 990, Part VIII, line :	1	<b>&gt;</b> \$	
(	ii) Assets included in Form 990, Part X			

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	(continued)	tions maintaining	Collections of A	Art, F	11510	oric	aii	reas	sures,	or O	tner Si	milar A	sse	τς	
3	Using the organiza	ation's acquisition, acce check all that apply)	ession, and other red	cords,	, chec	ck ar	ny of t	the fo	ollowing	that a	re a sıgr	nıfıcant us	e of	ıts	
а	Public exhibi	tion		•	d	Г	Loan	ore	xchange	progr	ams				
b	Scholarly res	earch		•	е	Г	O the	er							
c	Preservation	for future generations													
4	Provide a descript Part XIII	ion of the organization's	s collections and ex	plaın l	ho <b>w</b> t	hey	furthe	er the	e organız	ation'	s exemp	t purpose	ın		
5	assets to be sold	id the organization solic to raise funds rather tha	an to be maintained									┌ Ye	s	☐ No	1
Pa		nd Custodial Arra if the organization a e 21.		n Forr	m 99	0, F	Part 1	IV, lı	ıne 9, o	r rep	orted a	n amour	nt or	Forn	n 990,
1a	Is the organization included on Form 9	n an agent, trustee, cus 990, Part X?	todian or other inter	media	ary fo	rco	ntribu	utions	s or othe	rasse	ets not	☐ <b>Y</b> e	s	┌ No	1
b	If "Yes," explai	n the arrangement in Pa	art XIII and complet	te the	follo	wing	table	•				Am	ount	:	
c	Beginning balan	ce								<b>1</b> c					
d	Additions during	g the year								1d					
e	Distributions du	ırıng the <b>y</b> ear								1e					
f	Ending balance									1f					
2a	Did the organization	on include an amount oi	n Form 990, Part X,	line 2	1, for	resc	crow c	orcus	stodial a	ccoun	ıt lıabılıt	<sup>y</sup> ?	s	☐ No	)
<b>L</b>															
b		he arrangement in Part												• •	
Ρđ	rt V Endowm	ent Funds. Comple	(a)Current year		)Prior				wo years			, iine 10 years back		Four ve	ars back
1a	Beginning of year	balance	(a)current year	(1)	)i iioi	year		, (с)	wo years	Dack	(u)iiiee	years back	(6)	i our ye	ars back
b	Contributions														
С	Net investment ea losses	arnings, gains, and													
d	Grants or scholar	ships													
e	Other expenditure and programs	es for facilities													
f	Administrative ex	penses													
g	End of year balance														
2	Provide the estima	ated percentage of the o	current year end bal	ance (	(lıne	1g, c	colum	nn (a)	)) held as						
а	Board designated	or quasi-endowment <b>&gt;</b>													
ь	Permanent endow	nent ▶													
с	Temporarily restri	cted endowment <b>&gt;</b> on lines 2a, 2b, and 2c	should equal 100%												
3а	Are there endowm organization by	ent funds not in the pos	session of the orga	nızatıd	on tha	at ar	e held	d and	dadminis	stered	for the			<b>V</b>	NI-
	,	nizations										3a	ı(i)	Yes	No
		zations											(ii)		
b		are the related organiza										:	3b		
4		III the intended uses o		endov	wmen	t fur	nds								
Pa		<b>ildings, and Equip</b> ıf the organızatıon a		Form	aan	) Da	ort IV	/ lin	na 11a (	Soo E	orm 99	O Dart V	/ lin	10	
		iption of property	inswered res to	101111	Cost	(a t or o	a) ther ba tment)	asıs	(b) Cost or ot (oth	) her bas	Δ.	ccumulated depreciation			k value
1a	Land												_		
b	Buildings			[						340,46	7	137,8	86		202,581
c	Leasehold improve	ments		. [									$\perp$		
d	Equipment			.						38,05	18	38,0	58		
_	0.11							- 1					- 1		

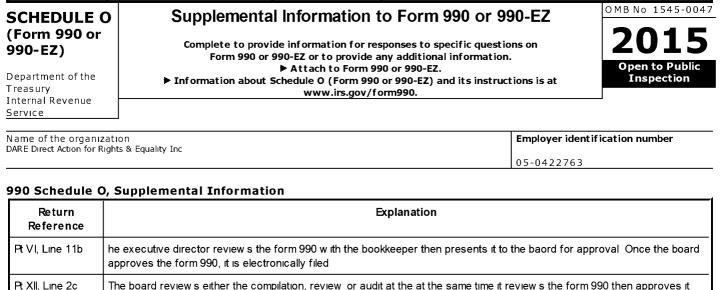
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Othe See Form 990, Part X	er Securities. Co	implete if the orga		
(a) Description of	security or category me of security)	/	(b)Book value	(c)Method of valuation Cost or end-of-year market val
1)Financial derivatives	me or security)			Cost of elid-of-year market var
2)Closely-held equity interests				
<b>3)</b> O ther				
otal. (Column (b) must equal Form 990, Pa	art Y col (B) line 12 )	<b>•</b>		
art VIII Investments—Prod	gram Related.			
		d 'Yes' on Form 99		See Form 990, Part X, line 13.
(a) Descriptio	on of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
				. ,
latal (Column (h) must agual Form 990 P.	art V. col (B) line 12 )	•		
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15  (b) Book value
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
Other Assets. Complete of the	(a) Desc	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Complete Part X Other Liabilities.	(a) Description (b) Inneomplete if the organization (b) Description (c) Descri	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Complete See Form 990, Part X	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Conservation See Form 990, Part X	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
otal. (Column (b) must equal Form 99  Part X Other Liabilities. Co See Form 990, Part X  (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
Total. (Column (b) must equal Form 99  Part X Other Liabilities. Congression See Form 990, Part X  (a) Description of the congression of the congr	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
Total. (Column (b) must equal Form 99  Part X Other Liabilities. Conservation of See Form 990, Part X  (a) Description of the conservation of the	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription  15)  anization answere		(b) Book value
See Form 990, Part X	(a) Description (a) Descriptio	answered 'Yes' on tription  15)  anization answere		(b) Book value

Part		f <b>Revenue per Audited Financial Statements With Revenue p</b> ganization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	•	other support per audited financial statements	1	
2	A mounts included on line 1	. but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losse	es) on investments 2a		
b	Donated services and use	of facilities		
c	Recoveries of prior year gr	ants		
d	Other (Describe in Part XI)	II )		
e	Add lines 2a through 2d .		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form	990, Part VIII, line 12, but not on line 1		
а	Investment expenses not i	ncluded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XI	II ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		Expenses per Audited Financial Statements With Expense: ganization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1		per audited financial statements	1	
2	A mounts included on line 1	. but not on Form 990, Part IX, line 25		
а	Donated services and use	of facilities 2a		
b	Prior year adjustments .	2b		
c	Other losses	2c		
d	Other (Describe in Part XI	II ) 2d		
e	Add lines 2a through 2d .	<del> </del>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	A mounts included on Form	990, Part IX, line 25, but not on line 1:		
а	Investment expenses not i	ncluded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XI)	II ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	4c	
5	Total expenses Add lines	<b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	
Prov Part		Information  for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
1111011		Contraction		
	Return Reference	Explanation		
Pt X, L	Line 2	The organization is exempt from federal income taxes under section 501 Code and applicable state law. The accounting standard on accounting from taxes addresses the determination of whether tax benefits claimed or ex	orunce	ertainty in income

Return Reference	Explanation
Pt X, Line 2	The organization is exempt from federal income taxes under section 501-c-3 of the Internal Revenue Code and applicable state law. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the from an uncertain tax position only if it is morelikely than not that the tax position will be sustained on examiniation by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the organization and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for years ending June 30, 2016. The organization is generally no longer subject to examination by the Internal Revenue Service for years before 2013.
	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	Page <b>5</b>	
Part XIII Supplemental Information		
Return Reference	Explanation	



DLN: 93493118007377

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

or

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
Form 990EZ, Part I, Line 8	Rental income

Program expense

Form 990EZ, Part I, Line 16

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990EZ, Part I, Line 16	Office expense

Accounts Receivable - Net 6212

Form 990EZ, Part II, Line 24

990 Schedule O, Supplemental Information

Return Reference Explanation

Accounts Payable 15267

Form 990EZ, Part II, Line 24	Prepaids 4867

Form 990EZ, Part II, Line 26

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990EZ, Part II, Line 26	Deferred Revenue 30

Baddebts 3264 0 3264 0

Form 990, Part IX, Line 24e