

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



{}990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- ► Information about Form 990 and its instructions is at www.irs.gov/form990

2015

Open to Public Inspection

		enue Servic	<u>'</u>					
			endar year, or tax year beginning C Name of organization	07-01-2015 , and ending 06-30-20	16	D. Francis		dentification number
_		applicable change	CELEBRATION LUTHERAN SCHOOL				-	
	ame ch	-				27-04	1934	.34
☐ Ir	nitial ref	turn	Doing business as					
Teturn	ınal /termır	nated		Il is not delivered to street address) Room/si	uite	E Telepho	one nu	umber
_		l return	3100 E EVERGREEN DRIVE			(920)	734	-8218
∏Ap	plicatio	n pending	City or town, state or province, count APPLETON, WI 54913	y, and ZIP or foreign postal code				
			<u> </u>		1			ts \$ 638,880
			F Name and address of principal MEGAN OLSEN	lofficer		s this a group		
			3100 E EVERGREEN DRIVE			ubordinates? No		Yes 🗸
——— т Та	ıx-exer	npt status	APPLETON, WI 54913			Are all subordi ncluded?	nate	Yes No
			✓ 501(c)(3) 501(c)() ◄ (in	, , , , , , , ,			ı a lıs	st (see instructions)
	ebsit	e:▶ ww	W CELEBRATIONLUTHERAN NE	: I	H(c)	Group exempt	:ion ŗ	number 🕨
K For	m of or	ganızatıon	Corporation Trust Associati	on 🗸 Other ▶ SCHOOL	L Year	of formation 20	109	M State of legal domicile W
Da	rt I	Sum	mary					
FC	T	_	cribe the organization's mission of	or most significant activities				
	A	CADEM	C EXCELLENCE IN AN ATMOSF	PHERE OF CHRISTIAN LOVE CELE		ILUTHERAN	SCH	OOLPROVIDES
æ	=	HRISTI	AN EDUCATION TO STUDENTS	IN PRESCHOOL (3YR) THROUGH (RADE 8			
anc								
em	-							
Activities & Governance	2 +	Check th	is box ▶ ☐ if the organization dis	continued its operations or disposed	of more th	nan 25% of its	net	assets
ಸ	3	Number	of voting members of the governin	g body (Part VI, line 1a)			3	1 6
nes			-	the governing body (Part VI, line 1b)			4	5
<u> </u>	5	Total nur	nber of individuals employed in ca	lendar year 2015 (Part V, line 2a)			5	18
Ac	6	Total nur	nber of volunteers (estimate if neo	cessary)			6	70
				t VIII, column (C), line 12			7a	0
	b N	et unrela	ted business taxable income fron	n Form 990-T, line 34			7b	
						Prior Year	_	Current Year
Q,	8		- '	e 1 h)	·		185	118,937
Ravenue	9	=	·	e 2g)	•	359,	907	338,453
Ryv	10 11		revenue (Part VIII, column (A), I	(A), lines 3, 4, and 7d)	'	22,	_	27 <i>4</i> 57,76
	12			must equal Part VIII, column (A), lir	ne 🕌			
		12)				474,	9//	515,428
	13	Grants	and similar amounts paid (Part I	X, column (A), lines 1-3)		29,	176	15,146
	14		· ·	, column (A), line 4)			0	(
X 2	15	Saları 5–10)		e benefits (Part IX, column (A), lines		289,	365	321,20
Expenses	16a	′		column (A), line 11e)			0	1
χb	ь	Total fu	ndraising expenses (Part IX, column (D),	line 25) ▶0				
ш	17	Other	expenses (Part IX, column (A), lı	nes 11a-11d, 11f-24e)		105,	989	91,13
	18	Total	expenses Add lines 13-17 (mus	t equal Part IX, column (A), line 25)		424,	530	427,480
	19	Reven	ue less expenses Subtract line 1	8 from line 12		50,	447	87,942
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
set	20	Total	assets (Part X, line 16)			192,	586	291,070
A As	21					7,	172	9,499
žŢ.	22	Netas	sets or fund balances Subtract I	ne 21 from line 20		185,	414	281,57
	rt II		ature Block					
my k	nowle		pelief, it is true, correct, and comp	nined this return, including accompai plete Declaration of preparer (other t				
		**** Signa	* * sture of officer			2017-05-04 Date		
Sig:		1, -						
	-		AN OLSEN TREASURER or print name and title					
			nnt/Type preparer's name		Date 2017-05-04	Check I if	PTIN	N 976753
Pai	d	_	RIAN MECHENICH		2017-05-04	self-employed		
Pre	pare	er ⊢	irm's name ► REILLY PENNER & BENTO irm's address ► 1233 NORTH MAYFAIR R			Firm's EIN ► 3		
Use	e On	ily ˈ				Frione no (414	7 2/1	-,000
	.l. ~-		MILWAUKEE, WI 532263			<u> </u>		
мау	the IF	(S discus	s this return with the preparer sh	own above? (see instructions)				. ✓Yes No

orm	990 (2015)			Page 3
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 💆	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part I</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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Pai	t IV Checklist of Required Schedules (continued)
21	Did the organization report more than \$5,000 of grants or other assistance

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

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)?

Note. All Form 990 filers are required to complete Schedule O

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.

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

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

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

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

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

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

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

member of any of these persons? If "Yes," complete Schedule L, Part III

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

nce to any domestic organization or

21

Nο

22 Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Νo

Nο

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

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . .

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		1			_
		Check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	4			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	ors and reportable	1 c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered					
b	If at le	s return			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during	,	ŕ	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>			3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a sign a financial account in a foreign country (such as a bank account, securities acc unt)?			4a		No
b	If "Ye: See in (FBAR	es," enter the name of the foreign country mstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and f	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6 a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable contest," did the organization include with every solicitation an express statement the not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		No
b	If"Ye	es," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper	•	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7 f		
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	ation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did t	he organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sıness	holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited po	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club esse	10b				
11		on 501(c)(12) organizations. Enter					
		s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 I	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	ee the instructions for	13 a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
14a	Did th	ne organization receive any payments for indoor tanning services during the tax	year	·	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Νo **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

12c 13 Nο Did the organization have a written document retention and destruction policy? . . . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Yes a The organization's CEO, Executive Director, or top management official 15a 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

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

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) 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 ►MEGAN OLSEN 3100 E EVERGREEN DRIVE APPLETON, WI 54913 (920) 734-8218

Part VII

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

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

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

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

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	any	current officer, d	lirector, or truste	e		
(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec , unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations		
(1) MEGAN OLSEN TREASURER	1 00	×						0	0	0		
(2) AMY COX BOARD MEMBER	1 00	x						0	0	35,533		
(3) LYN BIENERT BOARD CHAIR	1 00	×		х				0 0		0 0		0
(4) MATT CZERWAN BOARD MEMBER	1 00	×						0	0	0		
(5) JEN HOUTZ BOARD MEMBER	1 00	×						0	0	0		
(6) ANDY PREISSNER SECRETARY	1 00	×		х				0	0	0		
(7) DEBBIE HERBRICH BOARD MEMBER	1 00	×						0	0	0		
(8) DEB KLINE PRINCIPAL	24 00			×				28,731	0	0		
										_		

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	(c) Position (do not ch more than one box, u person is both an of and a director/trust			unless officer	;	(D) Reportable compensation from the organization (W-	(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
1b	Sub-Total			•			•		'	<u> </u>	
c	Total from continuation sheet	•			•	•	. •		28,731	0	35,533
d	Total (add lines 1b and 1c) .								, , , , , , , , , , , , , , , , , , ,		33,533
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho received more th	nan	

- 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 . . .
 - 5

3

4

Yes

No

Νo

Νo

Νo

Section B. Independent Contractors

3

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

<u> </u>		<u> </u>
(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 ▶ 0

Form 99	0 (20	15)						Page S
Part V	/ † † †	Statement o						
		Check If Schedi	ule O contains a resp	onse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1	а				
tributions, Gifts, Grants Other Similar Amounts	ь	Membership du	es 1	b				
ج آ	c	Fundraising eve	ents 1	.c 4,776				
ifts. ar A	d	Related organiz	zations 1					
£	e	Government grant	s (contributions) 1	e				
ons Si	l f	All other contribution	ons, gifts, grants, and 1	.f 114,161				
outi Her		sımılar amounts no	ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines	4,776				
Contand	h	Total. Add lines	s 1a-1f	· · · •	118,937			
ı,				Business Code				
JI (2a	TUITION		611710	322,734	322,734		
æ	b	HOT LUNCH		611710	9,870	9,870		
۲ <u>۱</u>	C	FIELD TRIP INCOM		611710	5,674	5,674		
3	d	SCHOOL - OTHER	INCOME	611710	175	175		
ran.	e f	All other progra	am corvice revenue					1
Program Service Revenue	'		am service revenue					
<u></u>	g		s 2a-2f		338,453			1
	3		ome (including divide ar amounts)		274	274		
	4	Income from inves	stment of tax-exempt bon	d proceeds				
	5	Royalties	() Parl					
	6a	Gross rents	(ı) Real	(II) Personal				
		Less rental						
	Ь	expenses						
	°	Rental income or (loss)						
	d	Net rental inco	me or (loss)	-				1
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		s)					<u> </u>
Other Revenue	8a	Ψ	luding ,776 s reported on line 1c)					
her				28,784				
ŏ	D		penses (loss) from fundraising	14,429 a events	14,355			14,355
		Gross income f	rom gaming activities ie 19	· ———	·			· ·
	ь	Less directex		b				
	ı		(loss) from gamıng ac					
	10a	Gross sales of	inventory less	•				
		returns and allo	owances .					
	b c	_	a oods sold b (loss) from sales of in	152,432 109,023 ventory ►	43,409			43,409
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	, c	All other reserve						
	d e	All other revenue Total. Add lines		•				
	12	iotal revenue.	See Instructions .	· · · · •	515,428	338,727		0 57,764

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete al.	I columns All other organizations	must complete column (A

Сh	eck if Schedule O contains a response or note to any line in this Part IX								
_									

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,146	15,146		
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	28,731	25,571	3,160	
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	214,838	191,514	23,324	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,927	18,927		
9	Other employee benefits	38,869	34,192	4,677	
10	Payroll taxes	10.010			
	Face for corrusos (non ampleyees)	19,840	13,491	6,349	
11	Fees for services (non-employees) Management				
a	3				
b c	Legal	1 200		1 209	
d	Accounting	1,398		1,398	
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)				
12	Advertising and promotion	612		612	
13	Office expenses	3,976		3,976	
14	Information technology	1,646		1,646	
15	Royalties				
16	Occupancy	30,000		30,000	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,771		2,771	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,075	5,075		
23	Insurance	4,913		4,913	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CURRICULUM EXPENSE	25,752	25,752		
b	HOT LUNCH EXPENSE	10,894	10,894		
c	MISCELLANEOUS	4,102	3,946	156	· · · · · · · · · · · · · · · · · · ·
d	BAD DEBT EXPENSE	-4	-4		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	427,486	344,504	82,982	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X $$.				
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		54,026	1	139,418
	2	Savings and temporary cash investments	Ī	97,470	2	97,640
	3	Pledges and grants receivable, net	Ī		3	
	4	Accounts receivable, net	Ī	0	4	0
	5	Loans and other receivables from current and former officers, directors, trus	tees,			
		key employees, and highest compensated employees Complete Part II of				
		Schedule L			_	
	6	Leans and other recovables from other degualified persons (as defined and	<u>, </u>		5	
Assets	"	Loans and other receivables from other disqualified persons (as defined und section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr				
		employers and sponsoring organizations of section 501(c)(9) voluntary	. [
		employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				
					6	
	7	Notes and loans receivable, net	.		7	
	8	Inventories for sale or use	.	30,000	8	43,000
	9	Prepaid expenses and deferred charges	·	·	9	<u> </u>
	10a	Land, buildings, and equipment cost or other basis	ŀ			
		Complete Part VI of Schedule D	27,082			
	b	Less accumulated depreciation 10b	16,070	11,090	10 c	11,012
	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	ļ		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		192,586	16	291,070
	17	Accounts payable and accrued expenses		1,976	17	1,498
	18	Grants payable	.		18	
	19	Deferred revenue		5,196	19	8,001
	20	Tax-exempt bond liabilities			20	
40	21	Escrow or custodial account liability Complete Part IV of Schedule D .	. [21	
litie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,			
abilities		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third part and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ies,			
].		25	
	26	Total liabilities. Add lines 17 through 25		7,172	26	9,499
or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and comp lines 27 through 29, and lines 33 and 34.	lete			
<u>an</u>	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets	İ		28	
Þ	29	Permanently restricted net assets	ŀ		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	_d			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	.	0	30	0
\$\$(31	Paid-in or capital surplus, or land, building or equipment fund	. [0	31	0
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		185,414	32	281,571
Š	33	Total net assets or fund balances	[185,414	33	281,571
	34	Total liabilities and net assets/fund balances		192,586	34	291,070

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

hospital's name, city, and state

Employer identification number

27-0493434

SCHEDULE A (Form 990 or 990EZ)

CELEBRATION LUTHERAN SCHOOL

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

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

✓

1

2

3

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

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

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 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)

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 5	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	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						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) 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 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 f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (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 Part VI 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?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	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?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	70		
c	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	4c		
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
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)	10 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?	11 a		
b	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

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

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

SCHEDULE D

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.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

(Form 990)

Department of the ► Attach to Form 990. Treasury Name of the organization

Open to Public Inspection **Employer identification number**

DLN: 93493129003357

-						27-0	493434		
Pa	rt I Organizations Maintaining Donor						r Accounts		
	Complete if the organization answer				irt IV, line 6				
1	Total number at end of year	(a) Donor advise	ed funds	-		(b)	Funds and othe	er accounts	5
2	Aggregate value of contributions to (during								
	year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor funds are the organization's property, subject to	_					sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			_			purpose	_v	⊏ N -
Pai	rt II Conservation Easements. Comple	ete if the organiz	ation a	ans	swered "Yes	" on Forn	1 990 Part I	Yes V line 7	No
1	Purpose(s) of conservation easements held by th					011 1 0111		• /	
	Preservation of land for public use (e.g., recreducation)	,				of an histor	ıcally ımportar	nt land area	ı
	Protection of natural habitat		Г	Р	reservation o	f a certifie	d historic struc	cture	
	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 cor	nservatı	ion	contribution	ın the form	of a conserva	tion	
							Held at the	End of the	e Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easeme	ents				2b			
c	Number of conservation easements on a certified				• •	2c			
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/	17/06,	an	id not on a	2d			
3	Number of conservation easements modified, tra	nsferred, released,	extingu	ıısh	hed, or termin	ated by th	e organization	during the	
	tax year ▶								
4	Number of states where property subject to cons	ervation easement	is locat	ted	i ▶				
5	Does the organization have a written policy regard violations, and enforcement of the conservation of			ng,	inspection, h	andling of	ΓY	es N	o
6	Staff and volunteer hours devoted to monitoring, year	ınspecting, handlın	ıg of vıo	latı	ions, and enfo	orcing cons	ervation ease	ments durır	ng the
	<u> </u>								
7	A mount of expenses incurred in monitoring, insperse.	ecting, handling of	violatioi	ns,	, and enforcin	g conserva	tion easement	s during th	e year
В	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satis	sfy the r	requ	uirements of	section 17	0(h)(4)	es $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	o
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to				•			
a r	t III Organizations Maintaining Collect		istorio	cal	l Treasure	s, or Oth	er Similar	Assets.	
	Complete if the organization answer				•				
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	assets held for pu	blic exh	nıbı	ition, educatio	on, or resea	arch in furthera		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958 assets held for pu	3), to re	por	rt ın ıts reven	ue stateme	ent and balance		lıc
(i) Revenue included on Form 990, Part VIII, line	1				▶ \$			
(i	i) Assets included in Form 990, Part X					▶ \$			
2	If the organization received or held works of art, following amounts required to be reported under S					s for financ			
а	Revenue included on Form 990, Part VIII, line 1						> \$		
b	Assets included in Form 990, Part X						> \$		

(ii) unrelated organizations	Part	Organizations (continued)	Maintaining	Collections of	Art, Hi	storio	al 1	Γreas	ures, o	r Ot	her Si	milar A	ssets	
Schoolshy research	3			ession, and other re	ecords, c	heck a	n y of	f the fo	llowing th	at ar	e a sıgn	ııfıcant us	e of its	
Scholarly research Provide a description of the organizations of control of the organizations of the organizations of the organizations collections and explain now they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treatments or other similar assers to be sold to raise finds trather than to be maintained as part of the organization's collection? Part XIV Secrow and Custodial Arrangements. Description and Custodial Arrangements. Description answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 95 Part X, line 21. Is is the organization an agent, trustee, custodian or other intermediarly for contributions or other assets not included on Form 990, Part X? Part XIV If "Yes," explain the arrangement in Part XIII and complete the following table Additions during the year Additions during the year Did the organization include an amount on Form 990, Part X, line 21, for escription or the part XIII and part XIII and part XIII check here if the explanation has been provided in Part XIII and part XIII and part XIII check here if the explanation has been provided in Part XIII and part XIII are an appeared "Yes" to Form 990, Part XIII and part XIII are an appeared "Yes" to Form 990, Part XIII and part XIII are an appeared "Yes" to Form 990, Part XIII and part XIII are an appeared "Yes" to Form 990, Part XIII are an appeared "Yes" to Form 990, Part XIII are an appeared "Yes" to Form 990, Part XIII are appeared by the part XIII are a	а	Public exhibition			d		Loa	n or ex	kchange p	progra	ms			
Provide a description of the organizations and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise finds rather than to be maintained as part of the organizations collection? Ves No Part XII Section and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 95 Part XI, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table Building balance Distributions during the year Building balance Distributions during the year Building balance Contributions If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part V Employment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Employment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Contributions Contributions Are times endowment Possibles Are times endowment Possibles Are times endowment funds not in the possession of the organization that are held and administered for the organization by (U) urrelated organizations. (II) related organizations Expert V Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part IV, line 10. Contributions Contributions Contributions Contributions Contributions Ordanization answered Yes to Form 990, Part IV, line 11a. See Form 990, Part IV, line 10. Contributions Contribution	b	Scholarly research			e	Г	0 th	ner						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solution reactive donations of ani, instoncial reasonate or other similar description to be maintained as part of the organization's collection? Yes No Part XI in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 95 Part XI, line 21, the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 95 Part XI, line 21, the organization analyser, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI in 1 the organization analyser. Yes No Part XI in 1 the organization and great the organization of Form 990, Part XI in 1 the organization of Form 990, Part XI in 1 the organization of Form 990, Part XI in 2 the organization of Form 990, Part XI in 2 the organization in lide an amount on Form 990, Part XI in 2 the organization of Form 990, Part XI in 2 the organization of Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization of the organization has been provided in Part XIII to Part XIII to Part Yill to Part Yi	c	_	ure generations											
Part V Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 995. Part XV, line 21. Is a 1st the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Is a 1st the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Is a 1st the organization and egent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. Is a 1st the organization include an amount on Form 990, Part XV. line 21, for escrow or custodial account liability?	4	Provide a description of	_	s collections and e	xplaın ho	w they	furth	ner the	organizat	tıon's	exemp	t purpose	ın	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 995 Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table	5										sımılar	ΓYe	s 🗀	No
included on Form 990, Part X? No If 'Yes,' explain the arrangement in Part XIII and complete the following table	Par	Complete if the			on Form	990,	Part	IV, lıı	ne 9, or	repo	rted a	n amour	nt on Fo	rm 990,
d Additions during the year Distributions during the year Ending balance Distributions during the year nalysis of the organization answered "Yes" to Form 990, Part IV, line 10. Distributions during the year analysis of the organization answered "Yes" to Form 990, Part IV, line 10. Distributions during the year nalysis of Form 990, Part IV, line 10. Distributions during the year Part IV, line 10. Distributions during the year should be explained in Part XIII Check here if the explanation answered "Yes" to Form 990, Part IV, line 10. Distributions during the year analysis of Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of year balance Description of property Distributions during the year of Distribution and Part XIII Check the erganization's endowment funds Description of property Description o	1a			todian or other inte	ermediar	y for co	ntrib	outions	or other	asse	ts not	☐ Y e	s 🗀	No
Additions during the year Ending balance Ending bal	b	If "Yes," explain the a	ırrangement ın Pa	art XIII and comple	ete the fo	llowing	j tabl	le				Am	ount	
Ending balance 10 Dit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c	Beginning balance								1 c				
The Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the y	ear							1d				
Description of property 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during th	ne year							1e				
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	f	Ending balance								1 f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Phor year b (c)Two years back (d)Three years back (e)Four years back (e)Four years back (d)Three years back (e)Four years (Did the organization incl	ude an amount or	n Form 990, Part X	, line 21,	for es	crow	or cus	todial acc	count	liability	^{y ?}	s	No
1a Beginning of year balance														Ш
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment b Permanent endowment t Temporarily restricted endowment t The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations 5 Yes No No No 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Describe organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Cost or other basis (c) depreciation (c) depreciation (d) Book va (d) Book v				(a)Current year	(b) P	nor year	r	b (c) Tv	wo years ba	ick (1) Three y	years back	(e)Four	years back
c Net investment earnings, gains, and losses d Grants or scholarships		· ·	e				_			_				
losses	b	Contributions												
e Other expenditures for facilities and programs f Administrative expenses	c	_	s, gains, and											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) and the related organizations listed as required on Schedule R? 3a(ii)	d	Grants or scholarships												
Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ Congranization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) the lated organizations (iv) related organizations (iv) relate	е	·	acılıtıes											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expense	s											
Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	•												
Temporarily restricted endowment ► C Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated pe	ercentage of the o	current year end ba	alance (lı	ne 1g,	colur	mn (a))) held as					
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or qua	sı-endowment 🕨											
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) re	b	Permanent endowment >	•											
Second S	c	· · · · · · · · · · · · · · · · · · ·		should equal 100%	o o									
(ii) related organizations	3а		nds not in the pos	session of the orga	anızatıon	that a	re he	ld and	administ	ered [·]	for the			s No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property (a) (b) (cost or other basis (other)) (cost or other basis (other)) 1a Land							٠		•			-		
Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property Cost or other basis (a) (investment) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 27,082 16,070 11 e Other	_	If "Yes" on 3a(II), are the	e related organiza	ations listed as req	uired on	Sched		?.						
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property Cost or other basis (a) Cost or other basis (other) Cost or other basis (other)					s endown	nent iu	iius							
(a) (investment) Cost or other basis (c) depreciation (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other					Form 9	990, P	art I	V, line	e 11a.Se	ee Fo	rm 99	0, Part >	(, line 1	0.
b Buildings		Description	of property		(a				Cost or othe					Book value
c Leasehold improvements	1a	Land												
d Equipment 27,082 16,070 11 e Other	b	Buildings												
e Other	C	Leasehold improvements												
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))	е	Other								·		16,0	070	11,012
Schedule D (Form 990) 2	Tota	I. Add lines 1a through 1e	(Column (d) mus	t equal Form 990, Pa	art X, colu	ımn (B)), line	10(c))					11,012

Part VII	Investments—Other Securities. C	omplete if the org	anization answered Te.	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or catego	ry	(b) Book value	(c)Method of valuation
(1)[(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)0 ther				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c.sa	e Form 990 Part V line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. Complete if the organiza	tion answered 'Yes' o scription	on Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
	(a) bes	, empiron		(b) book value
Total. (Colu	mn (b) must equal Form 990. Part X. col (B) lin	e 15)		▶
Total. (Colu				
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.	rganization answei	ed 'Yes' on Form 990, F	
	Other Liabilities. Complete if the or		ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X 1. Federal Inc	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	

Schedule D (Form 990) 2015

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) .		5	
Part	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, li			Т
1	Total expenses and losses 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			
c	Other losses			
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII)			
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		5	
Par	rt XIII Supplemental Information			
Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also c ormation			de any additional
	Return Reference Explanation			

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129003357

OMB No 1545-0047

Open to Public Inspection

Schools

SCHEDULE E (Form 990 or 990-EZ)

Treasury

Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Department of the ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue

Name of the organization

Employer identification number CELEBRATION LUTHERAN SCHOOL 27-0493434 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990EZ) (2015)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE ORGANIZATION POSTS AN ANNOUNCEMENT IN THE LOCAL PAPER, THE APPLETON POST-CRESCENT PRIOR TO THE BEGINNING OF THE SCHOOL YEAR.

Schedule E (Form 990 or 990-EZ) (2015)

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

DLN: 93493129003357

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization ELEBRATION LUTHERAN SC	CHOOL					Employer ide	ntification number			
						27-0493434	1			
Part I Fundraising Ac Form 990-EZ file	·		_	ation answered "Yes' his part.	' on Form	n 990, Part I\	⁷ , line 17.			
Indicate whether the orga	nızatıon raised fun	ds throug	h any of th	ne following activities (heck all t	hat apply				
a Mail solicitations				e Solicitation of r	non-goverr	nment grants				
b Internet and email so	Internet and email solicitations f Solicitation of government grants									
c Phone solicitations				g	sıng event	S				
d In-person solicitation	is									
Did the organization have or key employees listed in services?							es No			
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agre	ements un	der which the f	undrais er is			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization			
		Yes	No							
1										
2										
3										
4										
5										
6										
7										
8										
9										
L O										
otal			•							
3 List all states in which the c registration or licensing	organization is regi	stered or	licensed t	to solicit contributions (or has bee	n notified it is o	exempt from			

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	fundraising event contributio receipts greater than \$5,000			s I and OD. List even	
		(a)Event #1 GALA (event type)	(b)Event #2(event type)	(c)O ther events 7 (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	24,301 4,776		9,259	33,560 4,776
	Gross income (line 1 minus	19,525		9,259	28,784
	4 Cash prizes	1,075			1,075
Expenses	7 Food and beverages	2,261			2,261
Direct EX	S Entertainment Other direct expenses	5,448		5,645	
۵	10 Direct expense summary Add lines 4 11 Net income summary Subtract line 1	,			14,429
Pai	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·		e 19, or reported mor	<u>'</u>
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
Direct E	4 Rent/facility costs				
	6 Volunteer labor	☐ Yes%	Yes	☐ Yes %	
	7 Direct expense summary Add lines 2	through 5 in column (c	i)	.	
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	lumn (d)		
9 a b	Enter the state(s) in which the organization licensed to conduct If "No," explain	gaming activities in eac	ch of these states?		TYes ™No
LOa	Were any of the organization's gaming li		nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organization

Treasury

Internal Revenue Service

Name of the organization

CELEBRATION LUTHERAN SCHOOL

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493129003357

2015

Open to Public Inspection

Employer identification number

CEEEBINITON EOTHERMIN SCHOOL		27-0493434					
Part I General Informatio	n on Grants an	d Assistance				<u> </u>	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or a ition's procedures	ssistance? for monitoring the use	of grant funds in the Un	ited States			⊤Yes √ N
Part II Grants and Other Assista that received more than \$				iplete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
	1						
	+						
2 Enter total number of section 50							I
3 Enter total number of other orga For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

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

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

DLN: 93493129003357 OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Serv		Information a		ach to Form dule L (Form <u>www.irs.g</u>	90-EZ.) and its instru	uctions	is at		Open to Public Inspection				
Name of the orga	nızatıon						En	nploye	r identi	ficatio	n numbe	r	
CELEBRATION LUTHE	ERAN SCHOOL						27	7-049	3/13/				
Part I Exces	s Benefit T	ransactions	s (section	501(c)(3),	section 501(c)	(4), and 501(d				only)			
					, Part IV , line 2						40b		
1 (a) Name	of disqualified	person	(b) Rel	•	etween disquali	fied person an	d (4	•	cription	of	(d) Cor	rected?	
				(organization			tran	saction		Yes	No	
							+						
							_						
							+						
							+						
							+			-			
2 Enter the am 4958				-		-	e year ı	under	section section				
3 Enter the am		ny on line 3		mbursed by				•	> \$				
5 Linter the an	iount of tax, if a	any, on the 2,	above, lei	ilibuiseu by	the organization	,,,		•	Ф				
Com	ns to and/o plete if the organization reporte	anızatıon answ	vered "Yes	" on Form 9	90-EZ, Part V,	line 38a, or F	orm 99	0, Pai	t IV , lın	e 26, d	or if the		
(a) Name of (interested person	b) Relationshij with organization	Purpose of	(d) Loan or from th organization	ne	(e)Original principal amount	(f) Balance due	(g) defa		(h A ppro by boa	ved rd or	(i)Wr agreer		
			т	T =					commi	1	+	- N-	
			То	From			Yes	No	Yes	No	Yes	No	
											+		
		+									+		
											+		
											+		
											+		
Total		▶ \$											
Part IIII Gran	nts or Assis	tance Bene	fiting Ir	terested	Persons.		•						
Com	plete if the o	rganızatıon a	answered	"Yes" on F	orm 990, Pa	rt IV, line 27	' .						
(a) Name of int person		Relationship terested perso organizat	n and the	(c) A moui	nt of assistance	e (d) Type	of assı	stanc	e (e)	Purpos	se of ass	istance	
		3		1		1							
				1									

(1)

(2) DEBBIE HERBRICH

(6) MEGAN OLSEN

(8) MATT CZERWAN

(7) JEN HOUTZ

Part V

No

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

(e) Sharing

of

revenues? Yes

organization's

(d) Description of transaction

PAYS FOR CHILDREN TO

PAYS FOR CHILDREN TO

PAYS FOR CHILDREN TO

PAYS FOR CHILDREN TO

ATTEND SCHOOL

ATTEND SCHOOL

7.500 PAYS FOR CHILDREN TO

ATTEND SCHOOL

ATTEND SCHOOL

ATTEND SCHOOL

7,500

7,500

4,600

3.750

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of between interested transaction

(3) BECKY POHLMAN	PART-YEAR BOARD MEMBER	l '	PAYS FOR CHILD TO ATTEND THE SCHOOL
(4) AMY COX	BOARD MEMBER - WHO IS AN EMPLOYEE OF FAITH LUTHERAN CHURCH A RELATED PARTY	,	CELEBRATION LUTHERAN SCHOOL RENTS THE SCHOOL FROM FAITH LUTHERAN CHURCH
(5) ANDY PREISSNER	BOARD MEMBER	l '	PAYS FOR CHILDREN TO ATTEND SCHOOL

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

person and the

organization

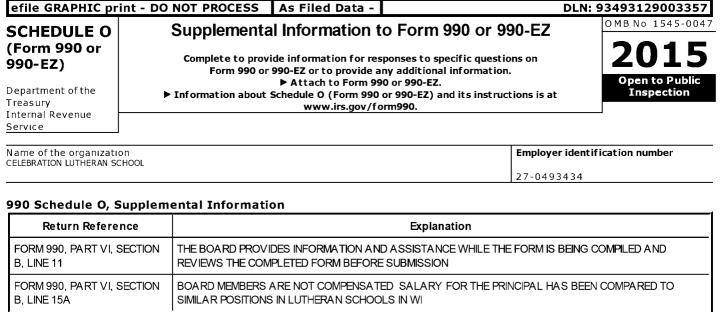
PART-YEAR BOARD (9) THANE BUBLITZ

MEMBER

Supplemental Information

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

Return Reference **Explanation**



990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART VI, SECTION C, LINE	COPIES OF MINUTES AND POLICIES ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATIVE
19	BOARD

PRIOR PERIOD RECONCILATION ADJUSTMENTS 8.215

FORM 990. PART XI. LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493129003357 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

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

Inspection

Name of the organization CELEBRATION LUTHERAN SCHOOL					ntification number		
Part I Identification of Disregarded Entities Com	nlete if the organization	n answered "Yes"	on Form 990 Pai	27-0493434	ļ		
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during	the tax year.		answered "Yes" o	n Form 990, Part			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	gal domicile (state Exempt Code section Public charit		(f) Direct controlling entity	Section (13) co	(g) n 512(b controlle ntity? No
(1)FAITH LUTHERAN CHURCH 601 E GLENDALE APPLETON, WI 54911 39-1027724	CHURCH	WI	501C	LINE 1	ADMINISTRATIVE BOARD		No
							<u> </u>
							_
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.	Cat No 50	135Y		Schedule R (Fo	rm 990) :	 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Pa	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant	income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	(k) Percentage ownership
]			Yes	No]	Yes	No		
											,		
Day IV Identification of Polated Organizations Tayable s		!	T	ط د ک ر محمامت				111/001		00 5) 1	TV luna	

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

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

art V	Transactions With Related Organizations	s Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	6.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					res	NO
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations li	sted in Parts II-IV	?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b		No
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	\dashv	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p	\dashv	No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r	\dashv	No
f s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl	ete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount ir	nvolved	J
L)FAITH LUTHERAN CHURCH	К	30,000	FMV			
2)FAITH LUTHERAN CHURCH	N					

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

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

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

