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<b>-</b>	990
Form	777

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

OMB No. 1545-0047

2015

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.

Open to Public

Dec	xariment o mai Fleven	the Treasury us Service  Information about Form 990 and its instructions is at www.i			Inspection			
A		2015 calendar year, or tax year beginning 7/1, 2015, and end		30	,20 16			
B.		upplicable: C Name of organization CACHE CORPORATION	<u> </u>		er identification number			
n	Address				23 7331829			
Ħ	Name ch		suite	E Telepho	ne number			
$\Box$	initial ret			· ·				
吕		n/Jerminaled City or town, state or province, country, and ZIP or foreign postal code			512 471-3080			
r-i	Amondo		- 1	'G Gross n	acolpte \$ \$314,525			
$\ddot{\Box}$		on pending F Name and address of principal officer:	U'al la lbla a ac		subordingles? Yes No			
i J	мррисац	GE PHILORING IN A ROCK GOS OF PRINCIPAL CHRISCH.			s included? Yes No			
_	Y	Tracks Draws Draws Draws Draws			a list (see instructions)			
÷	Websita	npt status:	<b></b> i		-			
K.		► WWW.CACHE.ORG  rganization Corporation Trust Association Other ► L. Year of form	H(c) Group	· · · · · · · · · · · · · · · · · · ·	of legal domicile: TX			
_	art	Summary [ Passociation   Curior   Literarchion	ation: 1971	Wiotate	Orioga Comicio. 1X			
		Briefly describe the organization's mission or most significant activities:		•••••				
0	1 .							
Activities & Governance	1	ORGANIZING EDUCATIONAL CONFERENCES AND PROVIDE DEVELOPED ENGIN	ERING SOFTY	VAHES 1	<u>V</u>			
E		STUDENTS/UNIVERSITIES WORLDWIDE		DE 01 -4	the most company			
8		Check this box ▶☐ If the organization discontinued its operations or disposed	or more man		1			
Ö	•	Number of voting members of the governing body (Part VI, line 1a)		3	28			
တ္		Number of independent voting members of the governing body (Part VI, line 1)	· ·	4	28			
ţ,	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0			
ŧ		Total number of volunteers (estimate if necessary)	• • •	6	40			
₹		Total unrelated business revenue from Part VIII, column (C), line-12		7a	0			
	b	Net unrelated business taxable income from Form 990-1, line 34 \		7b	0			
	[ '	70	Prior Yo	er	Current Year			
ø		Contributions and grants (Part VIII, line 167.		167,089	162,240			
Revenue		Program service revenue (Part VIII, line 29) . AUG 1. 5 2016		199,566	125,210			
8	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		104	199			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,378	26,876			
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		387,137	314,525			
		Grants and similar emounts paid (Part IX, column (A), lines 1-3)		140,587	103,942			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
4		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,490	22,095			
Š.	1	Professional fundraising fees (Part IX, column (A), line 11e)		C	0			
Expenses	i	Total fundraising expenses (Part IX, column (D), line 25)						
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		275,255	253,827			
	l .	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		438,332	379,884			
	E	Revenue less expenses. Subtract line 18 from line 12	<b></b>		-65,339			
- 4	<del> </del>	Tovertuo 1655 experises. Conditact interno trattante 12 ,	Beginning of Cut	-51,195 rept Year	End of Year			
\$1 E	20	Total assets (Part X, Ime 16)						
38	21	Fotal flabilities (Part X, line 26)		564,731	590,625			
Net Assets or Fund Babances	22			0	401.000			
	ri II	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	564,731	494,392			
-			-14-44-	- 4 6 - 6 -	and the second ball of the			
tru	oer peren e, correct,	les of ponjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of properor (other than officer) is based on all information of which prepar	oments, and to th er bas anv knowle	g pestorn idaa.	uà kuomiodia sud pasat x s			
_								
Sig	ın İ	Signature of officer	Dal					
He				0/1	t / 11 <b>.</b>			
110	۱ ۱	Type or print name and title	<u></u>	0/				
		, ., .	lata =	T	-√ PTIN			
Pa		Print/Type preparer's name  Preparer's signature  Preparer's signature	8-5-16	Check	Z1 II 1			
	eparei			self-emp	жоуод			
Us	e Only			s FIN ▶				
λA~-	the in	Firm's address > 15504 Brodick Dr. Austin TX 78717	Phor	e no.	512-577-2268			
		S discuss this return with the preparer shown above? (see instructions)		• • •	Yes No			
ror	raperw	ork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form <b>990</b> (2015)			

Part	V Checklist of Required Schedules			
. `			Yes	No
ຸ 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	✓ .	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
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		<b>√</b>
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		<b>√</b>
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		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			<u>·</u>
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.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a		<u>√</u> √
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		<u>·</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓ ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>·</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>·</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
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		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>·</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u> ✓
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		<u>·</u> ✓
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		· ✓
	THE PARTY OF THE P			<del>-</del>

Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	000	Yes	No
∠∪a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<b>✓</b>
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		<b>V</b>
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		<b>✓</b>
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		<b>▼</b>
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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
38	Part VI	37	1	•

Part	<del>,                                    </del>			_
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		
` 1a	Enter the number reported in Pay 2 of Form 1006 Fator 0, if not easilists		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		Ì
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
-	reportable gaming (gambling) winnings to prize winners?	1c	1	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>-</b> -	(FBAR)	l _		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>/</b>
- Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		-
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	_		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<b>*</b>
10	Section 501(c)(7) organizations. Enter:	30		· ·
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C						
Socti.	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u>· · ·</u>	•	<u>(</u>		
secu	on A. Governing Body and Management		Ye	s	No.		
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	28	+				
10	If there are material differences in voting rights among members of the governing body, or	-					
	if the governing body delegated broad authority to an executive committee or similar	-					
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b	28					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	h					
	any other officer, director, trustee, or key employee?	2	4		_		
3	Did the organization delegate control over management duties customarily performed by or under the direct	1			,		
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	_		<u>/</u> _		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		- '	_		
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6			_		
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoin	1 -	-	+			
-	one or more members of the governing body?	7:	a		/		
b	Are any governance decisions of the organization reserved to (or subject to approval by) member		$\neg$				
	stockholders, or persons other than the governing body?	71	o				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	g					
	the year by the following:						
а	The governing body?	8					
b	Each committee with authority to act on behalf of the governing body?	.   <u>8</u>	b ✓	_ -			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	.	١.	/		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev			e.)			
	on bit onotes (time econotic bioquiente information acces pension included by the internation		Ye		No		
10a	Did the organization have local chapters, branches, or affiliates?	10	)a ✓				
b	and the second of the second o						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		)b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a ✓				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		.   .	,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a   √ 2b   √				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	_	.b   ₹	-			
С	describe in Schedule O how this was done		2c ✓	,			
13	Did the organization have a written whistleblower policy?	1:					
14	Did the organization have a written document retention and destruction policy?	1.	4 🗸	7			
15	Did the process for determining compensation of the following persons include a review and approval to	у					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	_	5a √				
b	Other officers or key employees of the organization	15	ōb ✓				
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<u>,</u>					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme with a taxable entity during the year?	<sup>11</sup>   16	ia l		/		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i		-	-+'	<u> </u>		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16	3b	Ì			
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ OGDEN, UTAH						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 50	)1(c)(	3)s c	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.						
40	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)	inter-		lion	<b>0</b> -2		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	mere	si po	псу,	and		
20	State the name, address, and telephone number of the person who possesses the organization's books and	recor	ds: 🕨				
_~	JANET ELLIOTT, 352-624-0515	. , 5501	JJ. P				

_	-
Page	1

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Uneck this box if neither the organization no	r any relate	a org:	anız	atic	n ç	ompe	nsa	ited any curren	it officer, directo	r, or trustee
				(0	C)					
(A)	(B)	<u>, .</u>	Position					(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any	95	5	0	7	<b>₽</b> <u>∓</u>	بتر	from	related	other
	hours for related	5 ₹	Stit	Officer	) ¥	함	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ec dua	i	"	ğ	) yet c	ଙ୍	(W-2/1099-MISC)	(** = *********************************	organization
	below dotted	२ 🚡	nai		Key employee	) Ä				and related
	line)	Individual trustee or director	institutional trustee		🎳	Pen				organizations
		"	tee			Highest compensated employee				
		ļ <u> </u>	<del>                                     </del>	_	-	-				
(1)	<u> </u>					ŀ				
THOMAS F. EDGAR, EXECUTIVE OFFICER	<u> </u>	<u></u>		✓				4,500	0	
(2)								i		
Marianthi lerapetritou, PRESIDENT		ļ		✓			_	2,000	0	(
(3)										
Michael A. Henson, VICE PRESIDENT				✓				750	0	
(4)					İ					
Edward Maginn, SECRETARY				✓				750	0	
(5)										
(6)			-							
(6)	<del> </del>									
(7)					,					
		 			ļ		ļ			
(8)										
					<u> </u>					
(9)	<b></b>									
(40)	ļ			_						
(10)										
(11)										-
3.:. <i>i</i>	f									
(12)										
					<u> </u>					
(13)	ļ									
(14)	ļ									
		'	1		Ι '	1	ĺ	1		1

(A) Name and title		(B) Average hours per week (list any	box, i	unles er and	Pos neck s pe d a d	rson	than one that the that the that the that the that the that the the that the that the the the the the the the the the th	an ee)	(D)  Reportable compensation from	(E) Reportable compensation fro	m	Esti amo	(F) mated ount of	,
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	5)	composition from comparts or c	ensation the nization related izations	ı
(15)					_									
(16)										<del></del>			<del></del>	
(17)				-		_					-			
(18)					-	$\vdash$					-			
(19)					-	-					-			
(20)					<u> </u>									
(21)						_					-		<del></del>	
(22)										-	-			
(23)							<u> </u> 							
(24)														
(25)														
1b c d	Sub-total		n A					<b>&gt;</b>	\$8,000		0			
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						<b>▶</b> ∋) w	ho received m	ore than \$100,	<u></u>	f		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete											3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$		,000	)? [						4		1
5	Did any person listed on line 1a receive of for services rendered to the organization		ompe	nsa	tion	fro						5		1
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	•												ax
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) mpens	ation	
N/A								N/A	Α					N/A
2	Total number of independent contractor received more than \$100,000 of compens							) th	nose listed ab	ove) who				·

Pan	ŽVIII	Check if Schodule C	enue	a roci	nonce or note to	any line in thie	Part \/III		
		Check if Schedule C	Contains	a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	20,600				
s, G	С	Fundraising events .		1c	0				
ar /	d	Related organizations		1d	0				
s, C	e	Government grants (cor	tributions)	1e	135,640				
ion	f	All other contributions, g	ıfts, grants,						
the fig		and similar amounts not inc	luded above	1f	О				
d of	g	Noncash contributions inclu	ded in lines 1a	-1f \$	6,000				
<u>ဂ္ဂ ၕ</u>	h	Total. Add lines 1a-1	f		<u>.</u> ▶	162,240			
ne					Business Code				
Yer	2a	CONF. REGIST./ SUPP	ORT		900099	99,919			
æ	b	EDUCATIONAL SOFTV	VARE		900099	25,291			
Program Service Revenue	С	INDUSTRIAL SUPPOR	T		900099	0			
Ser	d								
펿	e								
ogr	f	All other program ser			L				
<u>~</u> _	g	Total. Add lines 2a-2				125,210			
	3	Investment income							
	_	and other similar amo				199			
	4	Income from investmen				0			
	5	Royalties		<u> </u>	<b>&gt;</b>	0			
			(i) Hea		(II) Personal				
	6a	Gross rents		<del></del> -					
	b	Less rental expenses							
	C.	Rental income or (loss)			L		_		_
	d	Net rental income or Gross amount from sales of	(IOSS) . (i) Securit		▶ (II) Other	0	0	0	0
	7a	assets other than inventory	(i) Securit	.103	(ii) Other				
	b	Less cost or other basis and sales expenses .							
	C	Gain or (loss)							
	d	Net gain or (loss) .			•	o	o	0	0
4				•				<u>-</u>	<u>_</u>
evenue	8a	Gross income from fu events (not including \$							
α.		of contributions report							
Other	ь	See Part IV, line 18 . Less. direct expenses							
Ò		Net income or (loss) f				اه		0	0
		Gross income from gasee Part IV, line 19	aming activ	ities.					<u> </u>
	ь	Less direct expenses							
	C	Net income or (loss) f				o	0	0	0
	_	Gross sales of ir	ventory,	less					
	b	Less: cost of goods s		b					
	c	Net income or (loss) f				o	o	0	0
	Ť	Miscellaneous F			Business Code				
	11a	Misc. Fees/Income				20,840			
		SE Regional CHE dept				21,872			
	С	Net Market value of inv				-15,836			
	d	All other revenue .							
	е	Total. Add lines 11a-	·11d		>	26,876			
	12	Total revenue. See II				314,525			
		<u> </u>							Form <b>990</b> (2015)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizati	ons must complete all columns. A	All other organiza	tions must	complete c	olumn (.	A)

Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	103,942	103,942				
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8,000	0	8,000	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0		
7 8	Other salaries and wages	14,095	3,670	10,425	0		
9 10	Other employee benefits	0	0	0	0		
11 a b	Fees for services (non-employees)  Management	0	0	0	0		
c d	Accounting	13,055	4,155 0	8,900 0	0		
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0		
12	(A) amount, list line 11g expenses on Schedule 0)  Advertising and promotion	0	0	0	0		
13 14	Office expenses	6,126 731	0	6,126 731	0		
15 16 17	Royalties	15,462	15,462	0	0		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	19,550	17,223	2,327	0		
19 20	Conferences, conventions, and meetings . Interest	147,730 0	147,730 0	0	0		
21 22	Payments to affiliates	0	0	0	0		
23 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.)	1,892	0	1,892	0		
a b	Trustee Meetings SE Regional CHE dept. regist.	29,236 17,845	0	29,236 17,845	0		
c d	Honorarium, awards, plaques Newsletters All other expenses	1,200 1,000	0	1,200 1,000	0		
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs	379,864	285,382	87,682	0		
	from a combined educational campaign and fundraising solicitation. Check here   □ if following SOP 98-2 (ASC 958-720)	0	0	0	0		

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . . . . (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 153,355 103.838 2 2 Savings and temporary cash investments . . . . . 132,736 132,885 3 3 0 0 4 4 0 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets 6 0 n 7 0 0 Inventories for sale or use . . . . . 8 0 0 Prepaid expenses and deferred charges . 4,901 9 4,766 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 0 10c b 10b 0 11 Investments—publicly traded securities . . . . . 268,739 11 252,903 12 Investments - other securities. See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 14 0 0 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 559,731 16 494,392 Accounts payable and accrued expenses . . . . . 17 0 17 0 ol 18 18 0 19 Deferred revenue . . . . 19 0 0 Tax-exempt bond liabilities . . . . . . 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 0 0 22 Loans and other pavables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 Unsecured notes and loans payable to unrelated third parties . . . 24 24 ol 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total liabilities. Add lines 17 through 25 . 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 27 0 28 28 0 0 Fund 29 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ò 30 Capital stock or trust principal, or current funds . . . . 30 Assets 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds. 559,731 32 494,392 Net 33 559,731 33 494,392 Total liabilities and net assets/fund balances 559,731 34 494,392 Form **990** (2015)

Par	XI Reconciliation of Net Assets				ge 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				4,525
2	Total expenses (must equal Part IX, column (A), line 25)			37	9,864
3	Revenue less expenses. Subtract line 2 from line 1			-6	5,339
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			55	9,731
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	<u> </u>		49	4,392
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in	-		ļ !
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	a or	1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		0.		,
D	Were the organization's financial statements audited by an independent accountant?		2b		<b>-</b>
	separate basis, consolidated basis, or both.	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				}
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs				
	of the audit, review, or compilation of its financial statements and selection of an independent accountain		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın in			
	Schedule O.				}
					1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fort				
	the Single Audit Act and OMB Circular A-133?		За		1
		the	3a 3b		1

#### **SCHEDULE A**

(Form-990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

vame	or the organization					Employer identification	number
	IE CORPORATION					23 73	
	t I Reason for Public Cha						ns.
	organization is not a private founda			-	-	•	
1							
2	A school described in <b>section</b>		•			• •	
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	the general public
8	A community trust described i	n <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)			
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support f	from con	tributions, members	hip fees, and gross
	receipts from activities related						
	support from gross investme acquired by the organization a						x) from businesses
10	An organization organized and	l operated exclus	sively to test for public	safety. S	See <b>sect</b> i	ion 509(a)(4).	
11	☐ An organization organized and	operated exclusi	vely for the benefit of,	to perfori	m the fun	ictions of, or to carry	out the purposes of
	one or more publicly supported						
	the box in lines 11a through 11	d that describes	the type of supporting	organizat	tion and o	complete lines 11e, 1	1f, and 11g.
а	1. 3						
	the supported organization(s organization. You must con		• • • •	ct a majo	rity of the	e directors or trustee	es of the supporting
b	Type II. A supporting organi	zation supervise	d or controlled in coni	nection w	rith its su	pported organization	n(s), by having
	control or management of th						
	organization(s). You must co	omplete Part IV	, Sections A and C				
С	Type III functionally integrates supported organization(s)						y integrated with,
d	☐ Type III non-functionally in	tegrated. A sup	porting organization o	perated I	n connec	tion with its support	ed organization(s)
	that is not functionally integr	ated The organi	zation generally must	satisfy a	distributi	on requirement and	an attentiveness
	requirement (see instructions	s). You must co	mplete Part IV, Secti	ons A an	d D, and	Part V.	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	oorted organization(s)				
	(i) Name of supported organization	(II) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above (see instructions))	listed in you docur	ir governing ment?	support (see instructions)	other support (see instructions)
			abovo (oco monaciono))				
				Yes	No		
A)							
<b>A)</b> N/	Α	N/A		-			
B)							
				ļ			
C)				}			
D)							
E)							
		1	i .	1	1	1	

Total

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")	357,141	180,850	321,590	387,177	314,525	1,561,283
2	Tax revenues levied for the		700,000	55,755			110001
_	organization's benefit and either paid						
	to or expended on its behalf	o	o	0	o	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	0	0	0	0	0
4	Total. Add lines 1 through 3	357,141	180,850	321,590	387,177	314,525	1,561,283
5	The portion of total contributions by						
	each person (other than a				ľ		
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	357,141	180,850	321,590	387,177	314,525	1,561,283
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	873	345	210	104	199	1,731
9	Net income from unrelated business						
	activities, whether or not the business			·			
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)	0	0	0	0	0	0 1,563,014
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)		<u> </u>	12	1,503,014
13	First five years. If the Form 990 is for the				. or fifth tax v		n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support						
14	Public support percentage for 2015 (line	6, column (f) dı	vided by line 1	1, column (f))		14	99 9 %
15	Public support percentage from 2014 Sci					15	99 9 %
16a	331/3% support test - 2015. If the organi						
	box and stop here. The organization qua						
þ	331/3% support test—2014. If the organ						
	check this box and stop here. The organ	· ·					. • 📙
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me Part VI how the organization meets the "to						
	organization	iacis-aliu-ciici	iiiistances tes	st. The organiz	ation qualifies	as a publicly s	
	•	 044 lf.h		ot obsolve her			. ► □
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization m	neets the "facts	s-and-circums	tances" test. T	he organizatio	n qualifies as	a publiciv
	supported organization						. ▶ □
18	Private foundation. If the organization d					k this box and	see
-	instructions						_

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	1	J	J	J .		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		İ				
	unrelated trade or business under section 513						
4	Tax revenues levied for the		1				
	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	<del></del>					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
		· <del>-</del>					
b	Amounts included on lines 2 and 3 received from other than disqualified	l					
	persons that exceed the greater of \$5,000		ļ				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<del></del>			<del></del>	
8	Public support. (Subtract line 7c from	· -					
	line 6 )						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,	ĺ					
_	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	•			<del></del>			
11	Add lines 10a and 10b						<del></del>
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on		,				
12	Other income. Do not include gain or	-					
	loss from the sale of capital assets						
	(Explain in Part VI )	}	}				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he					<u> </u>	<u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8		•			15	<u>%</u>
16	Public support percentage from 2014 Sch			<del></del>	<del></del>	16	%
	on D. Computation of Investment In			v line 10 astro	mn (fi)	1471	
17	Investment income percentage for 2015 (					17	<u>%</u>
18 19a	Investment income percentage from 2014 331/2% support tests—2015. If the organ	r acriedule A, l ization did not	check the hov	 con line 14 ai	nd line 15 is m		
138	17 is not more than 33½%, check this box						
b	33½% support tests—2014. If the organiz		-	-			
-	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di						

#### Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations	ait v	•/	
0000	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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		
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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		
С	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.	3с		
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	i	
С	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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
	Did a disqualified person (as defined in line 9a) 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>	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
. 11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in (a) above?	11b	<b> </b>	
	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.  on B. Type I Supporting Organizations	11c	i	L
3601	on b. Type i Supporting Organizations		Voc	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	l		
	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	Ţ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	' ـ ا		
Cooti	on D. All Type III Supporting Organizations	1_	<u> </u>	
Secti	on b. All Type III Supporting Organizations	—	Van	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
,	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		[	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
^	Ashada Task Annual (s) and (b) balance		Yes	No
2	Activities Test. Answer (a) and (b) below.		res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6_		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	· · · · · · · · · · · · · · · · · · ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	······································	
5 Income tax imposed in prior year	5	···	
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-in	tegrated Type III support	ing organization (see

<u>Part</u>	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	nızations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			<del></del>
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
а				
b				
С				
d	From 2013			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d				
e				
	· · · · · · · · · · · · · · · · · · ·	•		

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

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

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
CACHE CORPORATION	23 7331829
Part VI, section B Policies	
Answer to 12C - Executive committee does the monitoring	
Part VI. Section C. Disclosure	
Part VI, Section C Disclosure	
Answer to #19 - The information is provided upon request of the Cache office by way of p	assword protected site
······	
•••••••••••••••••••••••••••••••••••••••	
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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
	-